

Queensland driver licence renewal kit

General notice for applicants temporarily residing interstate or overseas

This kit is provided by the Department of Transport and Main Roads to assist you in renewing, upgrading or re-applying for your Queensland (Qld) driver licence if you are temporarily residing interstate or overseas.

You cannot use this kit if your licence is expired by more than five years or if your licence is currently suspended or cancelled or you are currently disqualified from holding or obtaining a driver licence in Australia or another country.

Licensing requirements for temporary residents in other states and countries may differ to those in Qld. On taking up temporary residency it is recommended that you contact the relevant Licensing Authority to ensure that you are aware of, and continue to meet, local requirements. You must also contact the relevant Licensing Authority if your residency changes, for example, you do not intend to return to Qld to live.

If your licence has expired and you do not wish to drive, you may renew the licence up to five years after the date of expiry before being required to undertake another written and practical (on road) driving test. However, if you need to drive, you should return your completed application and relevant documentation promptly. Please allow for overseas mail delays as it is important that all correct documentation is received at least two weeks before your licence expires to enable your driver licence to be renewed prior to the expiry date.

Please read the following **Application Requirements** carefully and use the **Application Checklist** to confirm that all required documentation has been provided to ensure that your application can be processed.

Application Requirements

Evidence of Identity

You are required to provide a photocopy of your current Qld driver licence, industry authority, marine licence indicator or adult proof of age card which has been signed and stamped by an Approved Witness. The photocopy must be endorsed with the words "I have sighted the original document and certify this to be a true copy of the original".

Alternatively you may provide photocopies of three evidence of identity (EOI) documents endorsed with the words "I have sighted the original documents and certify this to be a true copy of the original" and signed and stamped by an approved witness.

These EOI documents must include one category A and one category B document. The third document may be from either category. One of these documents must include your signature. If your Qld residential address is not shown on any EOI documents provided, you must also show an evidence of Qld residential address document.

If you have changed your name or the details of your name are different on the EOI documents provided, you must show a change of name document from the relevant Australian Registrar of Births, Deaths or Marriages (BDM). Please refer to Evidence of Identity Requirements (form F4362) included with this kit for more information.

Approved Witness List

You will need to sign the Driver Licence Application/Renewal (form F3000) and the Temporary Residence Statement Interstate or Overseas (form F2350) in the presence of an Approved Witness, or local equivalent. You will also need to have your photographs endorsed by an Approved Witness. An Approved Witness is either a:

- Medical Practitioner
- Police Officer
- Consular or Ambassadorial Officer
- Solicitor, Barrister or Judge
- Justice of the Peace or a Commissioner for Declarations or
- Notary Public or a person authorised by law to witness & sign declarations

Note: The witness must sign and print their full name, position title/designation and contact details (including office stamp). Note: You may have to pay a fee to have the documents witnessed. All documents are to be witnessed in English or have an English translation.

Forms

Driver Licence Application/Renewal (form F3000)

You must complete the Driver Licence Application/Renewal (form F3000). This form must be signed in the presence of an Approved Witness. The Approved Witness must complete, sign and stamp the Authorising person's declaration on the form (Refer to the Approved Witness list included in this kit.).

A Qld residential address must be nominated on the application form F3000.

If you are applying to upgrade your P1 provisional licence to a P2 provisional or open licence you must:

- successfully complete the Hazard Perception Test online by visiting www.tmr.qld.gov.au
- pay the Hazard Perception Test fee
- hold your P1 provisional licence for a minimum period of one year. Note: Periods of licence suspension, cancellation or disqualification will not count towards the minimum period.

Specimen Signature (form F2127)

A Specimen Signature (form F2127) must be submitted with your application. Please ensure that all sections of this form are completed, and that you sign both signature boxes.

Your new driver licence will be sent to the postal address you nominate on this form. This postal address will be applied to your driver licence record and used for licence and vehicle registration correspondence until otherwise advised by you. You will need to notify the department of a change to your postal address on your return to Qld.

If you do not provide a postal address, your new card will be sent to your Qld residential address.

Temporary Residence Statement Interstate or Overseas (form F2350)

A Temporary Residence Statement Interstate or Overseas (form F2350) must be completed and submitted with your application. The declaration must be signed by you in the presence of an Approved Witness. The Approved Witness must complete, sign and stamp the Authorising person's declaration on the form (Refer to the Approved Witness list included in this kit.).

Medical Certificate for Motor Vehicle Driver (form F3712) – if required

If you have a mental or physical incapacity that may adversely affect your ability to drive safely and/or you are 75 years of age or older you must provide a completed Medical Certificate for Motor Vehicle Driver (form F3712).

If this applies to you then you must:

- complete Part One the Medical Certificate for Motor Vehicle Driver (form F3712)
- complete the Private and Commercial Vehicle Driver's Health Assessment (form F3195) and give both forms to the doctor assessing your fitness to drive.

The doctor assessing your fitness to drive must complete Part Two the Medical Certificate for Motor Vehicle Driver (Form F3712). Part Three of the form must be completed by your optometrist or ophthalmologist, if applicable. If required, you will need to submit the completed Medical Certificate for Motor Vehicle Driver (form F3712) with your application. The doctor will retain the Private and Commercial Vehicle Health Assessment (form F3195) for their records.

NOTE: If you hold a Qld driver licence, you must report any long term or permanent medical condition, or any change to an existing medical condition, which is likely to adversely affect your ability to drive safely to the department.

Photographs

You are required to provide two identical colour photographs that meet the following requirements. If your photographs do not meet the required criteria your application will be refused.

The photographs must be:

- Passport quality. Note: Automatic machine photographs are **not** acceptable (e.g. from a photo booth)
- 35mm wide x 45mm long in size and must not be more than 6 months old
- Printed on high-quality paper and using high resolution (preferably 600dpi or higher)
- Must not be manipulated, for example, by removing spots or softening lines
- Both photographs must be signed on the back by an Approved Witness. One photograph must be endorsed on the back with the words: "I certify this is a true photograph of (the applicant) in my presence" and signed by an Approved Witness

The photographs must show:

- a plain, light coloured background (e.g. white, cream or pale blue)
- natural skin tones and have appropriate brightness and contrast, no flash reflections and no red eye. Note: Do **not** remove red eye in post production software
- you with a neutral expression and mouth closed
- you looking directly at the camera
- you with no hair across your eyes
- both edges of your face clearly
- a full front view of head and shoulders and not show you looking over one shoulder (portrait style) or with head tilted
- you without glasses or sunglasses, even if normally worn for driving. Note: Glasses or eye patches may be accepted if a Medical Certificate for Motor Vehicle Driver (form F3712) states that eye protection is required to be worn by you as protection from the effects of flash photography
- you without head coverings including hats, except for religious reasons, in which case facial features from bottom of chin to top of forehead and both edges of your face must be clearly shown.

