



Application for Mutual Recognition of Passenger Transport Driver or Driving Instructor Registration

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

'Registration' includes any driving authority, licence, admission, approval, certificate, etc. Specify all the States and/or Territories in which you currently hold, or have previously held registration. **Copies of the current registration must accompany this form.**

By making this application you acknowledge that the CEO may disclose the authorisation status of a passenger transport driver authorisation on the Department of Transport's website, to the public, or to any person in accordance with the relevant regulations.

APPLICANT DETAILS

AUTHORISATION TYPE BY WAY OF MUTUAL RECOGNITION	
DRIVING INSTRUCTOR	<input type="checkbox"/>
PASSENGER TRANSPORT DRIVER	<input type="checkbox"/>

WA LICENCE NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FAMILY NAME

FIRST NAME

OTHER NAME/S

DATE OF BIRTH

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Have you ever been known by any other name? If yes, what names are they?

FAMILY NAME

OTHER NAME/S

RESIDENTIAL ADDRESS

SUBURB

STATE

W	A
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 POST CODE

POSTAL ADDRESS (IF DIFFERENT TO RESIDENTIAL ADDRESS)

SUBURB

STATE

<input type="text"/>	<input type="text"/>	<input type="text"/>
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 POST CODE

PHONE

MOBILE PHONE

EMAIL ADDRESS

DOTDIRECT DETAILS
Nominate a DoTDirect account 'user name'. This will enable the creation of a DoTDirect account which is required for a passenger transport driver authorisation.

USER NAME (PREFERRED)

ALTERNATE USER NAME

DETAILS OF REGISTRATION

Provide details of all equivalent occupational registration, authorisations or licences held in any state, territory or New Zealand.

AUTHORISATION 1

STATE

<input type="text"/>	<input type="text"/>	<input type="text"/>
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 NAME OF AUTHORISATION OR LICENCE

REFERENCE NUMBER

AUTHORISATION 2

STATE

<input type="text"/>	<input type="text"/>	<input type="text"/>
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 NAME OF AUTHORISATION OR LICENCE

REFERENCE NUMBER

Is your registration to carry out this occupation in any state, territory or New Zealand, cancelled or suspended as a result of disciplinary action? NO YES

Are you the subject of disciplinary proceedings (including any preliminary investigations or action that might lead to disciplinary proceedings) in any state, territory or New Zealand in relation to this occupation? If yes, provide details below. NO YES

Are you prohibited from carrying on passenger transport driving or driving instructing in any state, territory or New Zealand, or subject to any special conditions, as a result of criminal, civil or disciplinary proceedings in any state, territory or New Zealand? If yes, provide details below. NO YES

DoT will attempt to confirm the provided information with the issuing or relevant authority. Where information cannot be verified it is the responsibility of the applicant to supply the required evidence.

DECLARATION

I sincerely declare:

- That the information contained in this application is true and correct.
- I understand that it is a serious criminal offence to provide false or misleading information on this form.
- I have provided the original authorisation or a complete and accurate copy of the original authorisation with this form.
- I consent to the making of inquiries and the exchange of information with the authorities of any State or Territory regarding my activities relating to passenger transport driving or driving instruction and any matters relating to any authorisation or licence I hold or have held.
- I acknowledge that all communications provided by the DoT for Passenger Transport Drivers will be delivered by DoTDirect or email.
- I acknowledge that my personal information including driver's licence information, vehicle licence information, passenger transport driver authorisation 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*), the *Transport (Road Passenger Services) Act 2018*, Commonwealth law, or in compliance with a Court Order issued within Australia.

LOCATION

at

DATE

on / /

NAME OF APPLICANT

by

in the presence of

SIGNATURE OF AUTHORISED WITNESS

NAME OF AUTHORISED WITNESS

QUALIFICATION OF AUTHORISED WITNESS

SIGNATURE OF DECLARANT

DATE

/ /

This declaration must be made before any of the following persons:

- Academic (post-secondary institution)
- Accountant
- Architect
- Australian Consular Officer
- Australian Diplomatic Officer
- Bailiff
- Bank Manager
- Chartered Secretary
- Chemist
- Chiropractor
- Company Auditor or Liquidator
- Court Officer (Judge, Magistrate, Registrar or Clerk)
- Defence Force Officer (Commissioned, Warrant or NCO with 5 years continuous service)
- Dentist
- Doctor
- Electorate Officer of a member of State Parliament
- Engineer
- Industrial Organisation Secretary
- Insurance Broker
- Justice of the Peace
- Landgate Officer
- Lawyer
- Local Government CEO or Deputy CEO
- Local Government Councillor
- Loss Adjuster
- Marriage Celebrant
- Member of Parliament (State or Commonwealth)
- Minister of Religion
- Nurse
- Optometrist
- Patent Attorney
- Physiotherapist
- Podiatrist
- Police Officer
- Post Office Manager
- Psychologist
- Public Notary
- Public Servant (State or Commonwealth)
- Real Estate Agent
- Settlement Agent
- Sheriff or Deputy Sheriff
- Surveyor
- Teacher
- Tribunal Officer
- Veterinary Surgeon

Or, any person before whom, under the *Statutory Declarations Act 1959* of the Commonwealth, a statutory declaration may be made.

OFFICE USE ONLY

REVIEWED BY

DATE

/ /

WA LICENCE NUMBER

ISSUING AUTHORITY

- Not subject to disciplinary proceedings interstate or NZ
 - Interstate/NZ PTD or DI valid
 - DoT Direct account active
 - Driving Instructor licence
- MUTUAL RECOGNITION
- Approved
 - Referred to Driver Services for review

Reason