

APPLICATION TYPE

Photo Card Application

Issued under the Western Australian Photo Card Act 2014

PERSONAL DETAILS

When blank, this form is classed as OFFICIAL, when completed, this form is classed as OFFICIAL SENSITIVE When applying for a Photo Card, you must attend a Driver and Vehicle Services (DVS) centre, regional Department of Transport (DoT) office or regional agent in person and provide relevant proof of identity (POI) documents (see overleaf). Visit www.transport.wa.gov.au/licensing for locations. The Photo Card is valid for five years. Applicants must be over the age of 16 to be eligible. Applicants should be aware that there is no obligation on an institution to accept the Photo Card for POI purposes.

NEW APPLICATION ADDITIONAL CARD REPLACEMENT CARD CERTIFIED COPY RESIDENTIAL ADDRESS TO BE DISPLAYED ON CARD: YES NO REASON FOR REPLACEMENT/CERTIFIED COPY: LOST STOLEN SURRENDERED DAMAGED NOT PRODUCED	GENDER MALE FEMALE X Supporting documents required when gender X is selected, refer to the DoT website. BUILD SLIM MEDIUM SOLID NATURAL HAIR COLOUR
DECLARATION	EYE COLOUR
FAMILY NAME I, FIRST NAME	COUNTRY OF BIRTH
OTHER NAME/S declare that the information provided in this application is true and correct.	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
APPLICANT DETAILS	CONCESSION DETAILS
WA LICENCE NUMBER 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)	If you hold a concession, complete the section below and present your concession card/s at the time of application. The concession details will also be applied to your WA driver's licence. PENSIONER CONCESSION CARD NUMBER
YES NO	
IF YES DETAIL YOUR PREVIOUS/OTHER NAME/S	WA SENIORS CARD NUMBER
	COMMONWEALTH SENIORS HEALTH CARD NUMBER
DATE OF BIRTH	COMMONWEALTH GENIONS HEALTH CARD NOMBER
ARE YOU A TWIN (or any other multiple birth variation e.g. triplet, quadruplet)?	VETERANS' AFFAIRS GOLD CARD - ENDORSED TPI OR EDA
IF YES LIST SIBLING NAME/S	
	VETERANS' AFFAIRS PENSIONER CONCESSION CARD*
Contact Number	
Contact Number Mobile Phone	*Where the holder is of pension age a 100% concession will apply. Where the holder is not of pension age a 50% concession will apply.
Email Address	You must advise DoT in writing if your concessional entitlement is reduced or withdrawn.
RESIDENTIAL ADDRESS (MUST BE IN WA)	Written correspondence to be mailed to Driver and Vehicle Services,
	GPO Box R1290 Perth WA 6844.
SUBURB	
STATE W A POST CODE	
POSTAL ADDRESS (IF DIFFERENT TO RESIDENTIAL ADDRESS)	
,	
SUBURB	
POST CODE	

PRIVACY STATEMENT AND DECLARATION

PRIVACY STATEMENT

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

- The Western Australian Photo Card Act 2014 (the Act) requires you to provide specific information and evidence to establish your identity and residential address, including a signature unless the applicant is unable to sign because of a permanent disability. If you are unable to provide a signature because of a permanent disability, the Signature Requirements Declaration below must be completed by a person who is 18 or over.
- 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 WA Photo Card issued to you.

DECLARATION

APPLICANT SIGNATURE

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 DoT using and disclosing any personal information provided in accordance with the Privacy Statement.

If the applicant is unable to sign the above declaration themselves due to a permanent disability a declarant can complete the section below.
SIGNATURE REQUIREMENTS DECLARATION
DECLARANT FAMILY NAME
I,
DECLARANT FIRST NAME
DECLARANT OTHER NAME/S
declare that
APPLICANT FAMILY NAME
APPLICANT FIRST NAME
AFFLICANT FINST NAME
APPLICANT OTHER NAME/S
is unable to provide a signature for use on the Photo Card due to a permanent disability.
I declare that the information I have given on this form is true and correct and I am aware that it is an offence to give a false or misleading statement under the Western Australian Photo Card Act 2014.
DECLARANT SIGNATURE
DATE

PROOF OF IDENTITY

To be eligible for a Photo Card you are required to show POI. A combination of five original documents must be presented to verify your full name, date of birth and current residential address. You must supply original documents; certified copies will not be accepted. One document must show your signature.

Holders of an existing WA driver's licence, WA learner's permit or WA Photo Card will not be required to provide full POI when applying for a photo card.

A full list of acceptable identification documents are available online at www.transport.wa.gov.au/licensing.

OFFICE USE ONLY		
CONDUCTED SEARCH FOR IDENTITY IN EXISTING DEPARTMENTAL RECORD/S		
PROOF OF IDENTITY REQUIREMENTS FOR AN INITIAL APPLICATION MUST BE MET (WA driver's licence/learners permit/Photo Card not held).		
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 from Category D	A C C D D	
All other applicants must supply 1 docume	ent from Category A and C or 1	
document from Category B.	A C B	
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 has also been verified.		
SIGNATURE		
DATE / / / / / / / / / / / / / / / / / / /		
Concession Code (A, P or S)		
Concession Type (A, H or V)		
Pensioner Concession Card sighted		
WA Seniors Card sighted		
Commonwealth Seniors Health Card sighted		
Concession details entered on record		
Photocopy of card(s) attached		
OFFICER'S NAME		
SITE		