

# APPLICATION & GUIDELINES TO DRIVE A TAXI

## To be eligible to drive a Taxi you must:

- Hold a current Australian drivers licence for a minimum of 12 months
- Be at least 20 years of age, and
  - If you are 20 years of age you must have held your car licence for at least two out of the three years before you make an application
  - If you are 21 years or older you must have held your car licence for at least one year out of the three years before you make an application
- Be an Australian or New Zealand Citizen, permanent resident or hold a visa allowing you to work in Australia
- Satisfy the character requirements by supplying a National Criminal Security Check from Tasmania Police (see general information for meeting character requirements)
- Meet the Assessing Fitness to Drive Guidelines at the commercial drivers standard
- Undertake a Literacy Assessment and Taxi Training Course at Driver Safety Services (see below for information on how to book)

## How to make an application for a Taxi Ancillary Certificate:

**Step 1** – Complete the application form included with these guidelines

**Step 2** – Book and undertake your Literacy Assessment at Driver Safety Services on 1800 834 436 or at [www.driversafetyservices.com](http://www.driversafetyservices.com)

**Step 3** - Book and undertake your Taxi Training Course It may take up to 6 weeks before you finish this training course

**It is important to note** that completing the Literacy Assessment and Taxi Training Course does not guarantee that your application will be approved. You must meet all the eligibility requirements. If you have any concerns contact the Transport Enquiry Service on 1300 851 225 before booking and paying for the Literacy Assessment and/or Taxi Training Course

**Step 4** – Obtain a National Criminal History Check from Tasmania Police  
It must be issued no more than 6 months prior to the date you lodge your complete application, and must be the original document – It may take 6 weeks to receive the National Criminal History Check

**Step 5** – Undertake a medical with your regular treating general practitioner who will complete the Medical Fitness to Drive Assessment form and Assessing Fitness to Drive form included with these guidelines

**Step 6** – Complete checklist below:

- Meet the minimum period for holding an Australian Drivers Licence, see page 1
- Meet the minimum age requirements, see page 1
- Completed Application Form
- Work visa (if applicable)
- National Criminal History Check
- Completed Medical Fitness to Drive Assessment Form
- Certificates of Competency for the completion of the Literacy Assessment and Taxi Training Course, issued by Driver Safety Services

**Step 7** - Take all the above information together with your current Australian Drivers Licence and evidence of your residential address to any Service Tasmania shop along with the required Ancillary licence fee:

See: [http://www.transport.tas.gov.au/fees/other\\_driver\\_licence\\_fees](http://www.transport.tas.gov.au/fees/other_driver_licence_fees)

**Step 8** – You will be issued with your Taxi Ancillary Certificate so you can begin to drive a Taxi

## General Information –

**Meeting the Character Requirements** – To be issued with a Taxi Ancillary Certificate you must be of good character.

There are offences and crimes which may prevent you for being issued with a Taxi Ancillary Certificate, these are:

- Murder, manslaughter, rape, sexual assault
- Assault, stealing, burglary, fraud
- Serious Drug offences
- Being disqualified from driving for a traffic or drug/alcohol related offence.

If you have:

- Been convicted of a criminal offence, or a serious traffic offence;
- Been refused a Taxi or Public Vehicle Licence, or
- Had a Taxi or Public Vehicle Licence cancelled,

You must provide a letter to the Registrar of Motor Vehicles outlining why you should be issued with a Taxi Ancillary Certificate. You should also provide other documents supporting your application (e.g. character references). You should do this when you apply for your National Criminal Security Check and before you undertake the Literacy Assessment and Taxi Training Course.

**How long is a Taxi Ancillary Certificate valid** – A Taxi Ancillary Certificate is valid for 12 months. A renewal notice will be sent to you before your Taxi Ancillary Certificate expires.

If you are disqualified from driving, your Taxi Ancillary Certificate will be automatically cancelled. Unless the court issues you with a Restricted Driver Licence to drive a Taxi, you will have to re-apply for your Taxi Ancillary Certificate and provide the Registrar of Motor Vehicles with a letter of explanation outlining why you should be re-issued with a Taxi Ancillary Certificate.

