



**LOST CERTIFICATE OF SATISFACTORY COMPLETION**

Applicants Driver Number:

(This is a mandatory field: - Driver Number is **item 5** on your Learner Permit)

Applicant's Name and Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Serial number of original Certificate (if known)

Date of Birth: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name of IBT Instructor who conducted training: \_\_\_\_\_  
Approximate Date training was completed: \_\_\_\_\_  
Category Type Training was completed in: \_\_\_\_\_

To be completed by Garda: The above named reported at this Garda Station the loss/destruction of his/her Certificate of Satisfactory Completion of Initial Basic Training (Motorcycles).

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

**Garda Station Stamp**



\_\_\_\_\_  
DATE

Please complete and return to Driver Education Section, Road Safety Authority, Primrose Hill, Ballina, Co. Mayo.

