

Driver's Licence Application Form

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

Turn over to complete

TYPE OF LICENCE AND	CLASS YOU REQUIRE	PERSONAL DE IA	AILS (not applicable for licer	nce variation applicants)
PYPE OF LICENCE Learner's Permit Driver's Licence Extraordinary Licence Licence Variation	MR - Medium Rigid HR - Heavy Rigid HC - Heavy Combination MC - Multi Combination	GENDER Male Fema BUILD Slim Mediu NATURAL HAIR COLOUR COUNTRY OF BIRTH	um Solid gender X is s	documents required when selected, refer to DoT websit HEIGHT CN
CLASS OF LICENCE C - Car LR - Light Rigid	R - N (moped) R - E (LAMS approved motorcycle) R - Unrestricted Motorcycle	DO YOU IDENTIFY AS ABOUT Aboriginal but not Torres Torres Strait Islander but Both Aboriginal and Torres	Strait Islander origin t not Aboriginal origin es Strait Islander origin	TRAIT ISLANDER?
APPLICANT	DETAILS	Neither Aboriginal nor To	rres Strait Islander origin	
FAMILY NAME		DETAILS	OF ANY LICENCE	HELD
TIRST NAME OTHER NAME/S		HAVE YOU EVER HELD AN DRIVER'S LICENCE? ARE YOU CURRENTLY OF PREVIOUSLY BEEN DISQU STATE/TERRITORY OR CO	R HAVE YOU UALIFIED IN ANOTHER DUNTRY?	YES NO
		IF YES, WHAT STATE/TEF	RRITORY OR COUNTRY?	
HAVE YOU EVER BEEN KNOWN BY A e.g. name at birth, maiden name, previou name or foster name) YES NO FYES DETAIL YOUR PREVIOUS/OTH	ıs married names, alias, adoptive	AND ARE YOU SUBJECT T INTERLOCK CONDITION/R ISSUING STATE, TERRITO	RESTRICTION?	YES NO
		LICENCE NUMBER		
DATE OF BIRTH /	birth YES NO	FIRST ISSUE DATE EXPIRY DATE		
rariation e.g. triplet, quadruplet)? F YES LIST SIBLING NAME/S		CLASS	ISSUE DATE ISSUE DATE	
		CLASS		
Contact Number		CLASS	ISSUE DATE	,
Mobile Phone		I acknowledge that my inters	state driver's licence will be	DVEC DV
Email Address		surrendered on application f		YES N/
RESIDENTIAL ADDRESS (MUST BE IN	N WA)	HEALTH AN	ND MEDICAL QUE	STIONS
SUBURB STATE W A F	POST CODE D'RESIDENTIAL)	The Road Traffic (Authorisal inform the CEO of any perm (which may include a depen treatment for which is likely Failure to inform the CEO m Do you suffer from any men ability to control a motor veh	nanent, long-term mental or indence on drugs or alcohol) to, impair your ability to con nay incur a penalty of up to \$\frac{3}{2} tal or physical condition(s) to incle?	physical condition that is likely to, or trol a motor vehicle. \$500.
SUBURB		Do you take any medication condition(s)?	or treatment for the manag	ement of the
STATE F	POST CODE			
	_		Turn over to complete	Last updated:04/01/2023

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? ☐ Yes ☐ No

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.

oignature
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 EXIST DEPARTMENTAL RECORD/S	STING YES
All documents provided by the applicant must be Of not be accepted).	RIGINAL (photocopies will
APPLICATION FOR INITIAL WA DRIVER'S LIC	ENCE
• 1 document from Category A • 1 from Category B • 2 from Category C; and • 1 from Category D (not E40)	C D
OPTION 2 • 1 document from Category A • 2 from Category C; and • 2 from Category D	D D
All other applicants must supply 1 document from C document from Category B. A C OF	В
I have checked that the applicant has met the proof and have attached copies of all documents provide signature was verified.	
Operator signature	
MEDICAL AND EYESIGHT	RESULTS
LEFT EYE 6 RIGHT EYE 6	BOTH EYES 6
TESTED WITH VISUAL AIDS	YES NO
MEDICAL REQUIRED	YES NO
M107A ISSUED	YES NO
Email sent to Driver Suitability Services to issue	e M107A
WA LICENCE INFORM	ATION
DL NUMBER	DL TYPE
CLASSES APPLIED FOR	DL TYPE
CLASSES	DL TYPE
CLASSES APPLIED FOR THEORY TEST RESULTS	
CLASSES APPLIED FOR THEORY TEST RESULTS KEYS FOR LIFE CERTIFICATE NUMBER CONVICTION HISTORY CHECK	YES NO
CLASSES APPLIED FOR THEORY TEST RESULTS KEYS FOR LIFE CERTIFICATE NUMBER	YES NO
CLASSES APPLIED FOR THEORY TEST RESULTS KEYS FOR LIFE CERTIFICATE NUMBER CONVICTION HISTORY CHECK ALCOHOL INTERLOCK CONDITION ADDED EXEMPTION REASON DISTAN	YES NO N/A YES NO
CLASSES APPLIED FOR THEORY TEST RESULTS KEYS FOR LIFE CERTIFICATE NUMBER CONVICTION HISTORY CHECK ALCOHOL INTERLOCK CONDITION ADDED	YES NO N/A YES NO
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CLASSES APPLIED FOR THEORY TEST RESULTS KEYS FOR LIFE CERTIFICATE NUMBER CONVICTION HISTORY CHECK ALCOHOL INTERLOCK CONDITION ADDED EXEMPTION REASON LICENCE CONDITIONS INTERPRETER SER WERE THE SERVICES OF AN INTERPRETER NAME OF INTERPRETER REGISTRATION NUMBER CLIENT'S PREFERRED LANGUAGE	YES NO N/A YES NO N/A YES NO NCE MEDICAL RVICES USED? YES NO

DATE