**What happens after a Taxi Ancillary Certificate is granted** – Regular checks will be made of your conviction and driving record. If you commit a criminal offence or crime, any alcohol/drug related offence or other traffic offences your Taxi Ancillary Certificate may be cancelled.

You must have an undertake a medical which will be conducted in accordance with the Assessing Fitness To Drive Guidelines at the commercial standards:

- every three years until you turn 65 years of age
- every year from the age of 65, or
- at any time as required by the Registrar of Motor Vehicles.

You must have a driving assessment:

- at 65 and 70 years of age
- every year from the age of 75
- at any time as required by the Registrar of Motor Vehicles.

*Information concerning driving assessments can be obtained by contacting the Transport Enquiry Service on 1300 851 225.*

**Exemption to hold an Australian Drivers Licence for 12 months** – You may be able to apply for an exemption to the minimum 12 month licensing period. To be eligible for this exemption you must meet certain employment criteria. Contact the Telephone Enquiry Service on 1800 851 225 for more information regarding this exemption.

**Literary Assessment** – Assistance in learning English Language skills can be obtained from Migrant Education on 6236 5712.

Service Tasmania use

# Application to Drive a Taxi

Surname (Family Name)			
Given Names			
Residential Address			
Postal Address (If difference from above)			
Daytime Phone Number	Mobile Phone Number	Date of Birth	Licence Number

## DRIVING HISTORY/CONVICTION DETAILS

1. Have you ever had an application for a Taxi or PPV Ancillary Certificate refused?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes give details:
2. Have you ever had a Taxi or PPV Ancillary Certificate Cancelled?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes give details:
3. Have you had any traffic infringement notices issued within the last 3 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes give details:
4. Have you been charged or convicted of any criminal offence whether a Conviction was recorded or not?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes give details:
5. Are there any convictions pending against you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes give details:

**Work Visa, if applicable see eligibility page 1** – Please supply the details, including the permit number of your Work Visa issued in Australia

**Supporting Information** – If you have answered YES to Questions 1, 2, 4 and/or 5 under Driving History/Conviction Details then you must provide a statement outlining why you should be issued with a Taxi Licence. You should also provide other documents to support your application (e.g. character reference). If insufficient space please attach a separate sheet.

## Checklist (see page 2 of Guidelines)

I (full name) confirm I have attached all documentation required as per the Checklist, Step 6 on page 2 of the Guidelines.

## Signature and Declaration

I (full name)

of (address)

**Declare that the information that I have provided on this application is true to the best of my knowledge and belief.**

I also consent to the Registrar of Motor Vehicles obtaining any additional information and National and Local criminal checks from the Department of Police and Emergency Management and interstate authorities as part of this application and during the currency of the Taxi Licence.

Signature of Applicant Date

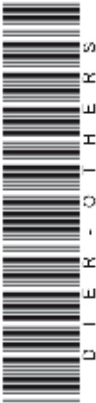
### Personal Information Protective Statement.

Personal information we collect from you for Registration and Licensing processes will be used by the Registrar of Motor Vehicles for that purpose and may be used for other purposes permitted by the Vehicle and Traffic Act 1999 and associated laws. Your personal information may be disclosed to contractors and agents of the Registrar of Motor Vehicles, law enforcement agencies, the motor Accidents Insurance Board, vehicle manufacturers (safety recalls only), courts and other public sector bodies or organisations authorised to collect it. This information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by you on request to this Department. You may be charged a fee for this service. Failure to provide this information may result in your application not being processed or records not being properly maintained.



# MEDICAL FITNESS TO DRIVE ASSESSMENT

Department of Infrastructure,  
Energy and Resources



Applicant / Licence Holder Details		
Last Name:		
Given Names:		
Address:		
Date of Birth:	Driver Licence Number	Class of Licence Held

Please see overleaf for our Personal Information Protection Statement.

