## 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.


## TYPE OF LICENCE AND CLASS YOU REQUIRE

## TYPE OF LICENCE



## 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)
$\square$ YES $\square$ NO
IF YES DETAIL YOUR PREVIOUS/OTHER NAME/S
$\square$

## DATE OF BIRTH



ARE YOU A TWIN (or any other multiple birth variation e.g. triplet, quadruplet)?


IF YES LIST SIBLING NAME/S


- If you need help to fill in this form, or need to speak to us in languages other than English, call 131156 or visit 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.


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

 GENDER Male $\square \quad$ Female $\square \quad X^{*} \square \quad \begin{aligned} & \text { *Supporting documents required when } \\ & \text { gender } \mathrm{X} \text { is selected, refer to DoT websit }\end{aligned}$ BUILD Slim $\square$ Medium $\square$ Solid $\square$NATURAL HAIR COLOUR EYE COLOUR


COUNTRY OF BIRTH
DO YOU IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER?
$\square$ Aboriginal but not Torres Strait Islander origin
$\square$ Torres Strait Islander but not Aboriginal origin
$\square$ Both Aboriginal and Torres Strait Islander origin
$\square$ Neither Aboriginal nor Torres Strait Islander origin

## DETAILS OF ANY LICENCE HELD



## 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?
$\square$ NO $\square$ YES - list below

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


## 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
- Would you like DoT to provide you a with a DoTDirect account?$\square \mathrm{N}$


## 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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- This form may be presented at a Driver and Vehicle Services (DVS) centre, regional Department of Transport (DoT) office or agent.


## 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/SAll 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)

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

All other applicants must supply 1 document from Category $A$ and $C$ or 1 document from Category 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 was verified.
Operator signature

MEDICAL AND EYESIGHT RESULTS


Email sent to Driver Suitability Services to issue M107A

## WA LICENCE INFORMATION

DL NUMBER


CLASSES
APPLIED FOR
THEORY TEST RESULTS
KEYS FOR LIFE CERTIFICATE NUMBER


## INTERPRETER SERVICES

WERE THE SERVICES OF AN INTERPRETER USED?
 YES NAME OF INTERPRETER
$\square$
AUDITOR DETAILS

DATE
$\square$
AUDITING SITE
$\square$
$\square$


