



SARK ROAD TRAFFIC COMMITTEE
INVALID CARRIAGE DRIVING LICENCE APPLICATION FORM

1. Name
2. Address and contact telephone number

3. Date of birth
4. Category of licence required:
A Invalid carriage (fee: £20)

I enclose:

- (i) a cheque payable to "The Inhabitants of Sark" in the sum of £20.*
- (ii) a copy of my invalid carriage driving competency test pass certificate*
- (iii) a copy of a doctor's certificate relating to my need for an invalid carriage*

Signed

Dated