



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

1 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:

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:
 - lost
 - stolen
 - defaced
 - destroyed
- 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.

Can you meet the legal eyesight standards for driving using glasses or corrective lenses if needed? Yes No

Do you need to wear glasses or corrective lenses to meet this standard? Yes No

5 Your health

Please see note A over the page.

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
- Any condition** affecting your visual field or acuity (apart from wearing glasses or corrective lenses)
- Total** loss of sight in one eye
- Stroke with **any** symptoms lasting longer than one month
- Fits or blackouts
- Any type** of brain surgery, severe head injury involving **in-patient** treatment, or a brain tumour
- An implanted cardiac pacemaker
- An implanted cardiac defibrillator (ICD)
- Repeated** attacks of sudden disabling giddiness
- Any other **chronic** neurological condition including Multiple Sclerosis, Motor Neurone and Huntington's Disease
- A **serious** problem with memory or periods of confusion
- Persistent alcohol misuse or dependence
- Persistent drug misuse or dependence
- Serious** psychiatric illness or mental ill health
- Parkinson's disease
- Narcolepsy
- Sleep apnoea syndrome
- Any** persisting limb problem which needs driving to be restricted to certain types of vehicles or those with adapted controls
- 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.

