



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

## 1 Your checklist

- Non-UK 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

- 1 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)
- 2 Epilepsy
- 3 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.

