



IMPORTANT: An applicant must have held an appropriate type of driver's licence for at least three (3) years and must be at least 21 years of age, on the date of application. Your personal driver's licence information, photograph, and vehicle licence information may be used, or disclosed to a third party, where authorised under 'road law' (as defined in the *Road Traffic (Administration) Act 2008*), or Commonwealth law or in compliance with a Court Order issued within Australia. Your personal details may also be disclosed to other driver licensing authorities to assess your application or verify any information you have provided.

APPLICATION TYPE

CLASS OF MOTOR VEHICLE FOR WHICH DRIVING TUITION MAY BE GIVEN

<input type="checkbox"/>	R - MOTORCYCLE
<input type="checkbox"/>	C - CAR
<input type="checkbox"/>	LR - LIGHT RIGID (max 8 tonne GVM - no axle limit)
<input type="checkbox"/>	MR - MEDIUM RIGID (more than 8 tonne GVM - 2 axle only)
<input type="checkbox"/>	HR - HEAVY RIGID (more than 8 tonne - no axle limit)
<input type="checkbox"/>	HC - HEAVY COMBINATION (HR with trailer greater than 9 tonne GVM, or prime mover and semi-trailer combination)
<input type="checkbox"/>	MC - MULTI COMBINATION (with an additional trailer greater than 9 tonne GVM)

APPLICANT DETAILS

DRIVER'S LICENCE NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

FAMILY NAME

FIRST NAME

OTHER NAME/S

DATE OF BIRTH

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

CONTACT PHONE NUMBER

EMAIL ADDRESS

PLACE OF BIRTH

RESIDENTIAL ADDRESS

SUBURB

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

STATE

W A

POST CODE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

How long have you lived at the above address?

If less than six (6) months please provide your previous address.

PREVIOUS ADDRESS

SUBURB

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

STATE

W A

POSTCODE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

REFEREES

Supply the names, addresses and phone numbers of two (2) persons who have known you personally for at least twelve (12) months to whom reference can be made as to your character. **Note:** The names of relatives (including a de facto) and immediate past employers should not be given.

FULL NAME (REFEREE 1)

ADDRESS

SUBURB

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

STATE

POSTCODE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

CONTACT PHONE NUMBER

FULL NAME (REFEREE 2)

ADDRESS

SUBURB

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

STATE

POSTCODE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

CONTACT PHONE NUMBER

QUESTIONNAIRE

What is the name and address of your employer(s) during the last six (6) months?

EMPLOYER NAME AND ADDRESS

SUBURB

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

STATE

W A

POSTCODE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

In what capacity were you employed?

When and how long did you work for them?

Have you been, or are you now, the holder of a driver's licence issued in Western Australia or elsewhere, to drive a motor vehicle? If so, please state the name of the State or Country where the licence was issued.

The number of the licence and if the licence issued in Western Australia, the class/es of the licence.

NUMBER

CLASS/ES

EXPIRY DATE

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

Note: The licence must be produced for the officer receiving the application.

Have you successfully completed a course of training or passed a qualifying examination as a motor vehicle driver instructor and provided supporting documentation? If yes, full particulars must be shown.

YES

NO

QUESTIONNAIRE (CONTINUED)

DO YOU WEAR SPECTACLES OR CONTACT LENSES AS VISUAL AIDS? YES NO

DO YOU SUFFER FROM:

FITS OR EPILEPSY? YES NO

FREQUENT FAINTING OR GIDDY ATTACKS? YES NO

DIABETES (CONTROLLED BY INSULIN)? YES NO

ANY PERMANENT DISABILITY TO EITHER HAND, ARM, FOOT, LEG OR EYE, OR FROM DEAFNESS? YES NO

ANY PHYSICAL DISABILITY LIKELY TO AFFECT YOUR EFFICIENCY IN CONTROLLING A MOTOR VEHICLE? YES NO

If yes please provide details ←

HAVE YOU EVER, IN WESTERN AUSTRALIA OR ELSEWHERE:

