



DoT Direct Organisation Application for Fleet Licensing Customers

When blank, this form is classed as OFFICIAL, when completed, this form is classed as OFFICIAL SENSITIVE

If you are a Fleet Licensing customer who is not a resident of WA, and administers WA vehicles, this form is to register your business for an online Department of Transport (DoT) DoT Direct account.

ORGANISATION DETAILS

ORGANISATION NAME

FLEET SCHEDULE NUMBER

PRINCIPAL PLACE OF ORGANISATION

SUBURB

STATE

--	--	--	--	--	--	--	--

POST CODE

ORGANISATION POSTAL ADDRESS (IF DIFFERENT TO ABOVE)

SUBURB

STATE

--	--	--	--	--	--	--	--

POST CODE

ORGANISATION PHONE NUMBER

ORGANISATION MOBILE NUMBER

EMAIL ADDRESS

PRIMARY DELEGATE (CONTINUED)

POSITION WITHIN THE ORGANISATION

ORGANISATION PHONE NUMBER

ORGANISATION MOBILE NUMBER

EMAIL ADDRESS

DOES THE NOMINATED PRIMARY DELEGATE HAVE AN EXISTING DOTDIRECT ACCOUNT?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No - Nominate two DoT Direct account user names (This will enable the creation of an account for online access)

USER NAME (PREFERRED)

ALTERNATE USER NAME

You will be contacted to provide an additional alternative user name/s if the user names provided are unavailable.

SIGNATURE

DATE

--	--	--	--	--	--	--	--

PRIMARY DELEGATE FOR DOTDIRECT

By providing your signature you are giving your consent to act as the primary delegate who can access the organisation's DoT Direct account through their personal DoT Direct account.

FAMILY NAME

FIRST NAME

OTHER NAME/S

DATE OF BIRTH

--	--	--	--	--	--	--	--

DELEGATE'S RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

SUBURB

STATE

--	--	--	--	--	--	--	--

POST CODE

DELEGATE'S POSTAL ADDRESS (IF DIFFERENT TO ABOVE)

SUBURB

STATE

--	--	--	--	--	--	--	--

POST CODE

ORGANISATION'S CONSENT (TO ACT AS DELEGATE)

NAME OF CONSENTING PERSON

POSITION WITHIN THE ORGANISATION

EMAIL ADDRESS

SIGNATURE

DATE

--	--	--	--	--	--	--	--

PROOF OF IDENTITY

The nominated primary delegate must provide proof of identity for the DoT Direct account to be created.

Do you have a WA driver's licence?

<input type="checkbox"/>	Yes - Provide your driver's licence number below
<input type="checkbox"/>	No - You must provide suitable proof of identification documentation

WA DRIVER'S LICENCE NUMBER

--	--	--	--	--	--	--	--

PRIMARY DELEGATE DECLARATION

I certify the information provided in this application is true and correct. I understand that the provision of false or misleading information in this application is an offence. I have the authority to act on behalf of the organisation listed in this application. I declare that I am authorised to submit this application on their behalf.

APPLICANT NAME

APPLICANT SIGNATURE

DATE

 / /

SUPPORTING DOCUMENTATION REQUIREMENTS

Ensure applicable documentation is attached to your application. Tick boxes for documents provided.

PRIMARY DELEGATE

- WA driver's licence; or
- Other proof of identity documents (certified copies must be provided if not attending in person)

SUBMITTING YOUR APPLICATION

DoT Fleet Licensing customers are required to mail the application form and certified copies of the proof of identity documents for primary delegates who do not hold a WA driver's licence to:

Department of Transport
GPO Box R1290
PERTH WA 6844

If the nominated primary delegate of a non-WA based organisation does not hold a current driver's licence issued by an Australian jurisdiction, original certified copies of proof of identity documents must be posted to DoT.

OFFICE USE ONLY

The following applicable supporting documentation has been provided by the applicant – original documents or electronic or posted certified copies (where applicable).

ORGANISATION

<input type="checkbox"/>	Certificate
<input type="checkbox"/>	Record of Registration for Business Name
<input type="checkbox"/>	ASIC Company Extract (less than three months old)

PRIMARY DELEGATE

<input type="checkbox"/>	Yes - Provide your driver's licence number below
<input type="checkbox"/>	No - You must provide suitable proof of identification documentation

The applicant and primary delegate have provided the required supporting documentation and have attached copies of all documents provided.

RECEIVING OFFICER NAME

SIGNATURE

DATE

 / /