

SIGNATURE OF DRIVER LICENSING REPRESENTATIVE

MV2943 (102014)

| ICBC USE ONLY | | | | | | | | |
|---------------------------|---------------------------|--|--|--|--|--|--|--|
| DATE OF BIRTH (ddmmmyyyy) | NAME CODE | | | | | | | |
| | DATE OF BIRTH (ddmmmyyyy) | | | | | | | |

All documents must be translated from original documents or from a Driver Licensing Office approved stamped copy of the original. These documents must be presented when you return to the Driver Licensing Office.

| 1. What items need translation | n? | | | | | | |
|--|----------------------------|---------------------|------------------|----------|--------------------|---------------------------------------|--------|
| ☐ Foreign driver's licence to driv | e in British Columbia | as a visitor | or student. | | | | |
| ☐ Foreign driver's licence to driv | e as a new resident | or apply for a | a BC driver's | licenc | e. | | |
| ☐ Letter of experience (Commer | cial class licence app | olicants—atta | ach original let | ter of c | driving experier | nce.) | |
| ☐ Marriage/Change of name do | cument—to be trans | lated from | LANGUAGE THA | T DOCUI | MENT WILL BE TRANS | SLATED FROM | |
| ☐ ICBC Driver's Knowledge Tes In the case of a driver's knowl not necessary.) | | | | | | slation. (Photocopy of origina | ıl |
| 2. Complete the section belo | w if you translated | d a foreign l | licence or le | tter o | of experience | . Otherwise, go to 3. | |
| I have translated the original or th the translation is true and accurate contains the following information: | | | | | | | |
| Issuing Agency Details | | | | | | | |
| ISSUING AGENCY | | LANGUAGE TRAN | ISLATED FROM | | | ISSUING COUNTRY AND/OR STATE/PR | OVINCE |
| AGENCY PHONE OR CONTACT INFORMATION | | | AGENCY ADDRES | S | | | |
| Foreign driver's licence detail | ls | | | | | | |
| FOREIGN DRIVER'S LICENCE NUMBER | 4 | | DATE ISSUED | | | EXPIRY DATE | |
| DRIVER'S FULL NAME (last name, first name) | | | DATE OF BIRTH | MM | YYYY | DATE FIRST LICENSED (if shown) | YY |
| Driverto i dee ivalve (ast name, institatile) | | | D D M | | | D D M M M Y Y | ΥΥ |
| CLASS OF LICENCE | RESTRICTIONS (if any) | | | | | S PERMITTED AS STATED ON THE FORE | IGN DL |
| Translator comments/observa | ations/other | | | | <u> </u> | | |
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| | | | | | | | |
| 3. Complete and sign below. | | | | | | | |
| l | do | eclare that the | information tra | anslate | ed by me is pred | sise, accurate and correct. | |
| PRINT FULL NAME CLEA I have not added any information fro | ARLY | | | | | | cord |
| and transcribe the translation. I decl | | | | | | • | |
| I understand it is an offence to provi | | | • | | • | - | |
| | | .9 | | 5. S.P.P | ., | | |
| SIGNATURE OF TRANSLATOR/INTERPRETER | | | DATE (ddmmm | уууу) | | | |
| Attach cop | y of the original driv | | letter of expe | rience | e/identification | n document. | |
| I have verified this translator on the | ne ICBC approved list. | | USE ONLY | | ulate stamp/star | mp/seal/identification numbe elow: | , |
| | | | | | | | |

OFFICE STAMP AND/OR LOCATION (if no stamp available)