

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

APPLICANT DETAILS	IMPORTANT INFORMATION
FAMILY NAME	The Visa Entitlements Verification Online (VEVO) system has been made available by the Department of Immigration and Border Protection.
FIRST NAME/S	The online system is used to verify a person's visa entitlements for Australia, including their entitlements to work or live in Australia.
	Identity requirements for driver's licence or WA Photo Card applicants:
RESIDENTIAL ADDRESS	The Road Traffic (Authorisation to Drive) Act 2008 and the Western Australian Photo Card Act 2014 require that the Chief Executive Officer of the Department of Transport and Major Infrastructure (DTMI) be satisfied with the identity of an applicant prior to granting a driver's licence or WA Photo Card.
SUBURB	DTMI requires access to your details through the VEVO system to verify your visa entitlements and therefore assess your application for a Western Australian driver's licence or WA Photo Card.
STATE W A POST CODE POST CODE	In order for DTMI to verify your identity, it is a requirement to obtain your consent for authorised DTMI staff to access your visa details.
POSTAL ADDRESS (IF DIFFERENT TO RESIDENTIAL ADDRESS)	You must acknowledge that you have understood the following points:
	 This inquiry is for the sole purpose of checking the validity and entitlements of your Australian visa to confirm that you are eligible to apply for a Western Australian driver's licence or WA Photo Card.
SUBURB STATE W A POST CODE	 Information captured by VEVO may be used by the Commonwealth in order to locate you.
PHONE NUMBER MOBILE NUMBER	DECLARATION
EMAIL ADDRESS	I, the undersigned, confirm that I have read and understood this document and the purpose of it, and give permission for DTMI to access information relating to my Australian visa entitlements for the purpose of me applying for a Western Australian driver's licence or WA Photo Card. SIGNATURE
	DATE / / /
	OFFICE USE ONLY
	RECEIVING OFFICER
	SIGNATURE
	SITE
	APPLICANT TRELIS CUSTOMER NUMBER
	DATE / / / /

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