

**FEDERATION OF ST. CHRISTOPHER AND NEVIS LICENCING AUTHORITY**  
**RENEWAL OF DRIVERS LICENCE FOR PERSONS RESIDING OUTSIDE OF SAINT CHRISTOPHER AND NEVIS**

**INSTRUCTIONS**



TRAFFIC DEPARTMENT  
ST JOHNSONS VILLAGE  
BASSETERRE, ST KITTS  
PH: 1 (869) 467-1359  
FAX: 1 (869) 466-7747  
E-MAIL: TD.DLRENEW@GOV.KN



INLAND REVENUE DEPARTMENT  
BAY ROAD  
BASSETERRE, ST KITTS  
PH: 1 (869) 467-1213  
FAX: 1 (869) 465-7640  
E-MAIL: IRD.DLRENEW@GOV.KN

This application is intended for individuals residing outside of the Federation of Saint Christopher and Nevis. Complete all of the sections indicated in the Instructions section. Failure to complete all sections in their entirety can delay the renewal process.

An individual **cannot** renew their licence by this method if more than five years have passed since the expiration of the last licence renewed through the normal channel. An individual **cannot** renew their licence by this method if the renewal will extend the licence period beyond ten years since the expiration of the last licence renewed through the normal channel. An individual **cannot** renew their licence more than three times using this method of renewal.

**BE AWARE** that a person who makes a false declaration commits an offence under Section 5 of the Perjury Act, 2005 of the laws of Saint Christopher and Nevis and that person is liable to imprisonment for a term of seven (7) years or to a fine of thirty-thousand (\$ 30,000.00) dollars.

**INSTRUCTIONS**

Sections 1, 2 and 3 are mandatory and must be completed in their entirety. Section 4 and 5 must be completed if another individual is submitting this application on the applicants behalf. Section 6 will be used by the Licencing Authority. Attach a passport sized picture in the space provided below.

The fee for renewal of your licence is 187.50 EC or 70.00 USD. All overseas payments must be made by Managers cheque or International Money Order in (USD), payable to the Accountant General. Allow for a period of up to six (6) weeks for an overseas cheque to clear. **DO NOT SEND CASH**. When submitting an application from overseas, this must be done using a courier service (Fedex, UPS, DHL ...) with return prepaid.

**ITEMS REQUIRED**

1. A **notarized** copy of your Birth Certificate or **notarized** copies of the page(s) of your valid passport which contains your passport number, photograph, name, date and place of birth and the expiration date of the passport.
2. Your expired driver licence must be submitted with this application.
3. Your signature in **black**, using a **fine point** writing marker, fully contained within the box provided at the bottom of the second page.
4. Signature, date and stamp of a notary public.

If application is approved you will be contacted by the licencing authority to submit a digital photo in **.jpg** format (*not scanned, but directly from a digital source*). This photo should be taken full face, including only the shoulders, neck and head. Hats, caps or any object that conceals the head or face or any part of either must be removed. Photographs not conforming to these rules will be rejected. The background of the picture must be solid white and clothing must be a contrasting colour. **Please submit an e-mail address when completing this application**. In any electronic correspondence to the Departments, identify yourself within the correspondence by giving your **FULL NAME** and **DATE OF BIRTH** and current **DRIVER LICENCE NUMBER**.

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**APPLICATION**

**SECTION 1**

LAST NAME: .....

FIRST NAME: .....

MIDDLE NAMES: .....

COUNTRY OF BIRTH: .....

ST KITTS/ NEVIS ADDRESS:.....

.....

P.O. BOX NO.: .....

CITY / TOWN / VILLAGE: .....

OVERSEAS ADDRESS: .....

.....

CITY / TOWN / VILLAGE: ..... STATE: .....

COUNTRY: .....CODE: .....

CONTACT NUMBERS: HOME: .....WORK: ..... MOBILE: .....

SOCIAL SECURITY NO.: ..... NATIONAL ID :.....

E-MAIL ADDRESS: .....



**SECTION 2**

BIRTH DATE: DAY:..... MONTH:..... YEAR:.....

GENDER (M/F): ..... MARITAL STATUS: .....

BLOOD TYPE: ..... HEIGHT: .....(FEET) ..... (INCHES)

I hereby declare that I am not incapacitated in any way that would impact my ability to safely operate a motor vehicle and that I have read and understood the instructions and warnings accompanying this application. I also declare that the information I have provided is true and correct.

*Signature of Applicant*  
*(Signature must be completely contained in the box)*

\_\_\_\_\_  
*Application Date*

