



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

- This form may be presented at a Driver and Vehicle Services (DVS) centre, regional Department of Transport and Major Infrastructure (DTMI) office or agent.
- It is important to complete this form truthfully and not leave out any relevant information.
- If you need help to fill in this form, or need to speak to us in languages other than English, call 13 11 56 or visit www.transport.wa.gov.au for location information.
- Ensure that you answer all questions and provide additional information where required.

TYPE OF LICENCE AND CLASS YOU REQUIRE

TYPE OF LICENCE

- Learner's Permit MR - Medium Rigid
 Driver's Licence HR - Heavy Rigid
 Extraordinary Licence HC - Heavy Combination
 Licence Variation MC - Multi Combination

CLASS OF LICENCE

- C - Car C - A (automatic car) R - N (moped)
 LR - Light Rigid R - E (LAMS approved motorcycle)
 R - Unrestricted Motorcycle

APPLICANT DETAILS

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 DETAIL YOUR PREVIOUS/OTHER NAME/S

DATE OF BIRTH

 / /

ARE YOU A TWIN (or any other multiple birth variation e.g. triplet, quadruplet)? YES NO

IF YES LIST SIBLING NAME/S

Contact Number

Mobile Phone

Email Address

RESIDENTIAL ADDRESS (MUST BE IN WA)

SUBURB

STATE

W A

POST CODE

POSTAL ADDRESS (IF DIFFERENT TO RESIDENTIAL)

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

NATURAL HAIR COLOUR EYE COLOUR HEIGHT CM

COUNTRY OF BIRTH

DETAILS OF ANY LICENCE HELD

HAVE YOU EVER HELD A LICENCE IN ANY AUSTRALIAN STATE OR TERRITORY? YES NO

ARE YOU CURRENTLY OR HAVE YOU PREVIOUSLY BEEN DISQUALIFIED IN ANY STATE/TERRITORY OR COUNTRY? YES NO

IF YES, WHAT STATE/TERRITORY OR COUNTRY?

AND ARE YOU SUBJECT TO AN ALCOHOL INTERLOCK CONDITION/RESTRICTION? YES NO

CURRENT LICENCE

ISSUING STATE, TERRITORY OR COUNTRY

LICENCE NUMBER

CLASS(ES) OF LICENCE (including restrictions and conditions)

FIRST ISSUE DATE / /

ADDITIONAL CLASSES (IF APPLICABLE)

CLASS FIRST ISSUE DATE / /

CLASS FIRST ISSUE DATE / /

CLASS FIRST ISSUE DATE / /

FIRST LICENCE (IF DIFFERENT FROM ABOVE)

ISSUING STATE, TERRITORY OR COUNTRY

LICENCE NUMBER

FIRST ISSUE DATE / /

EXPIRY DATE / /

I acknowledge that my interstate driver licence will be surrendered on the grant of a WA driver's licence. YES N/A

By completing this application you will be provided with a DoTDirect account. Opt-Out

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) that may impair your ability to control a motor vehicle?

NO YES - list below

Do you take any medication or treatment for the management of the condition(s)?

N/A NO YES - list below

PRIVACY STATEMENT AND DECLARATION

DTMI collects your personal information, including your name, signature, photograph, biometric and health data, to verify your identity and assess your eligibility for the grant of a driver's licence or learner's permit. It is then used on an ongoing basis for administering your driver's licence records (if granted) including maintaining the driver's licence register.

The *Road Traffic (Authorisation to Drive) Act 2008* requires that evidence of your identity and residence must be provided. In some cases, a medical assessment may be required to confirm your fitness to hold a licence or permit.

Your personal information may be shared with authorised third parties, including law enforcement and other transport agencies, as permitted or required by law or court order. Providing this information is voluntary, but if you do not provide the required information your application may be refused. If you provide false or misleading information your licence may be cancelled and you may face criminal proceedings.

DTMI is committed to protecting your privacy. For more information on how we handle your personal information, including the purposes for which it may be used and disclosed, visit transport.wa.gov.au/privacy. You may access or correct your personal information by emailing foi@transport.wa.gov.au or visiting transport.wa.gov.au/foi.

DECLARATION

I declare that the information provided on this form and in supporting documents is accurate and complete to the best of my knowledge. I confirm that I am authorised to provide the personal details included and consent to my information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.

Sign this section in the presence of a DTMI staff member/agent.

SIGNATURE

WITNESS NAME

WITNESS SIGNATURE

DATE / /

IMPORTANT INFORMATION

INTERSTATE DRIVER'S LICENCE TRANSFERS

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.

OVERSEAS DRIVER'S LICENCE TRANSFERS

You may be granted a learner's permit if your overseas licence cannot be validated. If your licence is not in English you must provide an official National Accreditation Authority for Translators and Interpreters (NAATI) certified translation of your original driver's licence document, along with your overseas driver's licence.

OFFICE USE ONLY - POI DOCUMENTS PROVIDED

CONDUCTED SEARCH FOR IDENTITY IN EXISTING DEPARTMENTAL RECORD/S YES

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 E40)

A	B	C	C	D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OPTION 2

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

A	C	C	D	D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All other applicants must supply one form of primary and one form of secondary identification.

PRIMARY IDENTIFICATION

SECONDARY IDENTIFICATION

I have checked that the applicant has met the proof of identity requirements and have attached copies of all relevant documents provided. The applicant's signature has also been verified.
(Where an applicant provides a debit/credit card, DO NOT PHOTOCOPY.)

Operator signature

MEDICAL AND EYESIGHT RESULTS

LEFT EYE / RIGHT EYE / BOTH EYES /

TESTED WITH VISUAL AIDS 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

KEYS FOR LIFE CERTIFICATE NUMBER

CONVICTION HISTORY CHECK YES NO

ALCOHOL INTERLOCK CONDITION ADDED N/A YES NO

EXEMPTION REASON DISTANCE MEDICAL

LICENCE CONDITIONS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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INTERPRETER SERVICES

WERE THE SERVICES OF AN INTERPRETER USED? YES NO

NAME OF INTERPRETER

REGISTRATION NUMBER

CLIENT'S PREFERRED LANGUAGE

AUDITOR DETAILS

AUDITOR NAME

AUDITING SITE

DATE / /