





P.O. BOX 325, 64 Regent Street, Belize City, Belize, C.A.

## Application for Re-Opening in the Tourism Safe Corridor

### Drivers' Information:

First Name	Last Name	Driver's License#

I hereby certify that I have read the BTB enhanced health and safety guidelines. I declare that all information provided in this application is true, accurate and completed to the best of my knowledge. I have not withheld any information and understand any falsification is illegal and will disqualify this application.

Printed Name of Owner/General Manager: \_\_\_\_\_

Owner/General Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
dd/mm/yyyy