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www.lta.gov.sg

Scan the QR code on the right to access GoBusiness (GB) Portal.

Renew your Vocational Licence

Login to GB (go.gov.sg/renewlicence) with your Singpass > Dashboard > Due for Renewal > Select Action > Renew

Please attach your assessment form and on-road driving test when submitting your renewal application



ASSESSMENT ON FITNESS TO DRIVE FOR VOCATIONAL LICENCE HOLDERS AGED 70 YEARS AND ABOVE

This form may take you 15 minutes to complete.

You will need the following document(s) to fill in the form:

- NRIC
- Vocational Licence

The Land Transport Authority (LTA), as the Licensing Authority for Vocational Licences, requires all sections (A to G) of this report to be satisfied before granting the applicant a licence or renewal of a licence.

There are two parts to this assessment. The first part is to be conducted by a certified medical practitioner. If the applicant passes the assessment by the medical practitioner, he/she can then proceed to the second part of the assessment to be conducted by an authorised driving instructor appointed by the LTA.

This assessment form can be submitted to the Traffic Police (TP) to retain your Class 3 Driving Licence purpose. Please note that only an original or certified true copy of the completed LTA's assessment form will be accepted by LTA and TP for the renewal of vocational licence and retention of Class 3 driving licences. Please submit these to LTA and TP separately, at least 14 days before your next birthday in order to renew/retain your vocational licence and driving licence respectively.

PART I: TO BE COMPLETED BY APPLICANT

Section A – Particulars of Applicant

1	NRIC/FIN No		
2	Name as in NRIC/FIN		
3	Contact Number		
4	Type of Vocational Licence (Please tick ✓ where applicable)	Taxi Driver's Vocational Licence (TDVL) <input type="checkbox"/> Private Hire Car Driver's Vocational Licence (PDVL) <input type="checkbox"/>	Bus Driver's Vocational Licence (BDVL) <input type="checkbox"/>

Section B – Driving History

1	Years of driving experience			
2	Years of taxi / private hire/ bus driving	Taxi:	Private Hire Car:	Bus (Class 3 / 3A):
3	Previous traffic accidents, if any			

I declare that the information given in this assessment is true and correct. I understand that if I have wilfully suppressed any information required, the renewed vocational licence, if issued, will be revoked. I give my consent to the examining or assessing Medical Examiner to communicate with any physician who has attended to me.

Signature of Applicant & Date
(In the presence of the Medical Practitioner)

Name, Signature of Medical Practitioner & Date

PART II: TO BE COMPLETED BY MEDICAL PRACTITIONER (please ✓ in the appropriate column)

Section C – Medical History

Any history or problems of the following:		Yes	No	Remarks
	Cardiac / Pulmonary Systems			
1	Shortness of breath at rest or on lying flat			
2	Asthma / bronchitis / COPD			
3	High blood pressure			
4	Heart attack / disease			
5	Chest pain on exertion or at night			
	Neuro / Musculo-skeletal System			
6	Psychiatric Illness			
7	Severe headaches or migraine			
8	Stroke / TIA			
9	Epilepsy or fits of any kind / faints			
10	Head injury or concussions			
11	Muscle disease or weakness			
12	Arthritis / joint disease / numbness in hands and fingers			
	Vision-hearing			
13	Eye trouble of any kind (e.g. cataracts, glaucoma, strabismus)			
14	Colour blindness			
15	Difficulty seeing in the dark			
16	Deafness			
	Endocrine System			
17	Diabetes			
18	Thyroid Disease			
19	Surgical Operations			
20	Any relevant medical problems or injuries not mentioned above			

Section D – Tests of Vision

	Test	Remarks			
1	Colour Perception (Ability to recognise accurately the colours red, green and amber)	Able / Unable to recognise red, green and amber			
2	Visual Acuity (Snellen Eye Chart) * Corrected / Uncorrected	RE		LE	
3	Near Vision * Corrected / Uncorrected	RE		LE	
4	Visual Fields (Confrontation Test)	RE		LE	
5	Additional Remarks				

Note: The standard of acuity of vision should be at least 6/12 in each eye, with or without optical aids.

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For Medical Examiner

Please tick ✓ in the appropriate column.

I certify that I have on this day examined the applicant named on Section A. He/ She has shown me his/ her identity card which bears the same number given on this form. The answers to the questions above are correct to the best of my knowledge. I assessed the applicant as

- a. ☐ FIT on condition that he/she also passes the On-Road assessment.
- b. ☐ UNFIT; the assessment ends here. No need to proceed for the On-road assessment.

to hold / drive safely on the public roads, motor vehicle(s) of the class or classes for which he/she seeks the grant of or the renewal of a vocational licence.

Name and Signature of Medical Examiner

MCR Number

Date

Name of Hospital / Clinic: _____

Address of Hospital / Clinic: _____

Part III: To be completed by Authorised Driving Assessor

Section G –On-Road Driving Test – (Please refer to attached report)

For Authorised Driving Assessor (please tick ✓ in the appropriate column)

I certify that I have on this day assessed the applicant named on Section A. He/ She has shown me his/ her identity card which bears the same number given on this form. Based on the applicant's performance in the Driving Assessment today, I declare the applicant as having:

a. <input type="checkbox"/> PASSED	a. <input type="checkbox"/> PASSED	a. <input type="checkbox"/> PASSED
b. <input type="checkbox"/> FAILED	b. <input type="checkbox"/> FAILED	b. <input type="checkbox"/> FAILED
the driving test to drive a Taxi and Private Hire Car safely on public roads	the driving test to drive a Private Hire Car safely on public roads	the driving test to drive a Class 3/3A bus safely on public roads

For applicants who failed the On-Road Driving Test

Please tick ✓ in the appropriate box ☐

- ☐ The applicant may apply for driving re-test. (failure is due to driving skill) on On-road driving re-
☐ The applicant is referred to Land Transport Authority for approval test. Please see remarks below.

Remarks (by Driving Assessor): _____

Name and Signature of Authorised Driving Assessor/ Date

Name of Assessment Centre: _____

Address of Assessment Centre: _____