

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

NO YES What are they?

Mental or physical condition(s)

Medication(s)

If you suffer from diabetes is it controlled by diet?

Yes No

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 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.
- Any WA driver's licence obtained under false or misleading information is void under 'road law', and you may be liable to prosecution if caught driving. A driver's licence or learner's permit granted to a person who is disqualified or prevented from holding or obtaining such authority will be cancelled by the CEO.
- DoT places third-party advertising inserts in licensing communications. If you would like to opt out of receiving these inserts, please tick here

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

Witness name

Witness signature

DATE / /

OFFICE USE ONLY

CONDUCTED SEARCH FOR IDENTITY IN EXISTING DEPARTMENTAL RECORD/S. YES

INTERPRETER SERVICES

WERE THE SERVICES OF AN INTERPRETER USED? YES NO
If yes, please give details of interpreter and enter details on the client history screen.

NAME OF INTERPRETER

REGISTRATION NUMBER

CLIENT'S PREFERRED LANGUAGE

OFFICE USE ONLY - POI DOCUMENTS PROVIDED

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 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 OR B
 OR

I have checked that the applicant has met the proof of identity requirements and have attached copies of all documents provided. The applicant's signature was verified.

Operator signature

MEDICAL AND EYESIGHT RESULTS

LEFT EYE / RIGHT EYE / BOTH EYES /

TESTED WITH VISUAL AIDS YES NO

VISUAL AIDS TO BE WORN WHEN DRIVING YES NO

S CONDITION LOADED/REMOVED YES NO

Eyesight tested by

Operator signature

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

ORAL TEST YES NO

CTT MOTORCYCLE HEAVY VEHICLE

PROVISIONAL EXPIRY DATE / /

CONVICTION CHECK YES NO

ALCOHOL INTERLOCK CONDITION ADDED N/A YES NO

EXEMPTION REASON DISTANCE MEDICAL

LICENCE CONDITIONS

OPERATOR & AUDITOR DETAILS

NAME SITE

Operator signature

DATE / /

NAME SITE

Auditor signature

DATE / /