DEPARTMENT OF MOTOR VEHICLES

R & R COMPLEX, POCKWOOD POND, TORTOLA, BVI

TEL: 284-468- 4080/4081

MINISTRY OF COMMUNICATIONS AND WORKS

DUPLICATE DRIVER'S LICENSE FORM

A PHOTO IDENTIFICATION IS REQUIRED

This is to certify that I _____ of
(Name)

_____ have lost my Driver's License bearing the number
(Address)

_____ and is requesting to have a duplicate copy.
(Driver's License Number)

Thanks for your kind cooperation in this matter.

_____ _____

Applicant's Signature Date

Telephone Number:

For Official Use

License No.: ……. Issue Date: ……..

Expiration Date: ……...……... Fee: $15.00

Receipt No.: ……...…….. Issued by: ……..

Type of ID taken: ……...…….

Note: A copy of the Photo ID is required and is to be attached to this form.

Branch Office: Administration Complex, The Valley, Virgin Gorda
Tel: 284-495-5707 Fax: 284-495-5138