Form 4.



VIRGIN ISLANDS

FIRST SCHEDULE Particulars to be given by Applicant for Renewal of Driver's License

Reg. 20.

| IN | |
|-----|--|
| OUT | |

Please fill out this side of the form.

| 1. | Full Name of Applicant | |
|----|--|---|
| 2. | Postal Address and Residence of Applicant | |
| 3. | Applicant's Date of Birth (MM/DD/YY) | |
| 4. | State number and date of issue and expiration of your driver's license. | Driver's License. #: Date of Issue: Expiration Date: |
| 5. | State particulars of any driving restrictions which you hold or have previously held. | |
| 6. | State particulars of any endorsement or any driving permit which you hold or have previously held. | |
| 7. | Have you at any time been disqualified from obtaining a drivers license? If so, particulars as to the Court by which, the date on which and the period for which the disqualification was imposed. | |
| 8. | Name of Employer, and Work Permit No., or Non Belonger Land Holder's License or Belongers Card or any other status you may have for the V.I. E-Mail : Tele: | Employer: Govt. Contract/Work Permit No.: Renewal Date: Expiration Date: Land Holder's Licenter No.: Belonger or Replacing Card No.: Passport M. Expiration Date: (Proof of documents Required) |
| | | · (1001 of accuments required) |

Applicant should present the expired driver's license upon renewal

Signature of Applicant: _____

| F | or Official Use Only | | |
|--------------------------|--------------------------------|---------|-----------------|
| Driver's License Number: | | — Eye E | Examination |
| Expiration Date: | Receipt No: | Far | Near |
| | | 20/ | 20/ |
| Approved by: | Commissioner of Motor Vehicles | - | |