



DEPARTMENT OF MOTOR VEHICLES
R & R COMPLEX, POCKWOOD POND, TORTOLA, BVI
TEL: 284-468- 4080/4081
MINISTRY OF TRANSPORTATION, WORKS AND UTILITIES

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: Flax Building, Administration Complex, Valley, Virgin Gorda
Tel: 284-468-6567