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Application for a diplomatic driving permit

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Please use black ink and CAPITAL LETTERS to fill in this form. Please fill in all sections and sign form.

Your checklist

- Foreign licence or international driving permit
- Translation if not in English
- Expired diplomatic driving permit (if applicable)

Note: Photocopies/facsimiles are not acceptable.

2 Your details

Name of mission/organisation:

Title:						
Surname:						
First names:						
Date of birth: DDMMYYYYY						
Full current address						
House No.						
Postcode						
If possible, please provide a daytime phone number and/or e-mail address where we can contact you if there is a problem with your application.						
Full phone/mobile number:						
Email address:						

3 What are you applying for?

Please put 🗷 against all that apply:

- Application for first diplomatic driving permit
 - To replace my permit as it has been:

stolen

- lost
- To renew my expired permit

4 Your eyesight

Please see note A over the page.

Before you answer this question you **must** read the notes in section A.

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No

No

Yes

Yes

Can you meet the legal eyesight standards for driving using glasses or corrective lenses if needed?

Do you need to wear glasses or corrective lenses to meet this standard?



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Have you ever had, or do you currently suffer from any of the following conditions?

Yes 🚺 No 🔛

If you have answered 'Yes', please put 🕱 in all the appropriate boxes

- Diabetes controlled by insulin

 (no need to notify us if you have diabetes controlled by tablets or other injections unless you experience hypoglycaemia requiring the assistance of another person)

 Epilepsy
 Any condition affecting both eyes, or the remaining eye if you only have one eye
- Not including colour blindness or short or long sight
 4 Any condition affecting your visual field or acuity (apart from wearing glasses or corrective lenses)
- 5 Total loss of sight in one eye
- 6 Stroke with **any** symptoms lasting longer than one month
- 7 Fits or blackouts
- 8 **Any type** of brain surgery, severe head injury involving **in-patient** treatment, or a brain tumour
- 9 An implanted cardiac pacemaker
- 10 An implanted cardiac defibrillator (ICD)
- 11 Repeated attacks of sudden disabling giddiness
- 12 Any other **chronic** neurological condition including Multiple Sclerosis, Motor Neurone and Huntington's Disease
- 13 A serious problem with memory or periods of confusion
- 14 Persistent alcohol misuse or dependence
- 15 Persistent drug misuse or dependence
- 16 Serious psychiatric illness or mental ill health
- 17 Parkinson's disease
- 18 Narcolepsy
- 19 Sleep apnoea syndrome
- 20 **Any** persisting limb problem which needs driving to be restricted to certain types of vehicles or those with adapted controls
- 21 Severe learning disability

Have you told us about this condition before?	Yes	No
Has this condition got worse?	Yes	No

Please sign the form over the page in section 6 and read notes A, B and C.



A Your eyesight and medical conditions

The legal eyesight standard means that you must be able to read a car number plate from 20 metres.

Also you must not have been told by a doctor or optician that your eyesight is currently worse than 6/12 (decimal 0.5) on the snellen scale. If you are in any doubt you should discuss with your optician or doctor. If required, you may wear glasses or corrective lenses to meet both of these standards.

Bioptic (telescope) devices are not acceptable for use while driving in Great Britain.

If you have declared a medical condition we may ask you to fill in a medical questionnaire, which are available online at **www.gov.uk/health-conditions-and-driving**

Your filled in questionnaire can be sent in with your application.

Alternatively, if we need you to fill in a medical questionnaire it will be sent to you on receipt of your application.

B What to send with your application

You must present your foreign driving licence or international driving permit with every application.

If your driving licence is not in English you must provide a translation into English.

Your driving permit will be valid for five years or until a tour of duty is completed.

C Where to send your application

All applications should be sent to:

Specialist Registration Team DVLA Swansea SA99 1DR

6 Your signature

Important

We will not accept this application unless you sign below in black ink and your signature is completely within the white box.

Keep your signature within the white box •

• Keep your signature within the white box •

Date: D D M M Y Y Y Y

	Date stamp
Official use only	
D442 serial No.	
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