Please refer to the brochure 'Your Digital Photo...the right way', included with this kit for further guidance on how to meet the required criteria.

Licence fee

You must pay the driver licence renewal fee. The fee should be included with your application or paid prior to sending your application to the department. Current fees can be found on the department's website www.tmr.qld.gov.au.

- | | |
|---|---|
| 1 | Note: Fees increase 1 July each year. If your application will be received by the department after 30 June or your licence expiry date is after 30 June you must pay the new fee. You should allow for overseas mail delays when determining the applicable fee. Any overpayment will be refunded. |
| 2 | Paying the incorrect fee may result in your licence being issued for a lesser term or your application being refused. |

The fee can be paid by an Australia Post money order or a personal or bank cheque from an Australian affiliated bank in Australian Dollars (AUD) made payable to the Department of Transport and Main Roads. Cash is not acceptable.

Alternatively, you may arrange for someone to pay the fee at a Qld driver licence issuing centre, which includes Department of Transport and Main Roads Customer Service Centres, participating Qld Government Agent Program offices or driver licence issuing police stations (in rural or remote areas). If you choose to have someone pay the fee directly into your account, the fee must be made prior to sending your application to the department.

Application Checklist

Use this checklist to ensure that you have provided the required documentation.

Incomplete applications will not be processed.

Forms

- ☐ Driver Licence Application / Renewal (form F3000) completed and witnessed as directed
- ☐ Temporary Residence Statement Interstate or Overseas (form F2350) completed and witnessed as directed
- ☐ Specimen Signature (form F2127) completed as directed
- ☐ Medical Certificate for Motor Vehicle Driver (form F3712), if required

Evidence of Identity

- ☐ Witnessed photocopy of your Qld driver licence (current or expired less than two years) or alternative documents as per Evidence of Identity Requirements for Individuals (form F4362)

Photographs

- ☐ Two (2) identical colour photographs in the required format, one of which is signed and endorsed as directed. Note: If your photographs do not comply with image requirements your application will not be processed.

Fee

- ☐ Cheque/Money order attached, or
- ☐ Receipt number provided for payment made at a Qld driver licence issuing centre

Completed applications should be forwarded to:

The Manager

Department of Transport and Main Roads

Dalby Customer Service Centre

PO Box 767

Dalby Qld 4405

Australia

Please contact the department by telephone (07) 4672 4600 or facsimile (07) 4662 5274 if you have any questions about the processing of your driver licence renewal.

Evidence of Identity Requirements For Individuals

As part of the Department of Transport and Main Roads application process, you may be required to present **evidence of your identity** (EOI) and evidence of **residential** or **garaging address** documents.

If you are unable to present your **Queensland (Qld) driver licence** (current or expired less than two years), the EOI requirements may be met if you can present your current Qld industry authority, marine licence indicator or adult proof of age card (conditions apply). If you are unable to present any of these documents, you will need to present **three original** EOI documents:

One category A + two category B OR Two category A + one category B

All documents **must** be **original** and current unless otherwise stated. Photocopies and certified copies of original documents are **not** acceptable. The category A document must show your full name. At least one category A or B document must show your signature. EOI documents presented may be verified with the issuing authority.

Category A documents	Status
<ul style="list-style-type: none"> Australian Birth Certificate - full (not an Extract or a Commemorative Certificate) Bicentennial Birth Certificate (born in 1988) Australian Citizenship Certificate/Naturalisation Certificate Department of Immigration and Citizenship <ul style="list-style-type: none"> Certificate of Evidence of Resident Status Visa Evidence Card (with PLO56 Visa) Qld or Federal police officer photo identity card 	Current
<ul style="list-style-type: none"> Australian Passport (including Australian Document of Identity) Foreign Passport Australian photo driver licence Qld Accreditation/Authorisation (laminated) <ul style="list-style-type: none"> Driver/rider trainer; pilot/escort vehicle driver; dangerous goods driver; tow truck driver/assistant certificate Bus; taxi; limousine driver 	Current or expired less than two years
<ul style="list-style-type: none"> Department of Immigration and Citizenship travel document, for example resident visa 	Valid up to five years after issue
<ul style="list-style-type: none"> Qld Card 18+ (laminated) 	Issued after 01/01/1992
Category B documents	Status
<ul style="list-style-type: none"> Australian Defence Force photo identity card (excluding civilians) Australian Firearm Licence (with photo) Australian Security Guard/Crowd Controller Licence (with photo) Department of Veterans' Affairs/Centrelink Pensioner Concession card (including Healthcare card) Education institution student identity document (must include photo and/or signature) Financial institution debit/credit card (must include signature and embossed/printed name) Medicare card 	Current

If you have changed your name or the names on your EOI documents are different, you will need to present a **change of name** document.

Change of Name documents	Status
<ul style="list-style-type: none"> Australian Marriage Certificate (ceremonial marriage certificates are not accepted) Australian civil partnership/relationship certificate Australian Change of Name Certificate Australian Birth Certificate (amended and/or with notations) 	Issued by relevant Registrar of Births, Deaths and Marriages
<ul style="list-style-type: none"> Divorce papers Decree Nisi or Absolute (must show the name being reverted to) 	Issued by relevant court
<ul style="list-style-type: none"> Deed Poll 	Issued prior to 01/02/2004

If your residential address does not appear on your category A and/or B document, you will need to present a **Qld residential and/or garaging address** document.

Queensland residential and/or garaging address documents	Status
<ul style="list-style-type: none"> Contract of property purchase, lease/rental document, mortgage/land ownership certificate Electricity, gas or telephone account Qld local government rates notice; Qld Land Tax valuation notice; Australian electoral document Qld vehicle registration certificate/renewal notice; Qld driver licence renewal notice Bank statement issued within the last six months (must be accompanied by corresponding credit/debit card) 	Current
<ul style="list-style-type: none"> Australian Taxation Office (ATO) Notice of Assessment/Tax file number confirmation notice. The ATO recommends that you block out your tax file number prior to presenting this document. 	Current or previous financial year

Further information

If you are unable to show a particular type of EOI document, please call **13 23 80*** or visit a customer service centre or driver licence issuing centre for further advice. For more information about obtaining a Qld Birth, Marriage or Change of Name Certificate, please contact the Qld Registrar of Births, Deaths and Marriages by visiting www.justice.qld.gov.au, calling 07 3247 9203 or emailing bdm-mail@justice.qld.gov.au.

For information about obtaining a departmental product, visit www.tmr.qld.gov.au or call **13 23 80***.

Evidence of Identity Requirements For Organisations

As part of the Department of Transport and Main Roads application process, you may be required to present an **evidence of identity (EOI)** document that establishes the legal existence of the organisation. You may also need to present evidence of a **Queensland (Qld) garaging address** if the application requires this information. A **change of name** document may need to be presented if the name of the organisation has changed.

