



ROAD TRAFFIC DEPARTMENT  
P. O. BOX - N-1615  
NASSAU, BAHAMAS

**TRANSPORT MANAGEMENT SYSTEM (TMS)**  
**Client Registration Details**

**CORE DETAILS**

**Organization Type:** Individual \_\_\_ Government \_\_\_ Franchise \_\_\_ Company \_\_\_

**CLIENT'S NAME (Individual)**

Title:(Tick the Applicable) Mr \_\_\_ Ms \_\_\_ Mrs \_\_\_ Miss. \_\_\_

First Name:

Middle Name:

Surname:

Date of Birth (DD/MM/YYYY): \_\_\_/\_\_\_/\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

**CLIENT'S NAME (Company, Government)**

Legal Name:

Trading Name:

Legal Name:

TIN#:

Company NIB#:

Primary Contact Name:

**CONTACT DETAILS**

Primary Email:

Alternative Email:

Phone:Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

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**PHYSICAL ADDRESS**

House/Apt. No.: \_\_\_\_\_

Street: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Island: \_\_\_\_\_

Settlement: \_\_\_\_\_

Country: \_\_\_\_\_

**IDENTIFICATION**

Country of Birth: \_\_\_\_\_

NIB #: \_\_\_\_\_

Proof of Age Document: **Passport**   
**Birth Certificate**

**Voter's Card**

Document No. \_\_\_\_\_

Expiration Date: \_\_\_\_\_

(Tick the applicable) Citizen \_\_\_ Yes \_\_\_ No

Permanent Resident \_\_\_ Yes \_\_\_ No

**(For NON-Citizens or NON-Permanent Residents Only)**

Immigration Status: \_\_\_\_\_

Immigration Permit Number: \_\_\_\_\_

Permit Expiration Date: \_\_\_\_\_

**PHYSICAL DESCRIPTION**

Height: \_\_\_' \_\_\_" Hair Colour: \_\_\_\_\_

Eye Colour: \_\_\_\_\_

Disabled: \_\_\_ Yes \_\_\_ No

Visible Scar (Where): \_\_\_\_\_

Do you have any physical disabilities which may hinder/impe the ability to operate a motor vehicle or heavy equipment? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have the results of a medical examination relevant to the above mentioned disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

Results of a medical examination  
(Please also attach):

**Client Signature**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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