

**Application for a
Vehicle Roadworthiness Examination**
The Road Traffic Act (CAP. 69:01)
(Section 18 (2))
(To be completed in Triplicate: white, pink & blue)

DRTS 12

Name of Registered Owner.....
Postal Address.....

Particulars of Vehicle

(a) Registration No..... (b) Engine No.....
(c) Make..... (d) Model..... (e) Chassis No.....
(f) Colour..... (g) Year.....
(h) Tare..... (i) Seating Capacity.....
Date.....

.....
Signature of Applicant

FOR OFFICIAL USE ONLY	
Fee Paid P.....	
Receipt No.....	
Date.....	
Signature.....	
<i>Licensing Officer / Stamp</i>	

VEHICLE EXAMINATION	
1st Examination <input type="checkbox"/>	Re-Examination: <input type="checkbox"/>
	1 <input type="checkbox"/>
	2 <input type="checkbox"/>
	3 <input type="checkbox"/>
PASSED ITEMS - mark with: <input checked="" type="checkbox"/>	FAILED ITEMS - mark with: <input checked="" type="checkbox"/>
1.0 Vehicle Identification	8.0 Suspension
1.1 VIN & Engine Number <input type="checkbox"/>	8.1 Shock Absorbers <input type="checkbox"/>
1.2 Registration Plates <input type="checkbox"/>	8.2 Springs <input type="checkbox"/>
2.0 Engine Compartment	9.0 Brake System
2.1 Engine Components <input type="checkbox"/>	9.1 Service Brake <input type="checkbox"/>
2.2 Battery, Fittings <input type="checkbox"/>	9.2 Park Brake <input type="checkbox"/>
2.3 Cooling System <input type="checkbox"/>	9.3 Emergency Brake <input type="checkbox"/>
2.4 Electrical Wiring, Hooter/Horn <input type="checkbox"/>	9.4 Brake Pipes, Hoses <input type="checkbox"/>
2.5 Starter Motor <input type="checkbox"/>	9.5 Fluid / Air Leakages <input type="checkbox"/>
2.6 Alternator/Generator <input type="checkbox"/>	9.6 Push Rod Connectors <input type="checkbox"/>
3.0 Vehicle Interior	9.7 Air Compressor, Delivery Rate <input type="checkbox"/>
3.1 Door Handles, Locks, Switches <input type="checkbox"/>	9.8 Air Tanks, Valves <input type="checkbox"/>
3.2 Window, Winders, Switches <input type="checkbox"/>	10.0 Lighting System
3.3 Seats, Seat Belts <input type="checkbox"/>	10.1 Headlamps <input type="checkbox"/>
3.4 Fire Extinguisher, Warning Triangles <input type="checkbox"/>	10.2 Park Lamps <input type="checkbox"/>
3.5 Dashboard, Floors <input type="checkbox"/>	10.3 Fog Lamps <input type="checkbox"/>
4.0 Body	10.4 Indicators, Hazard Warning Lamps <input type="checkbox"/>
4.1 Fenders <input type="checkbox"/>	10.5 Brake Lamps <input type="checkbox"/>
4.2 Doors, Bonnet, Boot, Tailgate <input type="checkbox"/>	10.6 Reverse Lamps <input type="checkbox"/>
4.3 Windscreen/s <input type="checkbox"/>	10.7 Identification Lamps <input type="checkbox"/>
4.4 Side Mirrors <input type="checkbox"/>	11.0 Undercarriage
4.5 Wiper Mechanism & Blades <input type="checkbox"/>	11.1 Chassis <input type="checkbox"/>
4.6 Load Compartment <input type="checkbox"/>	11.2 Steering Mechanism <input type="checkbox"/>
4.7 Retro-Reflectors <input type="checkbox"/>	11.3 Gearbox, Transfer Box <input type="checkbox"/>
4.8 Chevron Board <input type="checkbox"/>	11.4 Differential <input type="checkbox"/>
4.9 30 / 80 km/h Sign <input type="checkbox"/>	11.5 Prop. Shaft/s, Centre Bearing/s <input type="checkbox"/>
4.10 Mudflaps <input type="checkbox"/>	11.6 CV Joints, Drive Shafts <input type="checkbox"/>
5.0 Wheels	11.7 Fuel Tank/s <input type="checkbox"/>
5.1 Studs & Nuts <input type="checkbox"/>	11.8 Kingpins, Ball Joints, Wheel Bearings <input type="checkbox"/>
5.2 Rims, Sizes <input type="checkbox"/>	12.0 Drive Test
5.3 Tyres, Sizes <input type="checkbox"/>	12.1 Controls <input type="checkbox"/>
6.0 Side Slip Test	12.2 Steering Vibration, Roadholding <input type="checkbox"/>
6.1 Axle 1 <input type="checkbox"/>	12.3 Speedometer <input type="checkbox"/>
6.2 Axle 2 <input type="checkbox"/>	12.4 Oil Pressure Gauge/Lamp <input type="checkbox"/>
6.3 Axle 3 <input type="checkbox"/>	12.5 Air Pressure Gauge/Lamp <input type="checkbox"/>
7.0 Exhaust System	12.6 Temperature Gauge <input type="checkbox"/>
7.1 Smoke Emission <input type="checkbox"/>	12.7 Tachograph <input type="checkbox"/>
7.2 Gas Emission <input type="checkbox"/>	13.0 Others
7.3 Silencer, Pipe Leakages <input type="checkbox"/>	13.1 Fifth Wheel Coupling <input type="checkbox"/>
7.4 Exhaust Brake <input type="checkbox"/>	13.2 Trailer Coupling <input type="checkbox"/>
	13.3 Air / Electrical Trailer Couplings <input type="checkbox"/>

Item	Remarks

Vehicle Examiner's Code	
FIRST EXAMINATION RESULT:	1st Exam.....
Passed: <input type="checkbox"/>	Re-Exam 1..... <input type="checkbox"/>
Failed: <input type="checkbox"/>	Re-Exam 2..... <input type="checkbox"/>
	Re-Exam 3..... <input type="checkbox"/>

CERTIFICATE ISSUED	
C. O. R. Number:.....	
Date:.....	
..... <i>Issuing Officer / Stamp</i>	