

**SL5A**

Re- Report of Loss of Certificate of Competency (Pass Driving Test Certificate) SL5A

**Applicants Driver Number:**

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(This is a mandatory field- Driver Number is a nine digit number under item 5 on your learner permit or it is the number at 4(d) in the case of a plastic card permit)

Applicant's Name and Current Address:

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Applicant's phone number:

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Applicant's address when test was conducted if not as above:

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Test Centre \_\_\_\_\_

Approximate Date of Test \_\_\_\_\_

Date of Birth \_\_\_\_\_

Licence Category of Vehicle for Test eg. Car, Bus Truck \_\_\_\_\_

If a Car, was it manual or automatic \_\_\_\_\_

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The above named reported at this Garda Station the loss/destruction of his/her Certificate of Competency.

Garda Station Stamp

\_\_\_\_\_  
MEMBER IN CHARGE

\_\_\_\_\_  
DATE