Government of **Western Australia**
Department of **Transport**

DL1

F and T Extension Application

IMPORTANT

The information you supply on this form may be disclosed to other government agencies where provided for in legislation. The Chief Executive Officer (CEO) of the Department of Transport (DoT) also releases aggregated statistical information to third parties. However, your personal identifying information will not be released to these persons without your explicit consent.

To apply for a licence extension, the *Road Traffic (Authorisation to Drive) Regulations 2014* state that an applicant must satisfy the following criteria:

- has reached 20 years of age;
- has, for a period of at least 3 years, or periods adding up to at least 3 years, held a relevant driving authorisation and is not a provisional licence holder;
- is mentally and physically fit to drive a motor vehicle for the purposes of carrying passengers for reward; and
- is of good character.

TICK TYPE OF LICENCE EXTENSION REQUIRED

☐ F - Bus/Charter vehicles/Reward

☐ T - Taxis

APPLICANT DETAILS

FAMILY NAME

FIRST NAME

OTHER NAME/S

WA LICENCE NUMBER

DATE OF BIRTH ☐☐/☐☐/☐☐☐☐

HOME PHONE

WORK PHONE

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 ☐☐☐☐

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.

1. Do you suffer from any mental or physical condition(s) or take medication(s) that may impair your ability to control a motor vehicle?

☐ NO ☐ YES If yes, what are they?

MENTAL OR PHYSICAL CONDITION(S)

MEDICATION(S)

2. If you suffer from diabetes is it controlled by diet?

☐ NO ☐ YES ☐ N/A

PRIVACY STATEMENT AND DECLARATION

Please read carefully before you sign. If you do not tell the truth you can be fined and any WA licence granted to you could be cancelled.

IMPORTANT NOTICE

- Please note there are penalties for knowingly providing misleading information.
- Your personal driver's licence information and photograph 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 to verify any information you have provided.
- The CEO may request additional information from you in order to assess your fitness to hold a driver's licence, which may include seeking advice from health professionals who may have completed a medical assessment in relation to your fitness to hold a driver's licence.
- You may be required to provide details of two (2) referees to support your application.

I declare that the information on this form is true and correct. I understand that under the *Road Traffic (Administration) Act 2008*, it is an offence to obtain or renew a driver's licence by providing false or misleading information.

Please sign this section in the presence of a DoT staff member/agent.

SIGNATURE

DATE ☐☐/☐☐/☐☐☐☐

DOT STAFF MEMBER/AGENT NAME

DOT STAFF MEMBER/AGENT SIGNATURE

OFFICE USE ONLY

CHECKLIST	
Medical attached	
Medical issued	
National Police Certificate (less than 3 months old) attached	
Condition code 03 loaded	
Condition code 98 loaded	
POI sighted and attached **(DO NOT SCAN TO DSS)**	

AUDITOR DETAILS

AUDITOR NAME

SITE

AUDITOR SIGNATURE

DATE ☐☐/☐☐/☐☐☐☐

EMAILED TO: occupational.licences@transport.wa.gov.au ☐ YES