

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

## E33 Application/Notification for Mutual Recognition of Passenger Transport Driver or Driver Instructor Registration

When blank, this form is classed as OFFICIAL, when completed, this form is classed as OFFICIAL SENSITIVE You are required to notify the Department of Transport (DoT) before working in Western Australia as a passenger transport driver or driving instructor under the authority of any interstate authorisation. 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. <b>Copies of the current registration must accompan</b> By making this application you acknowledge that the CEO may disclose the status to any person in accordance with the relevant legislation.	
APPLICANT DETAILS	DETAILS OF REGISTRATION
APPLICATION FOR NOTIFICATION OF USE OF INTERSTATE AUTHORISATION	Provide details of all equivalent occupational registration, authorisations or licences held in any State, Territory or New Zealand. AUTHORISATION 1
AUTHORISATION TYPE BY WAY OF MUTUAL RECOGNITION	STATE NAME OF AUTHORISATION OR LICENCE
DRIVING INSTRUCTOR	
PASSENGER TRANSPORT DRIVER	
	AUTHORISATION 2
FAMILY NAME	STATE NAME OF AUTHORISATION OR LICENCE
FIRST NAME	
	Is your registration to carry out this occupation in any State, NO YES Territory or New Zealand, cancelled or suspended as a result
OTHER NAME/S	of disciplinary action? If yes, provide details below.
DATE OF BIRTH  DATE OF BIRTH  Have you ever been known by any other name? If yes, what names are they? FAMILY NAME  OTHER NAME/S  RESIDENTIAL ADDRESS	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.
	disciplinary proceedings in any State, Territory or New Zealand?
SUBURB	
STATE POST CODE POSTAL ADDRESS (IF DIFFERENT TO RESIDENTIAL ADDRESS)	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. I HAVE ATTACHED COPIES OF: INTERSTATE OCCUPATIONAL DRIVER'S LICENCE OCCUPATION/LICENCE
SUBURB	DECLARATION
STATE POST CODE	I consent to DoT making checks to verify that I am eligible to use my interstate authorisation. This may include asking me for information, making
PHONE MOBILE PHONE	enquiries about my eligibility and disclosing information about me to other regulatory agencies.
	This information will be recorded on DoT systems, and may be disclosed if authorised by law.
EMAIL ADDRESS	I declare that the information on this form is true and correct. I understand that under the <i>Criminal Code</i> and <i>Road Traffic (Administration) Act 2008,</i> it is an offence to provide false or misleading information.
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)	

## OFFICE USE ONLY

REVIEWED BY	Not subject to disciplinary proceedings interstate or NZ
	O Interstate/NZ PTD or DI valid
	O DoTDirect account active
	O Driving Instructor licence
	MUTUAL RECOGNITION
DRIVER LICENCE NUMBER	O Approved
	Referred to Driver Services for review
	Automatic Mutual Recognition
ISSUING AUTHORITY	Reason