



THE REPUBLIC OF UGANDA

MINISTRY OF WORKS AND TRANSPORT

REGISTRATION FORM FOR DRIVERS OF HEAVY GOODS VEHICLES, OPERATORS OF ENGINEERING PLANTS
AND OTHER SPECIALIZED EQUIPMENT

A. APPLICANTS PERSONAL DETAILS AND BIODATA				
SURNAME		GENDER	<input type="checkbox"/> Male	<input type="checkbox"/> Female
FIRST NAME		DATE OF BIRTH		
OTHER NAMES		NATIONALITY		
CONTACTS	Tel. No.	e-mail:		
IDENTIFICATION	NATIONAL ID (UGANDA NIN)		PASSPORT / OTHER IDENTIFICATION	
B. DETAILS OF DRIVING LICENSE				
Permit No		Issue Date		
Expiry Date		Years of Experience		
CLASSES (Please specify (by ticking) which of the below classes you possess in your permit)				
<input type="checkbox"/> CM <input type="checkbox"/> CH <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> F <input type="checkbox"/> Others (specify)				
Please indicate which of these vehicles /equipment you have operated	<input type="checkbox"/> Heavy Goods Truck		<input type="checkbox"/> Light Cargo Truck	
	<input type="checkbox"/> Excavators / Backhoe		<input type="checkbox"/> Graders / Bull Dozers	<input type="checkbox"/> Rollers
	<input type="checkbox"/> Mobile / Crawler Cranes		<input type="checkbox"/> Tower Cranes	<input type="checkbox"/> Forklifts
	<input type="checkbox"/> Other Equipment (specify)			
C. CURRENT EMPLOYMENT AND PROFESSIONAL ASSOCIATION STATUS				
Are You Currently Employed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, please indicate name of Employer below	
Name of employer				
Employer's location				
Do you belong to any association?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, please name the associations below	
Name of association/ associations:				
D. EDUCATION BACKGROUND				
Qualification / Certificate	Institution/School/College		Year Completed	
1.				
2.				
3.				
4.				

E. ADDITIONAL PROFESSIONAL TRAINING / QAULIFICATIONS

Type Of Training / Certification	Date Of Training	Training Organization and Contact Details
1.		
2.		
3.		
4.		
5.		

F. FOR OFFICIAL USE ONLY

Assessment Remarks:	
Final Comment:	