If you are transacting business for, or representing an organisation, you will also need to provide your EOI document and an **authorised person/representative** document that authorises you to act on behalf of that organisation.

EOI documents provided may be verified with the issuing authority.

Acceptable documents for Business	
<ul style="list-style-type: none"> Certificate of the Registration of a Business Name from the Australian Securities and Investments Commission plus EOI for the legal entity (proprietor) behind the business name 	
Acceptable documents for Australian Company	
<ul style="list-style-type: none"> Certification of Registration of a Company issued by the Australian Securities and Investments Commission displaying the Australian Company Number (ACN) Verification of company via the Australian Securities and Investment Commission website www.asic.gov.au Official company document displaying the ACN of the company (such as a company cheque) 	
Acceptable documents for Overseas Company	
<ul style="list-style-type: none"> Copy of the Certificate of Registration of a Registrable Australian Body displaying the Australian Registered Body Number (ARBN) Extract from the Australian Securities and Investments Commission confirming the existence of the company Company cheque displaying the ARBN 	
Acceptable documents for Trust	
<ul style="list-style-type: none"> Deed of Trust plus EOI for the legal entity (trustee) behind the trust name Any official document (such as a letter from a solicitor confirming the existence of the trust) plus EOI for the legal entity (trustee) behind the trust name 	
Acceptable documents for Association Incorporated Under Qld Legislation	
<ul style="list-style-type: none"> Copy of the Certificate of Incorporation issued by the Office of Fair Trading Evidence of an Incorporated Association Number (IA) issued by the Office of Fair Trading 	
Acceptable documents for Association Incorporated Under Interstate Legislation	
<ul style="list-style-type: none"> Copy of the Certificate of Registration of a Registrable Australian Body Extract issued by the Australian Securities and Investments Commission confirming the existence of the company Association cheque displaying the ARBN Copy of the Certificate of Incorporation issued by an interstate Office of Fair Trading (or their equivalent) 	
Qld garaging address documents	
<ul style="list-style-type: none"> Australian Taxation Office Assessment Contract of property purchase; lease/rental document; mortgage/land ownership certificate Electricity, gas or telephone account Insurance papers which contain a field called garage address Notice of Body Corporate Fees Qld local government rates notice 	
Authorised Person/Representative documents	
<p>To act on behalf of an organisation, you will need to present your EOI (e.g. driver licence) and:</p> <ul style="list-style-type: none"> a letter of authority from the business/trust evidence of your association with the company/organisation. 	

Change of Name documents

Business	Business Name Registration Certificate issued by the Australian Securities and Investments Commission
Company	Certification of Registration on Change of Name issued by the Australian Securities and Investments Commission
Trust	<p>Written advice from the trustee stating:</p> <ul style="list-style-type: none"> the new name the trustee is the same both before and after the name change.

Contact information

If you are unable to show any of the required EOI documents, or you need more information about obtaining a departmental product, you can:

- visit www.tmr.qld.gov.au
- Call **13 23 80*** or visit your local customer service centre.

* Higher rates apply from mobile phones and pay phones.

Driver Licence Application/Renewal

(Learner, P1, P2, P type and Open Licence)

Transport Operations (Road Use Management) Act 1995



Queensland
Government

This form is to be used if you are applying for the grant or renewal of a Queensland (Qld) driver licence. You are **not** eligible to make this application if your licence is suspended or cancelled or while you are disqualified from holding or obtaining a driver licence in any Australian state, territory or any other country.

If you currently hold a Qld marine licence granted to you under the *Transport Operations (Marine Safety) Act 1994*, a marine licence indicator code will be included on your Qld driver licence.

Personal Identification Number (PIN) and Shared Secrets

To record your PIN or Shared Secrets on your driver licence, please complete the *Personal Identification Number and Shared Secrets Application* (form F4748).

Evidence of Identity (EOI) Requirements

You must give evidence of your identity. You may do so by presenting your **Qld driver licence**. If you are unable to present your driver licence, your Qld industry authority, marine licence indicator or adult proof of age (APA) card may be accepted (conditions apply). If you are unable to present any of these documents you will need to present **three (3) EOI documents**. These documents must include at least one **Category A** document and one **Category B** document. The third document may be from either category however, one of these documents must include your signature. If your Qld residential address is not shown on any EOI documents provided, you **must** also show an **evidence of Qld residential address** document. All documents must be current or expired less than 2 years. All documents must be original documents. **Photocopies and certified copies of original documents are not acceptable**. Please refer to the *Evidence of Identity Requirements for Individuals* (form F4362) or the Department of Transport and Main Roads (the **department**) website www.tmr.qld.gov.au for a full list of EOI, evidence of Qld residential address and change of name documents.

Change of Name Requirements

If you have changed your name or the details of your name are different on the documents provided, you must show a change of name document from the relevant Australian Registrar of Births, Deaths and Marriages (BDM).

Digital Photo

You may be required to allow the taking of a digital photo to confirm your connection to the most recent digital photo kept by the department or to renew the latest digital photo.

Medical Condition Reporting

If you are applying for the grant or renewal of a driver licence, you are required by law to notify the department if you have a medical condition. A **medical condition** means a mental or physical incapacity that is likely to adversely affect your ability to drive safely. You may be required to give a medical certificate providing information about your medical condition to allow a decision to be made as to your eligibility to hold, or to continue to hold, a driver licence. A **medical certificate** means a *Medical Certificate for Motor Vehicle Driver* (form F3712) that has been completed by your treating health professional (treating doctor). If you have a medical condition, your treating doctor is required to assess your medical fitness to drive according to either the **private vehicle driver standards** or the **commercial vehicle driver standards** in accordance with the National Medical Standards as set out in the *Assessing Fitness to Drive 2003* guidelines.

Please Note: When making an appointment, you should tell your health professional why you are making the appointment because this kind of medical assessment may take longer than a standard consultation.

Organ and tissue donation

Your decision about organ and tissue donor intention is no longer recorded on your Qld driver licence. The **Australian Organ Donor Register** is now the only place for you to record your legal decision to donate organs and tissue for transplantation. For more information about registering your decision about organ and tissue donation call 1800 777 203 or visit www.medicareaustralia.gov.au.

1. Personal details

Family name (Please PRINT)

Given name/s

Male ☐

Female ☐

Residential address

Postcode

Postal address (if same as residential, write 'AS ABOVE')

Postcode

Daytime contact phone number

Date of birth

Town and country of birth

Eye colour

Height

cms

Hair colour

Complexion

2. Have you ever held a Qld driver licence in another name?

No ☐

Yes ☐ Family name (Please PRINT) Given name/s

Driver licence number (if known)

Expiry date

3. Can you show your Qld driver licence, industry authority, marine licence indicator or APA card?

Yes ☐ Licence/authority/reference number

No ☐

You are required to show three (3) EOI documents and one (1) evidence of Qld residential address document (refer to *Evidence of Identity Requirements for Individuals* F4362). Please provide details of your documents.