BEEN REFUSED OR DISQUALIFIED FROM OBTAINING A LICENCE AS A DRIVER OR RIDER OF A MOTOR VEHICLE, OR AS A MOTOR VEHICLE DRIVING INSTRUCTOR? YES NO

HAD A LICENCE CANCELLED OR SUSPENDED? YES NO

HAVE YOU EVER, IN WESTERN AUSTRALIA OR ELSEWHERE, BEEN CONVICTED OF:

DRIVING A MOTOR VEHICLE WHILST UNDER THE INFLUENCE OF DRUGS OR ALCOHOL? YES NO

ANY OTHER OFFENCE? YES NO

DECLARATION

I hereby apply for type driving instructor's licence to provide tuition for class vehicles.

I declare that the questions have been read by me and the answers to such questions were written by me and, to the best of my knowledge and belief, are correct.

I declare that the information on this form is true and correct.

I understand that under the provisions of the *Motor Vehicle Drivers Instructors Act 1963*, it is an offence to provide false or misleading information.

SIGNATURE OF PERSON MAKING DECLARATION

DATE

/

/

OFFICE USE ONLY

I CERTIFY THAT:

- The declaration above has been read and signed by the applicant in my presence.
- I have impressed upon the applicant that such questions must be answered fully and correctly.
- I have inspected the licence and verified that the answers given correspond with the particulars on the licence.
- Proof of applicant holding appropriate driver's licence for at least 3 years has been sighted.

NAME OF RECEIVING OFFICER

SIGNATURE

DATE

/

/

ISSUING CENTRE/AGENCY

OFFICE USE ONLY (CONTINUED)

CSO HAS COMPLETED THE FOLLOWING:

	Attach results, load into TRELIS and record details in contact history.
	Take the application fee payment: financial > sundry payment > Driver instructor licence application.
	Take copy of receipt for application fee.
	Manually load the 98 and 03 condition into TRELIS.
	Issue Medical Assessment Certificate (M107A) form to applicant.
	Scan and email all of the above including the receipt to occupational.licences@transport.wa.gov.au with clients name and DL in the subject line. File original papers and receipt in your daily work.

CSO HAS ADVISED APPLICANT OF THE FOLLOWING:

	If application is approved by DS, the applicant will be contacted by Driver Compliance directly.
	Instructor Practical Entitlement must be paid at least ONE day prior to PDA and the A4 receipt must be given to the Driver Compliance Officer prior to the assessment. financial>sundry payment>Driver instructor licence test fee.
	When PDA is passed, the annual fee is paid the licence will be mailed to the applicant. financial>sundry payment>Driver instructor licence renewal.

DOCUMENTS REQUIRED:

	Proof of identity.
	National Police Certificate (must be less than three months old at the time of application and the name on the document must match TRELIS exactly. Not required for mutual recognition applications).

CERTIFICATE IV APPLICANTS:

Applicant holds one of the following from a company on the Schedule II of the *Motor Vehicle Driver's Instructor's Regulations 1964*:

- Cert IV in Transport & Logistics (Road Transport - Car Driving Instruction)
- Cert IV in Transport & Logistics (Road Transport - Heavy Vehicle Driving Instruction)
- Cert IV in Transport & Logistics (Road Transport - Motorcycle Riding Instruction)

	Exempt from Theory Test and PDA
--	---------------------------------

APPLICANTS WITHOUT RELEVANT QUALIFICATION

C Driver Instructor Licence applicants to complete:

	Theory test (150 questions: pass mark 140).
	Practical Driving Assessment.

LR-MC Driver Instructor Licence applicants to complete:

	Theory Test (150 questions: pass mark 140).
	LR-MC Theory Test (10 questions: pass mark 9).
	Practical Driving Assessment.

R Driver Instructor Licence applicants to complete:

	Theory (150 questions: pass mark 140).
	R Theory Test (35 questions: pass mark 32).
	Practical Driving Assessment.