Services (DVS) centre, regional Department of Transport and Major Infrastructure (DTMI) office, or agent. A list of all DVS centres, regional DTMI

offices or agents can be located at www.transport.wa.gov.au/dvs

Application for Exemption from Hazard Perception Test

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

As a learner driver you may be exempt from undertaking the Hazard Perception Test (HPT). This exemption will **ONLY** be approved where it is proven that you live outside a radius of more than 100 kilometres from a HPT location.

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.

| DECLARATION | OFFICE USE ONLY |
|---|----------------------------|
| LEARNER'S PERMIT NUMBER | APPROVED |
| FAMILY NAME | DECLINED |
| | DECLINED REASON |
| FIRST NAME | DECLINED REASON |
| | |
| OTHER NAME/S | NEO NO |
| RESIDENTIAL ADDRESS | YES NO LETTER SENT |
| | NIL FEE ENTITLEMENT LOADED |
| | RECEIVING OFFICER |
| SUBURB | |
| STATE W A POST CODE | SITE |
| POSTAL ADDRESS (IF DIFFERENT TO RESIDENTIAL ADDRESS) | |
| | DATE |
| | |
| SUBURB | REMARKS |
| STATE POST CODE | |
| HOME PHONE | |
| MOBILE PHONE | |
| EMAIL ADDRESS | |
| wish to apply for an exemption from undertaking a Hazard Perception Test. | |
| C CLASS R CLASS | |
| NEAREST HPT LOCATION | |
| VEALESTIFFEGGATION | |
| DISTANCE FROM RESIDENTIAL ADDRESS | |
| | |
| declare that the information on this form is true and correct. understand that under the provisions of the <i>Road Traffic Administration</i>) | |
| Act 2008, it is an offence to provide false or misleading information. SIGNATURE | |
| | |
| DATE | |
| | |
| Note: Completed forms must be sent to your nearest Driver and Vehicle | |