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DEPARTMENT OF ROAD TRANSPORT AND SAFETY
HEADQUARTERS
PRIVATE BAG 0054
GABORONE
BOTSWANA

APPLICATION FOR A DUPLICATE PERMIT/TOKEN

1 PERMIT/TOKEN NO.....ROUTE.....

2. NAME OF OWNER: SURNAME:.....

FORENAME:.....

3. ADDRESS:.....

4. (I) **IDENTITY:** OMANG/PASSPORT NO:
IN CASE OF FOREIGNER RESIDENCE PERMIT EXEMPTION
CERTIFICATE VISITORS PERMIT.

REPRESENTATIVE I.D. NO.

(II) I AM THE LAWFUL OWNER OF THE ABOVE PERMIT/TOKEN AND I HAVE
MISPLACED/LOST/WAS STOLEN AND WILL RETURN IT AS SOON AS I FIND
IT.

5. VEHICLE PARTICULARS

REGISTRATION NUMBER:

VEHICLE MAKE..... MODEL;.....

YEAR OF MANUFACTURE:

ENGINE NO.: CHASSIS NO.:

6. DECLARATION

I HEREBY DECLARE THAT THE INFORMATION HEREIN GIVEN BY ME IS THE
TRUTH AND NOTHING BUT THE TRUTH TO THE BEST OF MY KNOWLEDGE.

SIGNATURE;

SIGNED THIS DAY: OF 20.....

ROAD SAFETY



BEGINS WITH YOU

7. **FOR TRANSPORT OFFICERS**

THE PERMIT/TOKEN OF THE ABOVE VEHICLE PARTICULARS HAS BEEN/NOT BEEN CONFISCATED BY THIS OFFICE.

SURNAME: FORENAMES:

SIGNATURE: DESIGNATION:

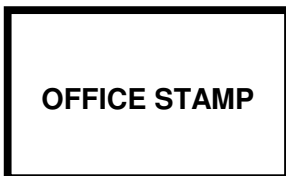


8. **FOR VEHICLE EXAMINERS**

THE PERMIT/TOKEN OF THE ABOVE VEHICLE PARTICULARS HAS BEEN/NOT BEEN CONFISCATED BY THIS OFFICE.

SURNAME FORENAME

SIGNATURE; DESIGNATION;



9. **FOR POLICE DEPARTMENT**

THE STATEMENT GIVEN IS TO THE BEST OF MY KNOWLEDGE SWORN HERE BY THE APPLICANT.

POLICE NO. RANK;.....

NAME: SIGNATURE:.....

