

STATE

POST CODE

Driver's Licence Application Form

IMPORTANT - PLEASE ENSURE YOU READ THIS INFORMATION BEFORE COMPLETING THE FORM.

- It is important to complete this form truthfully and not leave out any relevant Information.
- Please ensure that you answer all questions and provide additional information where required,
- You may be asked to provide verification of the information you provide in this application, or the Chief Executive Officer (CEO) may conduct oncurring regarding the legitimacy of the information you have provided
- If you need help to fill in this form, or need to speak to us in languages other than English, please call us on 13 11 56.
- For further information please visit the Department of Transport (DoT) website on www.transport.wa.gov.au/dvs
- This form may be presented at approved Australia Post Offices, Driver and

 It is a serious offence to deliberately provide false or misleading information and penalties apply. 	or DVS agents. Please visit our website at www.transport.wa.gov.au/dvs for location information.
PLEASE TICK TYPE OF LICEN	ICE AND CLASS YOU REQUIRE
Learner's Permit C - Car	HR - Heavy Rigid R - E (LAMS approved motorcycle)
Driver's Licence LR - Light Rigid	HC - Heavy Combination R - Unrestricted Motorcycle
Extraordinary Licence MR - Medium Rigid	MC - Multi Combination R - N (moped)
Licence Variation	
APPLICANT DETAILS	PERSONAL DETAILS (not applicable for licence variation applicants)
WA LICENCE NUMBER	GENDER Male Female X Supporting documents required when gender
FAMILY NAME	BUILD Slim Medium Solid
	HEIGHT cm
FIRST NAME	NATURAL HAIR COLOUR EYE COLOUR
OTHER NAME/S	COUNTRY OF BIRTH
	DO YOU IDENTIFY AS ABORIGINAL OR TORRES YES NO
HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME? (e.g. name at birth, maiden name, previous married names, alias, adoptive	DETAILS OF ANY LICENCE HELD
name or foster name)	HAVE YOU EVER HELD A WA LICENCE? YES NO
YES NO	DO YOU HOLD, OR HAVE YOU HELD, A DRIVER'S
IF YES PLEASE DETAIL YOUR PREVIOUS/OTHER NAME/S	LICENCE ISSUED BY ANOTHER STATE, TERRITORY OR COUNTRY? VES NO
DATE OF BIRTH	If yes, is the licence subject to an Alcohol Interlock YES NO
	condition/restriction? CURRENT LICENCE: ISSUING STATE, TERRITORY OR COUNTRY
DO YOU HAVE ANY SIBLING(S) SHARING YES NO	GONNELLY EIGENGE: IGGGING GIVILE, TEINNIGHT GIV GGGINNI
THE SAME DATE OF BIRTH? (e.g., multiple births)	LIGENOF ANIMAPED
TEOT LEAGE BIOT TILLIK WAIWLEG	LICENCE NUMBER
	FIRST ISSUE DATE
	EXPIRY DATE
HOME PHONE	FIRST LICENCE: ISSUING STATE, TERRITORY OR COUNTRY
WORK PHONE	LICENCE NUMBER
MOBILE PHONE	CLASS(ES) OF LICENCE
EMAIL ADDRESS	FIRST ISSUE DATE
RESIDENTIAL ADDRESS (MUST BE IN WA)	CLASS ISSUE DATE
	CLASS ISSUE DATE
SUBURB	LICEUE DATE
	CLASS ISSUE DATE
STATE W A POST CODE	A licence holder can only hold one current Australian driver's licence.
POSTAL ADDRESS (IF DIFFERENT TO RESIDENTIAL ADDRESS)	If you currently hold a licence issued by an Australian State or Territory
	it must be surrendered upon the grant of a WA driver's licence. The issuing authority will be advised and the licence card destroyed.
	If any information needs to be verified, checks may take a number of days.
CHDLIDD	Note: You may be granted a learner's permit if your overseas licence cannot be validated. If your licence is not in English you must bring an official translation
SUBURB	of your original driver's licence document, along with your overseas driver's

licence.

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

OPTION 1 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. 2 from Category C; and Do you suffer from any mental or physical condition(s) or take 1 from Category D (not DL69) medication that may impair your ability to control a motor vehicle? YES What are they? **OPTION 2** 1 document from Category A CCDD Mental or physical condition(s) 2 from Category C; and 2 from Category D Medication(s) or 1 document from Category B. A C If you suffer from diabetes is it controlled by diet? Yes No PRIVACY STATEMENT AND DECLARATION The applicant's signature was verified. Please read carefully before you sign. If you do not tell the truth you Operator signature can be fined and any WA licence granted to you could be cancelled. IMPORTANT NOTICE MEDICAL AND EYESIGHT RESULTS Please note there are penalties for knowingly providing misleading LEFT EYE RIGHT EYE **BOTH EYES** 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. INTERPRETER SERVICES WERE THE SERVICES OF AN INTERPRETER USED? If yes, please give details of interpreter and enter details on the client history screen. Operator signature NAME OF INTERPRETER DATE REGISTRATION NUMBER SITE NAME Auditor signature CLIENT'S PREFERRED LANGUAGE

DATE

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

1 document from Category A	ABCC	
1 from Category B	ABCC	

All other applicants must supply 1 document from Category A and C

I have checked that the applicant has met the proof of identity requirements and have attached copies of all documents provided.

TESTED WITH VISUAL AIDS YES NO
VISUAL AIDS TO BE WORN WHEN DRIVING YES NO
S CONDITION LOADED/REMOVED YES NO
Eyesight tested by
Oporator eignaturo
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