



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

- It is important to complete this form truthfully and not leave out any relevant information.
- Ensure that you answer all questions and provide additional information where required.
- If you need help to fill in this form, or need to speak to us in languages other than English, call 13 11 56 or visit [www.transport.wa.gov.au](http://www.transport.wa.gov.au) for location information.
- This form may be presented at a Driver and Vehicle Services (DVS) centre, regional Department of Transport (DoT) office or agent.

## TYPE OF LICENCE AND CLASS YOU REQUIRE

**TYPE OF LICENCE**

- Learner's Permit
- Driver's Licence
- Extraordinary Licence
- Licence Variation

**CLASS OF LICENCE**

- C - Car
- LR - Light Rigid
- MR - Medium Rigid
- HR - Heavy Rigid
- HC - Heavy Combination
- MC - Multi Combination
- R - N (moped)
- R - E (LAMS approved motorcycle)
- R - Unrestricted Motorcycle

## APPLICANT DETAILS

**FAMILY NAME**

**FIRST NAME**

**OTHER NAME/S**

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**

W A

**POST CODE**

**POSTAL ADDRESS (IF DIFFERENT TO RESIDENTIAL)**

  


**SUBURB**

**STATE**

W A

**POST CODE**

## PERSONAL DETAILS (not applicable for licence variation applicants)

**GENDER** Male  Female  X\*  \*Supporting documents required when gender X is selected, refer to DoT website

**BUILD** Slim  Medium  Solid

**NATURAL HAIR COLOUR**  **EYE COLOUR**  **HEIGHT**     CM

**COUNTRY OF BIRTH**

**DO YOU IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER?**

- Aboriginal but not Torres Strait Islander origin
- Torres Strait Islander but not Aboriginal origin
- Both Aboriginal and Torres Strait Islander origin
- Neither Aboriginal nor Torres Strait Islander origin

## DETAILS OF ANY LICENCE HELD

HAVE YOU EVER HELD A LICENCE IN ANOTHER AUSTRALIAN STATE OR TERRITORY?  YES  NO

ARE YOU CURRENTLY OR HAVE YOU PREVIOUSLY BEEN DISQUALIFIED IN ANOTHER STATE/TERRITORY OR COUNTRY?  YES  NO

IF YES, WHAT STATE/TERRITORY OR COUNTRY?

AND ARE YOU SUBJECT TO AN ALCOHOL INTERLOCK CONDITION/RESTRICTION?  YES  NO

**CURRENT LICENCE**

**ISSUING STATE, TERRITORY OR COUNTRY**

**LICENCE NUMBER**

**CLASS(ES) OF LICENCE**

**FIRST ISSUE DATE**  /  /

**ADDITIONAL CLASSES (IF APPLICABLE)**

**CLASS**  **FIRST ISSUE DATE**  /  /

**CLASS**  **FIRST ISSUE DATE**  /  /

**CLASS**  **FIRST ISSUE DATE**  /  /

**FIRST LICENCE (IF DIFFERENT FROM ABOVE)**

**ISSUING STATE, TERRITORY OR COUNTRY**

**LICENCE NUMBER**

**FIRST ISSUE DATE**  /  /

**EXPIRY DATE**  /  /

I acknowledge that my interstate driver licence will be surrendered on application for a WA driver's licence.  YES  N/A

**Turn over to complete**

## 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) that may impair your ability to control a motor vehicle?

NO  YES - list below

Do you take any medication or treatment for the management of the condition(s)?

N/A  NO  YES - list below

## PRIVACY STATEMENT AND DECLARATION

### PRIVACY STATEMENT

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

- WA road laws (as defined in the *Road Traffic (Administration) Act 2008*) require you to provide specific information and evidence to establish your identity and residential address. In addition, a health professional may have to complete a medical assessment in relation to your fitness to hold a driver's licence or learner's permit.
- The Chief Executive Officer (CEO) of DoT 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 driver's licence or learner's permit issued to you.
- We will provide you with a DoTDirect account.  Opt-out

### 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 the Department of Transport using and disclosing any personal information provided in accordance with the Privacy Statement.

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

Signature

Witness name

Witness signature

DATE  /  /

## IMPORTANT INFORMATION

### ALL APPLICATIONS

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### INTERSTATE DRIVER'S LICENCE TRANSFERS

A licence holder can only hold one current Australian driver's licence. 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. If any information needs to be verified, checks may take a number of days.

### OVERSEAS DRIVER'S LICENCE TRANSFERS

You may be granted a learner's permit if your overseas licence cannot be validated. If your licence is not in English you must provide an official National Accreditation Authority for Translators and Interpreters (NAATI) certified translation of your original driver's licence document, along with your overseas driver's licence.

## OFFICE USE ONLY - POI DOCUMENTS PROVIDED

### CONDUCTED SEARCH FOR IDENTITY IN EXISTING DEPARTMENTAL RECORD/S

YES

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 E40)

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A                        | B                        | C                        | C                        | D                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### OPTION 2

- 1 document from Category A
- 2 from Category C; and
- 2 from Category D

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A                        | C                        | C                        | D                        | D                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

|                          |                          |    |                          |
|--------------------------|--------------------------|----|--------------------------|
| A                        | C                        | OR | B                        |
| <input type="checkbox"/> | <input type="checkbox"/> |    | <input type="checkbox"/> |

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

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

KEYS FOR LIFE CERTIFICATE NUMBER

CONVICTION HISTORY CHECK  YES  NO

ALCOHOL INTERLOCK CONDITION ADDED  N/A  YES  NO

EXEMPTION REASON  DISTANCE  MEDICAL

LICENCE CONDITIONS

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

## INTERPRETER SERVICES

WERE THE SERVICES OF AN INTERPRETER USED?  YES  NO

NAME OF INTERPRETER

REGISTRATION NUMBER

CLIENT'S PREFERRED LANGUAGE

## AUDITOR DETAILS

AUDITOR NAME

AUDITING SITE

DATE  /  /