Category A (Please PRINT)

Document type (e.g. Qld BDM birth certificate)	Document number (e.g. X0100011)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Category B (Please PRINT)

Document type (e.g. CBA credit card)	Document number (do not give credit/debit card number)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Category A or B (Please PRINT)

Document type	Document number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Evidence of Qld residency address (Please PRINT)

Document type (e.g. Telephone account)	Issue date (e.g. 10/06/2010)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

4. Is your name different to the name/s on your EOI documents?

No ☐

Yes ☐ You are required to show a change of name document (refer to *Evidence of Identity Requirements for Individuals* F4362). Please provide details of your documents.

Change of name (Please PRINT)

Document type (e.g. Qld BDM issued Marriage Certificate)	Document number (e.g. 001000)	Registration year (e.g. 2010)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Do you have a driver licence issued to you by another Australian state, territory or country?

No ☐

Yes ☐ Driver licence number (if known) Effective date

Expiry date

State/Territory/Country of issue

Licence type

Licence class/es

Note: If you have a driver licence issued to you by another Australian state or territory, you are not eligible for the grant of a Qld driver licence if you do not surrender this driver licence to the department.

6. What type of licence are you applying for?

Learner licence ☐

P1 type licence ☐

Open licence ☐

P type licence ☐

P2 type licence ☐

Continued over page...

7. What class/es of driver licence are you applying for?

Car	<input type="checkbox"/> C	Learner Approved Motorbike	<input type="checkbox"/> RE	Motorbike	<input type="checkbox"/> R
Light Rigid	<input type="checkbox"/> LR	Medium Rigid	<input type="checkbox"/> MR	Heavy Rigid	<input type="checkbox"/> HR
Heavy Combination	<input type="checkbox"/> HC	Multi Combination	<input type="checkbox"/> MC	*Specially Constructed Vehicle	<input type="checkbox"/> UD

For information about Learner Approved Motorbikes visit www.tmr.qld.gov.au.

***Note:** If you already hold a class LR licence or a heavy class, you may not need a class UD licence.

8. Do you currently have a Qld marine licence?

No ☐

Yes ☐ What marine licence do you hold?

Recreational marine driver licence ☐ RMDL

Personal watercraft licence ☐ PWCL

9. Are you currently or have you recently been disqualified from holding or obtaining a Qld marine licence by an order of an Australian or overseas court?

No ☐

Yes ☐ State/Territory/Country Length of disqualification

10. Are you currently or have you recently been disqualified from holding or obtaining a driver licence by an order of an Australian or overseas court?

No ☐

Yes ☐ State/Territory/Country Length of disqualification

11. Have you been granted a court order for any of the following reasons? (Please show your court order)

(a) a drink or drug driving conviction

No ☐ Yes ☐ Code X1 will be shown on your driver licence.

(b) Special Hardship Order (SHO)

No ☐ Yes ☐ Code X3 will be shown on your driver licence.

(c) s79E order for a drink or drug driving related offence

No ☐ Yes ☐ Code X4 will be shown on your driver licence.

12. Has your licence been cancelled for any other reason?

No ☐

Yes ☐ Reason for cancellation

State/Territory/Country Period

13. Is your driver licence currently suspended for any of the following reasons:

Speeding offence?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
The accumulation of demerit points?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Unpaid fines?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Any other reasons?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

State/Territory/Country Period

Give details below

14. Do you need to wear glasses/contact lenses for driving?

No ☐ Yes ☐ S condition will be shown on your licence

15. Do you have any other vision or eye disorders?

No ☐ Yes ☐ Medical certificate (form F3712) is required

Note: An Optometrist or Ophthalmologist report may also be required to be given to your treating doctor.

16. Do you have diabetes?

No ☐ Yes ☐ How is your diabetes controlled?

Diet only ☐ Medical certificate (form F3712) is not required

Insulin or other glucose-lowering agent ☐ Medical certificate (form F3712) is required (see Note 1*)

17. Have you been diagnosed with epilepsy or experienced a seizure at any time?

No ☐ Go to 18

Yes ☐ Have you experienced a seizure or been required to take anti-epileptic medication after the age of 11?

No ☐ Yes ☐ Medical certificate (form F3712) is required (see Note 1*)

18. Do you have any other medical condition that is likely to adversely affect your ability to drive safely?

No ☐ (See Note 2#) Yes ☐ Medical certificate (form F3712) is required (see Note 1*)

***Note 1:** You and your treating doctor must also complete the Private and Commercial Vehicle Driver's Health Assessment (form F3195) if you hold or are applying for a licence to drive any of the following vehicles:

- a vehicle that is more than 8t GVM (class MR, HR, HC, MC, UD);
- a public passenger vehicle (e.g. taxi, limousine, bus);
- a vehicle carrying dangerous goods.

A specialist report may also be required to be given to your treating doctor.

#Note 2: A Medical Certificate (form F3712) is required if your licence has a condition code M and your doctor has indicated that you now meet the medical criteria for an unconditional licence.

19. Applicant's declaration**Sign only in the presence of a departmental person.**

I declare that I have read all the answers I have given to the questions in this application and that the answers given by me are complete, true and correct in every detail. I understand that if I have stated anything in this application that is false or misleading, the driver licence granted to me as a result of this application will be absolutely void and have no legal effect whatsoever. I understand that I may be prosecuted for giving or stating any false or misleading information or documents. I also declare that the information I have given about my medical fitness to drive, is to the best of my knowledge, true and correct. I consent to the department taking, keeping and using my personal information, documents, digital photo and digitised signature for the purposes associated with my application for a Qld driver licence. I consent to the department verifying my EOI information provided by me with the issuing authority or their agencies.

Additional declaration by Interstate licence holders

I understand that by signing this declaration I agree to the surrender of my interstate driver licence.

Applicant's signature

Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

It is an offence under the Transport Operations (Road Use Management) Act 1995 to state anything or give a document to an authorised person if you know it contains false or misleading information. The maximum penalty may be more than \$6000.

20. Registered operator's authorisation for test vehicle

I authorise any Driving Examiner employed by the department or any Police Officer, to drive my motor vehicle during or in connection with any driving test undertaken in my vehicle, if required.

