



**IMPORTANT - PLEASE ENSURE YOU READ THIS INFORMATION BEFORE COMPLETING THE FORM.**

- It is important to complete this form truthfully and not leave out any relevant information.
- Please ensure that you answer all questions and provide additional information where required.
- You may be asked to provide verification of the information you provide in this application, or the Chief Executive Officer (CEO) may conduct enquiries regarding the legitimacy of the information you have provided.
- It is a serious offence to deliberately provide false or misleading information and penalties apply.
- If you need help to fill in this form, or need to speak to us in languages other than English, please call us on 13 11 56.
- For further information please visit the Department of Transport (DoT) website on [www.transport.wa.gov.au/dvs](http://www.transport.wa.gov.au/dvs)
- This form may be presented at a Driver and Vehicle Services (DVS) centre, regional Department of Transport office or DVS agent. Please visit our website at [www.transport.wa.gov.au/dvs](http://www.transport.wa.gov.au/dvs) for location information.

**PLEASE TICK TYPE OF LICENCE AND CLASS YOU REQUIRE**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Learner's Permit      | <input type="checkbox"/> C - Car           | <input type="checkbox"/> HR - Heavy Rigid       | <input type="checkbox"/> R - E (LAMS approved motorcycle) |
| <input type="checkbox"/> Driver's Licence      | <input type="checkbox"/> LR - Light Rigid  | <input type="checkbox"/> HC - Heavy Combination | <input type="checkbox"/> R - Unrestricted Motorcycle      |
| <input type="checkbox"/> Extraordinary Licence | <input type="checkbox"/> MR - Medium Rigid | <input type="checkbox"/> MC - Multi Combination | <input type="checkbox"/> R - N (moped)                    |
| <input type="checkbox"/> Licence Variation     |  |   |   |

**APPLICANT DETAILS**

WA LICENCE NUMBER

FAMILY NAME

FIRST NAME

OTHER NAME/S

HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME?  
*(e.g. name at birth, maiden name, previous married names, alias, adoptive name or foster name)*  
 YES  NO

IF YES PLEASE DETAIL YOUR PREVIOUS/OTHER NAME/S

DATE OF BIRTH

DO YOU HAVE ANY SIBLING(S) SHARING THE SAME DATE OF BIRTH? *(e.g. multiple births)*  YES  NO

IF YES PLEASE LIST THEIR NAMES

HOME PHONE

WORK PHONE

MOBILE PHONE

EMAIL ADDRESS

RESIDENTIAL ADDRESS (MUST BE IN WA)

SUBURB

STATE   POST CODE

POSTAL ADDRESS (IF DIFFERENT TO RESIDENTIAL ADDRESS)

SUBURB

STATE  POST CODE

**PERSONAL DETAILS** *(not applicable for licence variation applicants)*

GENDER Male  Female  X  Supporting documents required when gender X is selected, refer to DoT website

BUILD Slim  Medium  Solid

HEIGHT  cm

NATURAL HAIR COLOUR  EYE COLOUR

COUNTRY OF BIRTH

DO YOU IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER?  YES  NO

**DETAILS OF ANY LICENCE HELD**

HAVE YOU EVER HELD A WA LICENCE?  YES  NO

DO YOU HOLD, OR HAVE YOU HELD, A DRIVER'S LICENCE ISSUED BY ANOTHER STATE, TERRITORY OR COUNTRY?  YES  NO

↓  
 If yes, is the licence subject to an Alcohol Interlock condition/restriction?  YES  NO

CURRENT LICENCE: ISSUING STATE, TERRITORY OR COUNTRY

LICENCE NUMBER

FIRST ISSUE DATE

EXPIRY DATE

FIRST LICENCE: ISSUING STATE, TERRITORY OR COUNTRY

LICENCE NUMBER

CLASS(ES) OF LICENCE

FIRST ISSUE DATE

CLASS  ISSUE DATE

CLASS  ISSUE DATE

CLASS  ISSUE DATE

A licence holder can only hold one current Australian driver's licence. If you currently hold a licence issued by an Australian State or Territory it must be surrendered upon the grant of a WA driver's licence. The issuing authority will be advised and the licence card destroyed. If any information needs to be verified, checks may take a number of days.

