

**FORM LTA**  
**FORM OF APPLICATION FOR AUTHORISATION TO DRIVE A TRANSPORT VEHICLE**  
**[See Rule 6]**

To

The Licensing Authority,  
.....

I apply for an authorization to drive a Transport Vehicle.

My age on the date of this application is.....

I forward herewith the driving licence held by me (No.....  
dated .....) issued by the Licensing Authority of.....  
.....

Name of Applicant (in block letters or clear : .....  
script)

Present address : .....  
.....  
.....  
.....

Date:.....

Signature or thumb impression of applicant

Kerala Motor Vehicles Department