Vehicle registration number

Registered operator's signature

Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Privacy Statement: The Department of Transport and Main Roads (the department) provides this form under the Transport Operations (Road Use Management) Act 1995 (the Act) so that you may apply for a Qld driver licence. The information, documents and digital photo collected for the purpose of this application may be accessible by authorised departmental persons and some of this information may be disclosed to the Qld Police Service as allowed under the Act or otherwise authorised under the Police Powers and Responsibilities Act 2000. The department's licence production contractor will have controlled access to your information, digitised signature and digital photo to make your licence. The department will not disclose your information, documents, digitised signature or digital photo to any other third parties without your consent unless authorised by law.

Office Use Only**Practical driving test results**

Class tested

Code/condition (if any)

Passed ☐

Failed ☐

Examiner's signature

Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Examiner's number

Report number

Eyesight test (if required)

Right	Left	Both
6 / <input type="text"/>	6 / <input type="text"/>	6 / <input type="text"/>

Were glasses or contact lenses worn for the test?

Yes ☐

No ☐

Tick where applicable

- | | |
|---|--|
| <input type="checkbox"/> Applicant's details confirmed in TRAILS/TICA | <input type="checkbox"/> Applicant's EOI confirmed |
| <input type="checkbox"/> 1:1 match performed | <input type="checkbox"/> Application approved |
| <input type="checkbox"/> Application not approved | <input type="checkbox"/> Give refusal letter |

Comments

Authorising person's declaration

I declare that I have witnessed the applicant's signature. I am satisfied that the signature accords satisfactorily with the signature appearing on the EOI document/s. I also declare that I have sighted the EOI, Evidence of Qld residency and change of name documents as required.

Authorising person's name

Authorising person's signature

Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Office Stamp

Specimen Signature

Adult Proof of Age Card Act 2008; Tow Truck act 1973; Transport Operations (Marine Safety) Act 1994;
Transport Operations (Passenger Transport) Act 1994; Transport Operations (Road Use Management) Act 1995

Instructions for printing this form: To ensure that the correct size is obtained for digital imaging of your signature, plain white A4 paper must be used. **Please ensure both signature boxes are completed.**

1. Specimen signature

Specimen Signature

Please sign using a black pen so that your signature is **WITHIN** the white space provided

Specimen Signature

Please sign using a black pen so that your signature is **WITHIN** the white space provided

FOLD HERE

2. Postal address label (ONLY for driver licence holders who are temporarily interstate or overseas)

For the renewal or replacement of your Queensland driver licence, **clearly PRINT** your name and the address where you want your **new** driver licence posted to:

Name:.....

Building Name:..... Floor:.....

Unit/Flat No:..... Street No:.....

Street Name:.....

Suburb/Town:..... Postcode:.....

Country:.....

FOLD HERE

3. Contact details

To assist with the processing of your application, please supply contact details for any queries about your application.

Contact Name:

Contact Telephone Number:.....

Contact Fax Number:

Email Address:

Privacy Statement: The Department of Transport and Main Roads (the department) provides this form under the *Transport Operations (Road Use Management) Act 1995*, *Tow Truck Act 1973*, *Transport Operations (Passenger Transport) Act 1994*, *Transport Operations (Marine Safety) Act 1994* and the *Adult Proof of Age Card Act 2008* so that you may provide a specimen of your signature for inclusion on your new Queensland driver licence, industry authority, marine licence indicator or adult proof of age card. The information or signature collected on this form will be accessible by authorised departmental persons and some of this information may be disclosed to the Queensland Police Service and interstate driver licensing authorities as allowed under the Acts. The department will not disclose your personal information or signature to any other third parties without your consent unless authorised or required by law.

Temporary Residence Statement Interstate or Overseas



Note - The supply of false or misleading information constitutes an offence under the *Transport Operations (Road Use Management) Act 1995* and will result in a driver licence being declared null and void.

Statement

Family and given name/s

I,

Queensland residential address

of

Postcode

in the State of Queensland, do solemnly and sincerely declare that I am temporarily residing at—

the reason being—

I intend to be returning to Queensland on or about—

/ /

Declaration

I declare the above information is true and correct in every detail.

Applicant's signature

Date

/ /

Witness's signature

Date

/ /

Witness's name (please PRINT)

The witness must be a Police Officer, Justice of the Peace, Commissioner of Declarations or a Medical Practitioner.

Privacy statement: The Department of Transport and Main Roads (the department) provides this form under the *Transport Operations (Road Use Management) Act 1995* so that you may declare that, at the time of renewing your driver licence, you are only residing temporarily outside Queensland. The information collected on this form is accessible by authorised departmental persons and some of this information may be disclosed to the Queensland Police Service and interstate driver licensing authorities. The department will not disclose your personal details to any other third parties without your consent unless required by law.

Medical Certificate for Motor Vehicle Driver

Transport Operations (Passenger Transport) Act 1994, Tow Truck Act 1973,
Transport Operations (Road Use Management) Act 1995



Queensland
Government

This form has been provided so that your treating doctor, optometrist or ophthalmologist (if required) may provide their opinion as to whether or not you meet the medical and/or visual standard for a driver licence for the class/es of licence you are applying for, renewing or currently hold.

Part 1 of this form should be completed by you before giving the form to your treating doctor;

Part 2 should be completed by your treating doctor after considering any report from a specialist, optometrist or ophthalmologist (if required);

Part 3 should be completed by the treating optometrist/ophthalmologist if the vision or eye disorder is not rectified by wearing glasses or contact lenses;

Part 4 Medical Assessment Information provides helpful information about this form.

This medical assessment should be conducted in accordance with the national medical standards (Commercial and Private Vehicle Drivers) *Assessing Fitness to Drive 2012* (AFTD). This publication is available from the Department of Transport and Main Roads (the department) or the Austroads website www.austroads.com.au. For more information about medical conditions and medications, please refer to the department's website www.tmr.qld.gov.au.

Parts 1 and 2 of this form must be completed in full or it will not be accepted by the department.

Part 1 Personal Details (to be completed by the driver)

1. Personal details

Family name

Given name/s

Date of birth

Male ☐

Female ☐

Residential address

Postcode

Licence number (if known)

State/ Territory/ Country of issue

2. What type of licence are you applying for or currently hold?

Learner ☐

P, P1, P2 type ☐

Open ☐

3. What class/es of licence are you applying for or currently hold?

Motorbike (RE or R) ☐

Heavy Rigid (HR) ☐

Car (C) ☐

Heavy Combination (HC) ☐

Light Rigid (LR) ☐

Multi-Combination (MC) ☐

Medium Rigid (MR) ☐

Specially Constructed Vehicle (UD) ☐

4. Do you drive, or intend to drive—

- a vehicle with a GVM of more than 8t (class MR, HR, HC, MC, UD)?

No ☐

Yes ☐ see note 1*

- a public passenger vehicle (for example, bus, taxi, limousine)?

No ☐

Yes ☐ see note 1*

- a vehicle transporting dangerous goods in a receptacle with a capacity of more than 500L or 500kgs?