**Note:** You may be granted a learner's permit if your overseas licence cannot be validated. If your licence is not in English you must bring an official translation of your original driver's licence document, along with your overseas driver's licence.

**Please turn over to complete**

## HEALTH AND MEDICAL QUESTIONS

The *Road Traffic (Authorisation to Drive) Regulations 2014* requires you to inform the CEO of any permanent, long-term mental or physical condition (which may include a dependence on drugs or alcohol) that is likely to, or treatment for which is likely to, impair your ability to control a motor vehicle. Failure to inform the CEO may incur a penalty of up to \$500.

Do you suffer from any mental or physical condition(s) or take medication that may impair your ability to control a motor vehicle?

NO  YES What are they?

Mental or physical condition(s)

Medication(s)

If you suffer from diabetes is it controlled by diet?

Yes  No  N/A

## OFFICE USE ONLY - POI DOCUMENTS PROVIDED

All documents provided by the applicant must be ORIGINAL (photocopies will not be accepted).

### APPLICATION FOR INITIAL WA DRIVER'S LICENCE

#### OPTION 1

- 1 document from Category A
- 1 from Category B
- 2 from Category C; and
- 1 from Category D (not DL69)

A B C C D

#### OPTION 2

- 1 document from Category A
- 2 from Category C; and
- 2 from Category D

A C C D D

All other applicants must supply 1 document from Category A and C or 1 document from Category B.

A C B  
  OR

I have checked that the applicant has met the proof of identity requirements and have attached copies of all documents provided. The applicant's signature was verified.

Operator signature

## PRIVACY STATEMENT AND DECLARATION

**Please read carefully before you sign. If you do not tell the truth you can be fined and any WA licence granted to you could be cancelled.**

### IMPORTANT NOTICE

- Please note there are penalties for knowingly providing misleading information.
- Your personal driver's licence information and photograph 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.
- The CEO may request additional information from you in order to assess your fitness to hold a driver's licence, which may include seeking advice from health professionals who may have completed a medical assessment in relation to your fitness to hold a driver's licence.
- Any WA driver's licence obtained under false or misleading information is void under 'road law', and you may be liable to prosecution if caught driving. A driver's licence or learner's permit granted to a person who is disqualified or prevented from holding or obtaining such authority will be cancelled by the CEO.
- DoT places third-party advertising inserts in licensing communications. If you would like to opt out of receiving these inserts, please tick here

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

I understand that under the *Road Traffic (Administration) Act 2008*, it is an offence to obtain or renew a driver's licence by providing false or misleading information.

**Please sign this section in the presence of a DoT staff member/agent.**

Signature

Witness name

Witness signature

DATE   /   /

## OFFICE USE ONLY

CONDUCTED SEARCH FOR IDENTITY IN EXISTING DEPARTMENTAL RECORD/S.  YES

## INTERPRETER SERVICES

WERE THE SERVICES OF AN INTERPRETER USED?  YES  NO

If yes, please give details of interpreter and enter details on the client history screen.

NAME OF INTERPRETER

REGISTRATION NUMBER

CLIENT'S PREFERRED LANGUAGE

## MEDICAL AND EYESIGHT RESULTS

LEFT EYE  6  RIGHT EYE  6  BOTH EYES  6

TESTED WITH VISUAL AIDS  YES  NO

VISUAL AIDS TO BE WORN WHEN DRIVING  YES  NO

S CONDITION LOADED/REMOVED  YES  NO

MEDICAL REQUIRED  YES  NO

M107A ISSUED  YES  NO

Email sent to Driver Suitability Services to issue M107A

## WA LICENCE INFORMATION

DL NUMBER           DL TYPE

CLASSES APPLIED FOR

THEORY TEST RESULTS

ORAL TEST  YES  NO

CTT   MOTORCYCLE   HEAVY VEHICLE

PROVISIONAL EXPIRY DATE   /   /

CONVICTION CHECK  YES  NO

ALCOHOL INTERLOCK CONDITION ADDED  N/A  YES  NO

EXEMPTION REASON  DISTANCE  MEDICAL

LICENCE CONDITIONS

## AUDITOR DETAILS

AUDITOR NAME           SITE

AUDITOR SIGNATURE

DATE   /   /