

## Translation of application Form

Tick box: Gesuch um Umtausch ausländischen Führerausweis

Check box „B“ for a passenger Car

### Section 1

Line 1	Surname
Line 2	Name
Line 3	Street
Line 4	Postcode and City
Line 5	Hometown
Line 6	Date of Birth, female/weiblich or male/männlich
Line 7	Previous address and for how long

Bestätigung der Identifikation bzw. der Personalien  
for the Gemeinde personnel to complete

Your Signature in the Box under Unterschrift Gesuchstellerin

### Section 2

Krankheiten, Gebrechen und Süchte /

- Respiratory Problems
- Heart or artery problems
- Kidney disease
- Neurological disease
- Abdominal disease
- Suffer from injuries due to an accident

Did you ever suffer or do suffer from:

- Blackouts
- Weakness
- Addictions
- Insanity
- Epilepsy or epileptic attacks
- deafness

Is your blood pressure too high or too low?

Were you ever in a sanatorium for people with alcohol problems?

Did you ever have a drug withdrawal treatment?

Were you in clinic for emotionally disturbed or insane people?

Have you suffered any other illnesses or afflictions, which bar you from driving safely?

Comments

Besitzen oder besaßen Sie schon einen CH Führerausweis?

Have or had a Swiss driver's license? Yes/ja or no/nein