No ☐

Yes ☐ see note 1*

***Note 1:** Please complete page 1 of the Private and Commercial Vehicle Driver's Health Assessment form F3195 before the assessment. You should be assessed using the commercial standards under the AFTD.

5. Do you need to wear glasses or contact lenses for driving?

No ☐

Yes ☐

6. Have you been given a show cause notice, issued by a driver licensing authority or a police officer to amend, suspend or cancel your driver licence?

No ☐

Yes ☐

7. Driver's declaration:

I understand that if I have stated anything on this form that is false or misleading the driver licence granted to me will be absolutely void and have no legal effect whatsoever.

I understand that I may be prosecuted for giving or stating any false or misleading information in relation to this form.

I declare that the information given to my treating doctor, optometrist or ophthalmologist (if required) about my medical condition is, to the best of my knowledge, true and correct. I give my consent for a departmental person to contact my treating doctor, optometrist or ophthalmologist (if required), for further information or clarification relevant to my medical condition or about my ability to drive safely the class of vehicle authorised to be driven under the licence applied for or currently held.

Driver's signature (sign in the presence of the treating doctor)

Date

Privacy Statement: The Department of Transport and Main Roads (the department) provides this form under the *Transport Operations (Passenger Transport) Act 1994*, *Transport Operations (Road Use Management) Act 1995* and the *Tow Truck Act 1973* so that you may confirm your medical fitness to drive a motor vehicle safely. The information collected on this form is accessible by authorised departmental persons and some of this information may be disclosed to the Queensland Police Service and interstate driver licensing authorities. The department will not disclose your personal information to any other third parties without your consent unless authorised by law.

Part 2 MEDICAL ASSESSMENT (to be completed by treating doctor)

Please refer to national medical standards (Commercial and Private Vehicle Drivers) *Assessing Fitness to Drive 2012* (AFTD) available at the Austroads website www.austroads.com.au. If you are uncertain of the impact of any medical condition on the person's ability to drive safely, the person should be referred to a specialist, physiotherapist or occupational therapist for an assessment. **Note:** Do not complete this Medical Assessment until you have received any necessary reports from the person's treating specialist, physiotherapist, occupational therapist, optometrist or ophthalmologist. The responsibility for issuing, renewing, suspending or cancelling a person's licence (including a conditional licence) lies ultimately with the Department of Transport and Main Roads. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance. For further information about this form, refer to Part 4 of this form or call the department on 13 23 80.

1. Were you familiar with this person's medical history prior to this assessment?

No ☐ Yes ☐

2. How long has this person been treated at this medical practice?

weeks/ months/ years

3. What is your assessment of this person's visual acuity?

(Note: Do not complete if Part 3 has been completed by an optometrist or ophthalmologist)

R 6 / L 6 / Binocular 6 /

3.1 Visual fields (confrontation to each eye)

Normal ☐ Abnormal ☐

4. Does this person need to wear glasses or contact lenses for driving?

(Note: Do not complete if Part 3 has been completed by an optometrist or ophthalmologist)

No ☐ Yes ☐ Code S will be shown on the licence

5. Does this person have any other vision or eye disorders?

(Note: Part 3 may be required to be completed if the disorder is not rectified by wearing glasses or contact lenses)

No ☐ Yes ☐ Code M may be shown on the licence

6. In my opinion, the person named in this report:

- A. ☐ Meets the medical criteria for an **unconditional licence**
- B. ☐ Meets the medical criteria for an **unconditional licence** as medical condition has improved and **no longer needs a conditional licence** and requires **no** further review (*code M will be removed from the licence*).
- C. ☐ Meets the medical criteria for a **conditional licence** and requires further review (*code M will be shown on the licence*).

Other recommended conditions/restrictions

- ☐ A - vehicle fitted with automatic transmission
- ☐ B - vehicle fitted with synchromesh gearbox
- ☐ V - vehicle specially modified to suit the person's physical disability*
- ☐ other stated 'recommended' conditions*

* (refer to Table 3 Licence Conditions on page 14 AFTD). Provide details of the recommended driver aids, vehicle equipment/modification or any other recommended conditions in question 9.

- D. ☐ Does not meet the medical criteria as set out in the AFTD.

7. What medical standards according to vehicle/licence type did you refer to in the AFTD for this medical assessment?

Private Standards ☐ Commercial Standards ☐

Licence class/es

8. Does this person's medical condition require periodic review? (refer to AFTD)

No ☐ (Meets the medical criteria for an unconditional licence with no further assessment)

Yes ☐ What is the Medical Certificate review/expiry date?

9. Details of other recommended conditions/restrictions (Please also consider any recommended conditions/restrictions stated in Part 3 of this form)

Doctor's details (please PRINT)

Name Telephone number

Address (office stamp)

Signature Date

Licence number (if known)

Name of driver (please PRINT)

for Motor Vehicle Driver
(To be completed by the treating doctor if the driver is 75 years or older or question 6C of Part 2 has been completed)



Medical Certificate

fold here

Review/expiry date
(provide details from question 8)

Medical Certificate Issue date

/ /

Licence class/es (provide details from question 7)

Driving conditions/restrictions (provide details from questions 6C and 9)

fold here

fold here

Doctor's details

Signature

Name (please PRINT)

Address and contact telephone number (office stamp)

Part 3 EYESIGHT ASSESSMENT (to be completed by **optometrist or ophthalmologist**)

This assessment should be conducted in accordance with the national medical standards (Commercial and Private Vehicle Drivers) *Assessing Fitness to Drive 2012* (AFTD) available at the Austroads website www.austroads.com.au.

This eyesight assessment is only to be used to make a medical determination of a person's visual or eye condition and not a holistic fitness to drive assessment.

The completed assessment must be returned to the treating doctor and should only be used in conjunction with Parts 1 and 2. The department will not accept this Part 3 without the completion of Parts 1 and 2. Part 3 is not to be used as a stand alone assessment.

1. What medical standards did you refer to in the AFTD to assess this person's eyesight?

Private Standards ☐

Commercial Standards ☐

2. In my opinion, the person named in this report:

A. ☐ **Meets** the visual criteria for an **unconditional licence**

B. ☐ **Meets** the visual criteria for an **unconditional licence** as visual condition has improved and **no longer needs a conditional licence** and requires no further review.

Code M may be removed from the licence once the treating doctor has completed Part 2 and considers there are no other conditions/restrictions. Provide details opposite.

C. ☐ **Meets** the visual criteria for a **conditional licence** and requires further review (*code M will be shown on the licence*).

Other recommended conditions/restrictions
(refer to *Table 3 Licence Conditions* on page 14 AFTD).
Provide details opposite.

