

Student identity number	Category:
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APPLICATION FORM



Date of arrival:	Registry number:
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PERSONAL DATA						ADDRESS OF RESIDENCY					
Prenome: Family name:						Country, postcode, city:					
Forename(s):						Address:					
Whole birth name:						ADDRESS OF NOTIFICATION					
Place of birth:				Date of birth:		Country, postcode, city:					
Mother's whole maiden name:						Address:					
Nationality:						Telephone:			E-mail:		
TRAINING DATA						FILLED BY TRAINER					
Category:				Type of course:		A jelentkező beírt adatait, nyilatkozatait a csatolt iratok alapján a 24/2005. (IV. 21.) GKM rendelet szerint ellenőriztem. Igazolom, hogy a jelentkező a vizsgára bocsátás feltételeinek megfelel, egyben kötelezettséget vállalt arra, hogy a tanuló egyes vizsgákhoz előírt képzése a vizsgáig hiánytalanul megtörténik.					
☐ I do not have a driving licence ☐ I have a driving licence issued in Hungary ☐ I have a driving licence issued in this country of the EEA*:						Elméleti képzés típusa:			Tanfolyam indulásának dátuma:		
Number of my driving licence:						☐ Tantermi képzés ☐ E-learning képzés			A jelentkezőt mentesítettem a következő tantárgyak hallgatása alól:		
Group of medical aptitude:				Code of restriction:		☐ Szerkezeti és üzemeltetési ismeretek ☐ Munkavédelem, tűzvédelem, szállítás ☐ Biztonsági ellenőrzés és üzemeltetés			A felmentés alapjául szolgáló okirat száma:		
Category	Exam date	Validity	Category	Exam date	Validity	Okirat kelte:			P.H.		
						Dátum:			Iskolavezető aláírása:		
						FILLED BY AUTHORITY					
						Kérésre a csatolt okiratok alapján a következő tantárgyból mentesítem a vizsgakötelezettség alól:			Kérésre az elméleti tárgyakból a szóbeli vizsgát:		
						☐ Szerkezeti és üzemeltetési ismeretek ☐ Munkavédelem, tűzvédelem, szállítás ☐ Biztonsági ellenőrzés és üzemeltetés			☐ engedélyezem az alábbi nyelven: ☐ nem engedélyezem.		
OTHER DRIVER'S LICENCE DATA						Megjegyzés:					
☐ I do not have a driver's licence ☐ I have a driver's licence of the category(ies) below:						Dátum:			A közlekedési hatóság ügyintézőjének aláírása:		
Category:				Number:		Az elsősegélynyújtási ismeretek megszerzését a 24/2005. (IV.21.) GKM rendeletben foglaltaknak megfelelően az alábbi számú okirattal igazolta:					
[Agricultural tractor]						Kiadóvizsgaigazolás száma:					
[Moped]						A vizsgaigazolást a mai napon kiadtam:					
[Garden tractor]						☐ Személyes átvétellel (átvevő olvashatóan írt neve és aláírása): ☐ Postai úton (ajánlási ragszám):					
[Animal-drawn vehicle]						Megjegyzés:					
[Slow vehicle]											
OTHER DATA						P.H.					
Group of medical aptitude:		Restriction(s) (code, description):				Dátum:					
Category of PTD**:		Number of Passport or ID card.:				Közlekedési hatóság ügyintézője:					
I have an exam certification for the category below:				Number:							
Data above are real and true.											
Date:				Signature:							

*EEA = European Economic Area

** PTD = Psychological Testing of Drivers (PČV)

STATEMENT

1. I have the prescribed elementary qualification for driver's examination or else I can read and write.

- ☐ Yes
☐ No

2. I have been legally prohibited from vehicular driving by the court or the authority of offence:

- ☐ No
☐ Yes, for a definite time: category(ies) from year month day to..... year month day
☐ Yes, for an indefinite time: category(ies) from year month day

3. The court has sentenced me to forced curing or forced medical treatment :

- ☐ No
☐ Yes, from year month day to..... year month day

4. Authority has ordered the suspension of my warrant of driving with a legally binding and executable decision:

- ☐ No
☐ Yes, from year month day to..... year month day

5. I have been placed under guardianship excluding or restricting legal capacity by the court:

- ☐ No
☐ Yes

6. My driving licence has been withdrawn by authority:

- ☐ No
☐ Yes

7. My medical aptitude was found to be inadequate for driving:

- ☐ No
☐ Yes

8. The court or police has bound the retrieval of my driving licence or my warrant of driving to a new driving examination or to the verification of my medical aptitude, my driving routine or to a PTD (Psychological Test of Drivers):

- ☐ Yes
☐ No

8a. **Only answered if the answer of question 8 was YES.** I have fulfilled my obligation if the court or police has bound the retrieval of my driving licence or my warrant of driving to a new driving examination or to the verification of my medical aptitude, my driving routine or to a PTD:

- ☐ Yes
☐ No

9. I am under an obligation in force of re-training:

- ☐ No
☐ Yes

10. I had an unsuccessful practical driving exam within two years from the category marked on the application form:

- ☐ No
☐ Yes, the last one at the following place and time:

11. I agree to the use of picture and sound recording system during the theoretical exam:

- ☐ Yes
☐ No, but in this case I take notice of having my exam at another date appointed by the Traffic Authority.

I declare that the information given on the application form and in the statement part are true and are correspondant with the data in my official warrant and documents (ID card, Passport etc.). By signing the application form I give my consent to the usage of my personal and special data and also that the Trainer I am in contract with will proceed in connection with the administration of my examination.

I understand that not my personal participation on my examinations can bring penal procedure. During the practical training if the filling of the "Driving Cardboard" is not according to the regulations (no signature), the driving of the tutorial vehicle is considered as unauthorised driving (illegal) and can cause offence procedure. Furthermore, I understand that if I pass examinations by misleading Traffic Authority, by providing false data/information, by lacking any criteria set out by law or by violating the rules of examination, the Traffic Authority invalidates my examinations, denies the issuance of the exam certificate or initiates the cancellation of the driving licence. Additionally I understand that I am supposed to report any change in my data within 8 days until the issuance of the exam certificate, otherwise my examinations may be invalidated which may result in the cancellation of my driving licence.

Date:

Signature: