

LOST LICENCE DECLARATION FORM – D.8 (a)

*This form must be signed, dated and stamped by a member of the Garda Siochana
at your local Garda Station*

Road Traffic Act, 1961 – Part III

Road Traffic (Licensing of Drivers) Regulations, 1964

Garda Station: _____

Motor Taxation Office: _____

Applicant Details:

Name: _____

Address: _____

Date of Birth: _____

Signature: _____

The above named reported the loss/destruction of his/her full/provisional driving licence at this station.

Garda Signature: _____

Date: _____

Garda Station Stamp