D. ☐ **Does not meet** the visual criteria as set out in the AFTD.

Recommended conditions/restrictions

3. What is your assessment of the person's visual acuity?

R 6 / L 6 / Binocular 6 /

4. Does this person need to wear glasses or contact lenses for driving?

No ☐ Yes ☐ ► Code S will be shown on the licence.

5. Visual fields

Visual fields tested by confrontation ☐ or automated perimetry ☐

Normal ☐

Abnormal ☐

Optometrist's/ophthalmologist's details (please PRINT)

Name

Telephone number

Address (office stamp)

<div></div>
Postcode

Signature

Date

Part 4 MEDICAL ASSESSMENT INFORMATION

This information has been prepared as a guide for you and your treating doctor when a medical assessment is required to determine whether or not you meet the medical standards for the class of driver licence being applied for, renewed or currently held. These standards are set out in the national medical standards (Commercial and Private Vehicle Drivers) *Assessing Fitness to Drive 2012* (AFTD).

The department provides the following medical assessment forms—

- **Private and Commercial Vehicle Driver's Health Assessment (form F3195)**

This form has been provided to assist your treating doctor to determine whether you meet the medical standards for a conditional or unconditional driver licence. The form will assist your treating doctor when completing the *Medical Certificate for Motor Vehicle Driver* (form F3712). The completed form F3195 will be retained by your treating doctor.

- **Medical Certificate for Motor Vehicle Driver (form F3712)**

- Part 1 of this form must be completed by you and taken to the appointment with your treating doctor.
- Part 2 of this form has been provided so that your treating doctor may declare whether or not you meet the medical standards for a conditional or unconditional driver licence for the class of licence being applied for, renewed, or currently held.
- Part 3 has been developed to be completed by a treating optometrist or ophthalmologist if your treating doctor has requested an assessment of your vision standards.

Important note:

After assessing your fitness to drive, your treating doctor may complete a *Medical Certificate for Motor Vehicle Driver* (form F3712). This form must be given to the department promptly if you are applying for the grant or renewal of a driver licence. If you currently hold a driver licence this form must be given to the department promptly if the assessment recommends:

- a change to the class or conditions stated on the driver licence
- the addition of an M condition
- the removal of an M condition

The department may contact your treating doctor as soon as the department receives this form.

Steps to getting a completed medical certificate

- Make an appointment with your treating doctor to discuss how your medical condition/s and/or medication may affect your ability to drive safely. When making an appointment, you should tell your treating doctor why you are making the appointment because this kind of medical assessment may take longer than a standard consultation.
- Tell your treating doctor if you are, or intend to be, a commercial vehicle driver. You must complete the Health Questionnaire on page 1 of the *Private and Commercial Vehicle Driver's Health Assessment* (form F3195) and give the form to your treating doctor before your medical assessment. Your treating doctor should complete page 2 and retain this completed form for their record purposes.
- Complete Part 1 of the *Medical Certificate for Motor Vehicle Driver* (form F3712) and take it with you to the appointment with your treating doctor.
- If the medical assessment has been requested for a particular reason, you should let your treating doctor know this reason.
- If you need to wear glasses or contact lenses when driving, please take them to the assessment.

- Your treating doctor may refer you to a specialist if unable to form an opinion on a particular medical condition. If your treating doctor has referred you to an optometrist or ophthalmologist, Part 3 of the *Medical Certificate for Motor Vehicle Driver* (form F3712) should be completed by your treating optometrist or ophthalmologist.
- Any report obtained from your specialist, physiotherapist, occupational therapist, optometrist or ophthalmologist must be given to your treating doctor before they complete Part 2 of the *Medical Certificate for Motor Vehicle Driver* (form F3712).
- Your treating doctor should indicate on the form whether or not, in their professional opinion, you meet the medical standards for a conditional or unconditional driver licence.
- The department will consider the opinion of your treating doctor and then decide whether or not you are eligible for the grant, renewal or the upgrade of a class of licence.

If the decision is to grant a conditional licence, downgrade your class of licence or cancel your licence on the basis of this medical assessment, you may ask for a reconsideration of this decision. You may also appeal to the Queensland Civil and Administrative Tribunal (QCAT) against this decision.

You may reapply for the grant of a licence or an upgrade of your class of licence, when you meet the medical standard for that licence or class of licence.

Please note:

- **Parts 1 and 2 must be completed in full or this form will not be accepted by the department.**
- **The applicant for, or the holder of, a Queensland driver licence is responsible for payment of the medical assessment and any associated costs.**
- The department has a legal responsibility to ensure that the applicant for, or the holder of, a Queensland driver licence does not have a mental or physical incapacity (a **medical condition**) that is likely to adversely affect their ability to drive safely.
- The department is authorised by law to require the applicant or holder to give medical evidence whether or not they meet the medical criteria for a conditional or unconditional driver licence for the class of licence being applied for, renewed or currently held.
- The holder of a Queensland driver licence is also required by law to tell the department if, after the grant or renewal of their driver licence, they become aware that—
 - they have a permanent or long term medical condition that is likely to adversely affect their ability to drive safely; or
 - there is a permanent or long term increase in, or other aggravation of, a medical condition about which they have already told the department.

Contact information

For more information about medical conditions, medications or for further copies of this form and the *Private and Commercial Vehicle Driver's Health Assessment* (form F3195), contact your nearest Department of Transport and Main Roads Customer Service Centre (or driver licence issuing centre), visit the website at www.tmr.qld.gov.au or call 13 23 80.

Indemnity—The *Transport Operations (Road Use Management) Act 1995*, s 142 provides indemnity against liability, both civilly or under an administrative process, for health professionals who give information in good faith to the department about a person's medical fitness to hold, or to continue to hold, a Queensland driver licence.



Private and Commercial Vehicle Driver's Health Assessment

Transport Operations (Passenger Transport) Act 1994
Transport Operations Road Use Management) Act 1995

Important information

This form is provided to assist your treating health professional to assess whether you have a mental or physical incapacity (a **medical condition**) that is likely to adversely affect your ability to drive a motor vehicle safely. This assessment should be conducted in accordance with the National Medical Standards (private or commercial) as set out in the guidelines, *Assessing Fitness to Drive - Commercial and Private Vehicle Drivers* (the **AFTD**).

- When making an appointment, you should tell your health professional why you are making the appointment because this kind of medical assessment may take longer than a standard consultation.
- Prior to the medical assessment, you should complete the Health Questionnaire *below*.
- If you need to wear glasses/ contact lenses/ hearing aids when driving, take them with you to the assessment.
- At the assessment, give this form to your health professional who will complete the form and retain it for records purposes.
- After the assessment, your health professional will complete the **Medical Certificate for Motor Vehicle Driver** form (F3712) and then give the form to you so that you may give the form to the Department of Transport and Main Roads.

The payment for the medical assessment and any associated costs is your responsibility.

