

Form L. T. V. A

**Form of application for authorisation to
drive a transport vehicle**

(See Rule 10.)

To
The Licensing Authority,

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I apply for an authorisation to drive a transport vehicle with in the State of Tamil Nadu. I have
experience in driving motor vehicle for a period of

I forward herewith the driving licence held by me

No. dated issued by
the licensing Authority of

Name of applicant
(in block letters of clearscript) :

Present Address :
.....

.....
Signature of the applicant(s).

Date :