

FORM 17 C



PUBLIC TRANSPORT DRIVER'S APPLICATION FORM

LIMOUSINE DRIVER ☐ OMNI BUS DRIVER ☐ WATERSPORTS DRIVER ☐
TOUR BUS DRIVER ☐ CONTRACT HIRE/SCHOOL BUS DRIVER ☐

A. TYPE OF PERMIT

☐ RENEWAL APPLICATION (IF RENEWAL, SURRENDER OLD ID) ☐ NEW APPLICATION

☐ NAME OF COMPANY _____

B. PERSONAL DETAILS OF APPLICANT

SURNAME: _____ FIRSTNAME: _____ MIDDLENAME: _____

AGE: _____ DATE OF BIRTH: Day _____ Month _____ Year _____

House No: _____ Street Name _____ District _____

P.O. BOX: _____ Post Office Location, KY# _____ E-Mail _____

PHONE: _____ (Work) _____ (Home) _____ (Cell) _____

ARE YOU: Caymanian? Yes ☐ No ☐ Permanent Resident? Yes ☐ No ☐ Gainful Occupation License? Yes ☐ No ☐
(Work Permit Holder)

If you are not Caymanian, specify your nationality: _____

Are you currently employed? Yes ☐ No ☐. If Yes, state name of your employer _____ Ph. # _____

(GOVERNMENT EMPLOYEES MUST PROVIDE AN ANNUAL PERMISSION LETTER FROM THEIR HEAD OF DEPARTMENT)

If No, state name of your last employer _____ Phone # _____

I _____ Address _____ Of _____ Hereby Acknowledge That I
Name of Employer PO Box & KY# of Employer Company Name

Wish to Employ _____ As A Driver For My Business. A Copy Of My Trade & Business License Is Attached.
Name of Employee

SIGNATURE _____ Day _____ Month _____ Year _____
Signature of Employer

C. DETAILS OF APPLICANTS BACKGROUND (All applicants must complete this section)

Section 133 (1)(c) & 4 of the Traffic Law 2011 states:-

"(1) A person who, with intent to deceive another person -

(c) makes a false statement or withholds information in order to obtain; or a document relating to anything under this Law or regulations, or purporting to be such document, commits an offence.

(4) A person who makes a false declaration in an application made under this Law commits an offence."

Have you been convicted or currently under any investigations for any of the following offences?

- | | | |
|---|------------------------------|-----------------------------|
| 1. Driving under the influence of alcohol or drugs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Any offence involving dishonesty (e.g. theft, burglary, Fraud or obtaining property by deception)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Any offence against a person (e.g. assault, wounding etc.)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Any offence involving drugs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Any offence involving dangerous or reckless driving (whether or not resulting in death)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

D. Have you ever suffered from any of the following disabilities?

Total deafness? Yes ☐ No ☐ Aneurysm? Yes ☐ No ☐ Angina Pectoris? Yes ☐ No ☐

Mental illness? Yes ☐ No ☐ Epilepsy? Yes ☐ No ☐ Do you wear glasses? Yes ☐ No ☐

Is your eyesight, in either eye less than 10/20 when corrected with glasses? Yes ☐ No ☐

Do you wear a hearing aid? Yes ☐ No ☐ Have you lost a hand or foot? Yes ☐ No ☐ If yes, please specify

Any diseases of the nervous system giving rise to lack of coordination? Yes ☐ No ☐

E. OTHER INFORMATION

- 1) Have you ever held a Public Transport Permit? Yes ☐ No ☐. If yes, please specify any Permit you currently hold: _____
- 2) How long have you held a valid drivers license? State D/L #: _____, expiry date: D____M____Y____ Group D/L____
State years of driving experience: _____
- 3) Have you attended a P.R.I.D.E. (Personal Responsibility in Delivering Excellence.) workshop? YES ☐ NO ☐. If yes, Please provide date: PROMISES_____KNOW YOUR CAYMAN ISLANDS_____
- 4) Please state details of your pension Company _____ Policy # _____
- 5) Please state details of your Health Insurance Company, _____ Policy # _____ Expiry Date: D____ M____ Y____
- 6) Have you previously made an application to the Public Transport Board and were refused? Yes ☐ No ☐. If so please provide dates/s _____
- 7) For renewals, state your Public Transport ID # _____ Expiry Date: Day ____ Month ____ Year ____

F. MOTOR VEHICLES you are required to DRIVE (Add additional vehicles on plain sheet if needed)

Make: _____ Model: _____ Reg. No: _____ Number of Passengers: _____
Make: _____ Model: _____ Reg. No: _____ Number of Passengers: _____

G. DOCUMENTS (CHECK LIST) TO BE SUBMITTED WITH THIS APPLICATION. ORIGINAL DOCUMENTS ONLY. (Please make copies of your documents before submission). PTU will NOT make copies/ will NOT return original documents.

FOR OFFICIAL USE ONLY <i>SUPPORTING DETAILS FOR THE APPLICANT</i> 1. PAYMENT RECEIPTS. 2. GENERAL KNOWLEDGE TEST (NEW APPLICANTS) 3. TYPED COVER LETTER (NEW APPLICANTS) 4. TWO REFERENCE LETTERS (NEW APPLICANTS) 5. PASSPORT 6. VALID DRIVERS LICENSE 7. BIRTH CERTIFICATE	8. STATUS CERTIFICATE 15. PRIDE CERTIFICATES 9. TRAFFIC RECORD 10. CRIMINAL RECORD / POLICE RECORD 11. MEDICAL – (Drug Screening MUST be done at the Cayman Islands Health Service Authority (CIHSA) ONLY) 12. ONE PHOTO (FULL FACED 2" X 3") (Taxi Renewals, Must Be in Taxi Uniform No Others Accepted) 13. INFORMATION FROM NWDA (Employers Only) 14. TRADE AND BUSINESS LICENCE (Employers Only)
APPLICATION ACCEPTED PTU OFFICER'S SIGNATURE _____ PRINT NAME: _____ Day ____ Month ____ Year ____	APPLICATION RETURNED. INCOMPLETE SECTION: (_____) PTU SIGNATURE _____ Day ____ Month ____ Year ____

DOCUMENTATION TO SUPPORT DRIVERS APPLIED FOR

This should include the proper application form for the driver and the documentation required for the application.
NOTE: GRANT OF THIS APPLICATION IS NOT TO BE CONSIDERED AS PERMISSION TO OPERATE FROM THE DOCK OR THE AIRPORT.

I DECLARE THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE. I UNDERSTAND THAT IF I AM SUCCESSFUL IN THIS APPLICATION THAT I WILL BE SUBJECT TO ANY GUIDELINES AND CONDITIONS SET OUT BY THE PUBLIC TRANSPORTATION BOARD IN RELATION TO ANY PERMIT GRANTED BY THE BOARD, DOCK OR AIRPORT.

I have read and fully understand all correspondence issued with this application. I fully understand that I will be required to pass a test administered by the Public Transportation Unit and if successful in this application I will be required to undertake a Customer Service Course.

A FALSE DECLARATION IS PUNISHABLE BY A FINE OF TWO THOUSAND DOLLARS AND IMPRISONMENT FOR TWELVE MONTHS: S.133 T.L. (2011)

Signature _____ Date: Day ____ Month ____ Year ____

Please Note: All funds invested in the application are **NONE REFUNDABLE**
To Cayman Brac and Little Cayman residents: Application process is carried out by the Treasury Department.