Health Questionnaire - Applicant to complete

(this form will be kept by your health professional)

1. Personal details (please PRINT)

Family name

Given name/ s

Gender

Male ☐

Female ☐

Date of birth

Driver licence number (if known)

State/ territory/ country of issue

Please answer the following questions by ticking the applicable box. If you are unsure of a question, ask your health professional what it means before answering. Your health professional may ask you additional questions during the assessment.

- | | No | Yes |
|--|--------------------------|--------------------------|
| 1. Are you currently being treated by a health professional for any illness or injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you use any drugs or medications prescribed by a health professional? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you use any drugs or medication not prescribed by a health professional? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had, or been told by a health professional that you had any of the following? | No | Yes |
| 4.1 High blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 Heart disease | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.3 Chest pain, angina | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.4 Any condition requiring heart surgery | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.5 Palpitations/ Irregular heartbeat | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.6 Abnormal shortness of breath | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.7 Head injury/ Spinal injury | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.8 Seizures, fits, convulsions, epilepsy | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.9 Blackouts, fainting | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.10 Stroke | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.11 Dizziness, vertigo, problems with balance | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.12 Double vision, difficulty seeing | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.13 Colour blindness | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.14 Kidney disease | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.15 Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.16 Neck, back or limb disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.17 Hearing loss or deafness | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.18 Psychiatric illness or nervous disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.19 Sleep disorder, sleep apnoea or narcolepsy | <input type="checkbox"/> | <input type="checkbox"/> |

- | | No | Yes |
|---|---|---------------------------------------|
| 5. Have you ever had an ear operation, or do you use a hearing aid? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had any serious injury, illness, operation, or been in hospital for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has anyone noticed that your breathing stops or is disrupted by episodes of choking during your sleep? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. How frequently do you drink alcohol? | | |
| | Daily <input type="checkbox"/> | Occasionally <input type="checkbox"/> |
| | Two-three times per week <input type="checkbox"/> | Never <input type="checkbox"/> |

2. Applicant's declaration and consent

(Please sign in the presence of the treating health professional)

I declare that I have read all my answers I have given to the questions on this form about my personal details and that the answers given by me about my personal details are complete, true and correct in every detail.

I also declare that the information given to my treating health professional during this assessment is, to the best of my knowledge, true and correct.

I consent to the examining health professional releasing relevant medical information to the department, or a health professional nominated by the department, in order to determine my medical eligibility for the class and/ or type of driver licence or industry authority currently held or applying for, in accordance with the National Medical Standards (private or commercial) as set out in the AFTD guidelines.

I understand that I may be prosecuted for giving or stating any false or misleading information.

Applicant's signature

Date

Privacy Statement: The information on this form is required to assist a health professional to assess whether or not a person has a medical condition that is likely to adversely affect the person's ability to drive a motor vehicle safely. This assessment is to be conducted according to the National Medical Standards (Private or Commercial) as set out in the *Assessing Fitness to Drive* guidelines. The collection of this information is under the relevant Acts nominated on this form.

Important – For privacy reasons, the completed examination proforma **must not** be returned to the department. Medical information relevant to the department should be included on the Medical Certificate (*in the case of department initiated examinations*) or on the Medical Condition Notification form (*for assessments made in the course of patient treatment*).

Clinical Examination for Health Professional's Use and Retention for record purposes only**Applicant's details**

Applicant's/ driver's full name (please PRINT)

Applicant's/ driver's address

Postcode

The examining health professional will be guided by findings in the questionnaire or a referral letter and may apply appropriate tests other than those outlined here i.e. the Mini Mental State or equivalent for cognitive conditions. This form is to be retained by the examining health professional and not returned to the department. Findings relevant to the person's fitness to drive should be recorded on the medical certificate supplied by the department.

1. Cardiovascular system**1.1 Blood pressure – (repeat if necessary)**Systolic mmHg mmHgDiastolic mmHg mmHg1.2 Pulse rate Regular ☐ Irregular ☐1.3 Heart sounds Normal ☐ Abnormal ☐1.4 Peripheral pulses Normal ☐ Abnormal ☐**2. Chest/ Lungs**2.1 Chest/ Lungs Normal ☐ Abnormal ☐**3. Abdomen (Liver)**3.1 Abdomen (Liver) Normal ☐ Abnormal ☐**4. Neurological/ Locomotor**4.1 Cervical spine rotation Normal ☐ Abnormal ☐4.2 Back movement Normal ☐ Abnormal ☐**4.3 Upper limbs**(a) Appearance Normal ☐ Abnormal ☐(b) Joint movements Normal ☐ Abnormal ☐**4.4 Lower limbs**(a) Appearance Normal ☐ Abnormal ☐(b) Joint movements Normal ☐ Abnormal ☐4.5 Reflexes Normal ☐ Abnormal ☐4.6 Romberg's sign Normal ☐ Abnormal ☐

A pass requires the ability to maintain balance while standing with shoes off, feet together side by side, eyes closed and arms by sides, for 30 seconds.

5. Vision**5.1 What is your assessment of the person's visual acuity?**

R 6 /	L 6 /	Binocular 6 /
-------	-------	---------------

5.2 Does this person need to wear glasses or contact lenses for driving? No ☐ Yes ☐

5.3 Visual fields Normal ☐ Abnormal ☐
(confrontation to each eye)

6. Hearing (Commercial vehicle drivers only)6.1 Hearing Normal ☐ Abnormal ☐**7. Urinalysis**7.1 Protein Normal ☐ Abnormal ☐7.2 Glucose Normal ☐ Abnormal ☐**8. Neuropsychological assessment**

Where clinically indicated, apply the Mini Mental State Questionnaire or General Health Questionnaire or equivalent.

8.1 Score **9. Relevant clinical findings**

Note comments on any relevant findings detected in the questionnaire or examination, making reference to the requirements of the standards outlined in the AFTD guidelines.

10. Assessment

What type of licence/ industry authority is the applicant applying for?

Private ☐ Commercial ☐

Health Examiner's full name (please PRINT)

Signed

Date of examination

 / /

The health professional is to complete the 'Medical Certificate for Motor Vehicle Driver' (form F3712) in accordance with the National Medical Standards (private or commercial) as set out in the AFTD guidelines.

Important – For privacy reasons, the completed examination proforma **must not** be returned to the department. Medical information relevant to the department should be included on the Medical Certificate (*in the case of department initiated examinations*) or on the Medical Condition Notification form (*for assessments made in the course of patient treatment*).

Your Digital photo... the right way



Please remove your glasses (spectacles) and sunglasses.



All head wear must be removed where possible. Please adjust religious attire to show your full face.



Please sit up straight and look directly at camera lens.



Please maintain a neutral expression with your mouth closed.



Please make sure your hair is not covering your face.