

Application for a Driver Licence

Personal details

Surname	Given name			
<input type="text"/>	<input type="text"/>			
Other name (s)	Gender			
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Intersex <input type="checkbox"/> Unknown			
	<input type="checkbox"/> Female <input type="checkbox"/> Indeterminate <input type="checkbox"/> Unspecified/Indeterminate/Intersex			
Physical address				
<input type="text"/>				
Postal address (if different from physical address)				
<input type="text"/>				
Date of birth	E-mail address			
<input type="text"/>	<input type="text"/>			
Have you ever been known by any other name/s? <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous name/s			
	<input type="text"/>			
Contact number (mobile phone)	Contact number (other)			
<input type="text"/>	<input type="text"/>			
Please provide details if you hold (or have held) any of the following ACT issued cards (one card is sufficient):				
<input type="checkbox"/> Yes <input type="checkbox"/> No	ACT Issued Drivers Licence	<input type="text"/>	Licence number	
<input type="checkbox"/> Yes <input type="checkbox"/> No	ACT Issued Proof of Identity (Proof of Age)	<input type="text"/>	Customer number	
<input type="checkbox"/> Yes <input type="checkbox"/> No	ACT Issued High Risk Work Licence	<input type="text"/>	Licence number	
<input type="checkbox"/> Yes <input type="checkbox"/> No	ACT Issued Working with Vulnerable People Registration	<input type="text"/>	Registration number	

Previous licence details

Licence number (*interstate/overseas)	Type	Class	State / Country issued	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Expiry date	Surname on licence	Licence surrendered		
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
For interstate transfer of licence				
Does your licence expire within 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, would you like to renew today? Yes <input type="checkbox"/> No <input type="checkbox"/>				
National heavy vehicle applicant				
Place of birth	Eye colour	Height		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Provisional / Probationary		Additional provisional		
Period held	ACT expiry	Class	Period held	ACT expiry
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Application continues over the page.

Office use only

Licence number	Licence type	Class / Condition	Proof of residency
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Concession type	Pension number	Proof of identity	CSO initials
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Eye test results		Physical condition	
Both	Right	Left	With / Without spectacles <input type="checkbox"/>
6 /	6 /	6 /	Contact lenses <input type="checkbox"/>
			Normal <input type="checkbox"/>
			Referred to HSA for eye test <input type="checkbox"/>
			Referred to HSA for full medical <input type="checkbox"/>
			Referred to private doctor <input type="checkbox"/>

Licence questionnaire

Note: All questions must be answered. If you answer 'yes' to the first question, include the following details; Date, Place, Nature of Offence, Reason for Cancellation, Suspension, Disqualification or Refusal and Penalty or Period.

1. Is your licence currently or pending action to be suspended, cancelled, or disqualified anywhere in Australia? Yes ☐ No ☐
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- 1.1 Are you currently serving a 'good behaviour' election period as an alternative to a demerit points suspension anywhere in Australia? Yes ☐ No ☐
-
- 1.2 What demerit point suspension period would you have had if you did not elect for a good behaviour period? 3 months ☐
4 months ☐
5 months ☐
-
2. Is your right to drive currently or pending action to be suspended anywhere in Australia? Yes ☐ No ☐
-
3. Do you have epilepsy? Yes ☐ No ☐
-
4. Do you have diabetes? Yes ☐ No ☐
-
5. Do you have a heart condition / disease or paralysis? Yes ☐ No ☐
-
6. Do you have any long term disability to either hand, arm, foot, leg or eye? Yes ☐ No ☐
-
7. Have you ever had a head injury or stroke? Yes ☐ No ☐
-
8. Are you taking any medication that may impact your ability to drive? Yes ☐ No ☐
-
9. Are you taking any illicit drugs? Yes ☐ No ☐
-
10. Do you have any long term illness, injury or condition that could affect your ability to drive safely? Yes ☐ No ☐
-

If you answered YES to any of questions 3 to 10 you are required to provide a Driver Licence Medical form completed by your own doctor stating that you are a medically fit person to drive a motor vehicle before renewal of your licence.

If you answered Yes to any of these questions please provide details here

Privacy Statement: The information you provide on this form is being collected for driver licensing purposes. The information may be used by the Road Transport Authority for the purpose of any of its statutory functions. The information may be disclosed to Commonwealth, Territory or State law enforcement agencies; transport authorities; government agencies authorised by law; Compulsory Third Party Insurers; and individuals, their agents or insurers following a motor vehicle accident. The Road Transport Authority is authorised to retain a digital copy of your photograph and signature under Part 4 of the *Road Transport (Driver Licensing) Act 1999*. Retained images may be used to assist in addressing identity fraud and disclosed to law enforcement and court agencies, interstate road authorities, or when authorised by law. The *Information Privacy Act 2014* prevents the ACT Government from using your information and retained images for any unauthorised purpose and require it to implement safeguards to protect the information and retained images from unauthorised access.

Declaration

This is a document required by law under the *Road Transport Driver Licensing Act 1999*. If you knowingly provide false information on this application, you may be prosecuted.

I understand that in consideration of the Australian Capital Territory permitting me to undertake the Practical Driving Test Assessment (the Test) the Australian Capital Territory accepts no liability for injury sustained including any injury sustained as a result of or arising out of the negligence of the Australian Capital Territory, its officers, servants and agents in the course of undergoing the Test.

I consent to the RTA conducting a Certificate Validation check of my documents and declare to the best of my knowledge that the information in this application is true and correct and request the issue of a Driver Licence.

By signing this application you agree that, if at any time, you have any long term illnesses, injury or incapacity that may impair you ability to drive safely, You will notify the RTA within 7 days.

Applicants signature

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Date

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