



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

When applying for a Photo Card, you must attend a Driver and Vehicle Services (DVS) centre, regional Department of Transport and Major Infrastructure (DTMI) office or regional agent **in person** and provide relevant proof of identity (POI) documents. Visit www.transport.wa.gov.au/licensing for locations. The Photo Card is valid for five years. Applicants must be over the age of 16 to be eligible. Applicants should be aware that there is no obligation on an institution to accept the Photo Card for POI purposes.

APPLICATION TYPE

- ☐ NEW APPLICATION ☐ ADDITIONAL CARD
☐ REPLACEMENT CARD ☐ CERTIFIED COPY

RESIDENTIAL ADDRESS TO BE DISPLAYED ON CARD:

- ☐ YES ☐ NO

REASON FOR REPLACEMENT/CERTIFIED COPY:

- ☐ LOST ☐ STOLEN ☐ SURRENDERED
☐ DAMAGED ☐ NOT PRODUCED

DECLARATION

FAMILY NAME

I,

FIRST NAME

OTHER NAME/S

declare that the information provided in this application is true and correct.

APPLICANT DETAILS

WA LICENCE NUMBER

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

POST CODE

POSTAL ADDRESS (IF DIFFERENT TO RESIDENTIAL ADDRESS)

SUBURB

STATE

POST CODE

PERSONAL DETAILS

GENDER ☐ MALE ☐ FEMALE ☐ X Supporting documents required when gender X is selected, refer to the DoT website.

HEIGHT CM

BUILD ☐ SLIM ☐ MEDIUM ☐ SOLID

NATURAL HAIR COLOUR

EYE COLOUR

COUNTRY OF BIRTH

CONCESSION DETAILS

If you hold a concession, complete the section below and present your concession card/s at the time of application.

The concession details will also be applied to your WA driver's licence.

PENSIONER CONCESSION CARD NUMBER

WA SENIORS CARD NUMBER

COMMONWEALTH SENIORS HEALTH CARD NUMBER

VETERANS' AFFAIRS GOLD CARD - ENDORSED TPI OR EDA

VETERANS' AFFAIRS PENSIONER CONCESSION CARD*

*Where the holder is of pension age a 100% concession will apply.

Where the holder is not of pension age a 50% concession will apply.

You must advise DTMI in writing if your concessional entitlement is reduced or withdrawn.

Written correspondence to be mailed to Driver and Vehicle Services, GPO Box R1290 Perth WA 6844.

PROOF OF IDENTITY

To be eligible for a Photo Card you are required to show POI. A combination of five original documents must be presented to verify your full name, date of birth and current residential address. You must supply original documents; certified copies will not be accepted. One document must show your signature.

Holders of an existing WA driver's licence, WA learner's permit or WA Photo Card will not be required to provide full POI when applying for a photo card.

A full list of acceptable identification documents are available online at www.transport.wa.gov.au/licensing.

Turn over to complete

PRIVACY STATEMENT AND DECLARATION

PRIVACY STATEMENT

Read carefully before you sign. It is an offence to knowingly give false information.

- The *Western Australian Photo Card Act 2014* (the Act) requires you to provide specific information and evidence to establish your identity and residential address, including a signature unless the applicant is unable to sign because of a permanent disability. If you are unable to provide a signature because of a permanent disability, the Signature Requirements Declaration below must be completed by a person who is 18 or over.
- The Chief Executive Officer (CEO) of DTMI may need to disclose your personal information to third parties to verify that it is correct, as permitted by law.
- Information you provide must be true, correct and complete. Providing information that you know to be false or misleading could result in criminal proceedings and the cancellation of any WA Photo Card issued to you.

DECLARATION

I declare that the information provided in this form and supporting documents is true, correct and complete. I understand the above Privacy Statement and consent to the CEO of DTMI collecting, using and disclosing any personal information provided in accordance with the Privacy Statement.

APPLICANT SIGNATURE

DATE

 / /

If the applicant is unable to sign the above declaration themselves due to a permanent disability a declarant can complete the section below.

SIGNATURE REQUIREMENTS DECLARATION

DECLARANT FAMILY NAME

I,

DECLARANT FIRST NAME

DECLARANT OTHER NAME/S

declare that

APPLICANT FAMILY NAME

APPLICANT FIRST NAME

APPLICANT OTHER NAME/S

is unable to provide a signature for use on the Photo Card due to a permanent disability.

I declare that the information I have given on this form is true and correct and I am aware that it is an offence to give a false or misleading statement under the *Western Australian Photo Card Act 2014*.

DECLARANT SIGNATURE

DATE

 / /

OFFICE USE ONLY

CONDUCTED SEARCH FOR IDENTITY IN EXISTING DEPARTMENTAL RECORD/S

☐ YES

PROOF OF IDENTITY REQUIREMENTS FOR AN INITIAL APPLICATION MUST BE MET (WA driver's licence/learners permit/Photo Card not held).

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 relevant documents provided. The applicant's signature has also been verified.

Where an applicant provides a debit/credit card, DO NOT PHOTOCOPY.

SIGNATURE

DATE

 / /

- ☐ Concession Code (A, P or S)
- ☐ Concession Type (A, H or V)
- ☐ Pensioner Concession Card sighted
- ☐ WA Seniors Card sighted
- ☐ Commonwealth Seniors Health Card sighted
- ☐ Concession details entered on record
- ☐ Photocopy of card(s) attached

OFFICER'S NAME

SITE