I consent to the Registrar of Motor Vehicles contacting any reporting health professional named on this certificate for further information relevant to my fitness to drive.

Signature: \_\_\_\_\_

The patient is required to be examined according to **APPLICANTS PHONE NUMBER**.....

**Note:** Assessment by a relevant specialist is required for recommendation of a conditional licence for commercial vehicle licence applicant/holders.  
**Note:** A person who does not meet the commercial vehicle standard may still be eligible to retain a private vehicle driver licence. In such cases both sets of standards will need to be consulted, and results recorded on the certificate.

## Assessment of Medical Fitness to Drive - to be completed by medical practitioner

Were you familiar with the patient's medical history prior to this examination? YES  NO

Visual Acuity	uncorrected		corrected		Visual Fields (Confrontation)	
	R	L	R	L	normal	abnormal
	6/	6/	6/	6/		

I certify that I have examined the above patient in accordance with the relevant medical standards as required in "Assessing Fitness to Drive for Commercial and Private Vehicle Drivers". I assessed the patient according to commercial  and/or private  standards.

In my opinion the person subject of this report:

Meets the relevant medical criteria for an unconditional licence with no further medical assessment.	<input type="checkbox"/> commercial standard	<input type="checkbox"/> private standard
<input type="checkbox"/> Does not meet the medical criteria for a conditional or an unconditional licence.	Criteria not met and other relevant medical details: nothing more to be done	
<input type="checkbox"/> commercial standard <input type="checkbox"/> private standard		
<input type="checkbox"/> Does not meet the medical criteria for an unconditional licence but is considered suitable for a conditional licence at	1) Criteria not met and other relevant medical details:	
<input type="checkbox"/> commercial standard <input type="checkbox"/> private standard	2) Recommended restrictions/conditions:	
based on	3) Recommended management & periodic review interval	
<input type="checkbox"/> opinion opposite (and additional details attached as required) (private standard only)		
<input type="checkbox"/> opinion of appropriate specialist - report attached		
<input type="checkbox"/> Client meets medical criteria as indicated subject to		
<input type="checkbox"/> commercial standard <input type="checkbox"/> private standard		
<input type="checkbox"/> appropriate specialist assessment	Type (and name) of specialist referred.	
<input type="checkbox"/> occupational therapist driver assessment	<input type="checkbox"/> Requires practical driving test by Testing Officer	
In my opinion the patient is <b>not</b> fit to continue driving pending a: <input type="checkbox"/> specialist report		

## Health Professional Details (Please Print)

Date of Examination:	Doctor's Name:	OFFICE USE ONLY Approved By _____ Conditions _____ Date _____
Practice address:		
Telephone: Fax:	Signature:	Further comments on medical condition(s) affecting safe driving are attached

**THIS CERTIFICATE IS TO BE GIVEN TO THE PATIENT FOR RETURN TO THE REGISTRAR OF MOTOR VEHICLES  
GPO BOX 1002, HOBART TAS 7001 OR AT ANY SERVICE TASMANIA SHOP**

NOTE THAT A CONDITIONAL LICENCE WILL NOT BE ISSUED UNLESS ADEQUATE SUPPORTING INFORMATION IS PROVIDED

## PERSONAL INFORMATION PROTECTION STATEMENT

Personal information we collect from you for Registration and Licensing processes will be used by the Registrar of Motor Vehicles for that purpose and may be used for other purposes permitted by the *Vehicle and Traffic Act 1999* and associated laws. Your personal information may be disclosed to contractors and agents of the Registrar of Motor Vehicles, law enforcement agencies, the Motor Accident Insurance Board, vehicle manufacturers (safety recalls only), courts and other public sector bodies or organisations authorised to collect it. This information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by you on request to this Department. You may be charged a fee for this service. Failure to provide this information may result in your application not being processed or records not being properly maintained.

### To the Driver/Applicant

- Make an appointment with your medical practitioner.
- As the examination may take longer than a routine consultation, please advise the receptionist when making the appointment that you are attending for this purpose.
- If you wear spectacles, hearing aids etc, please bring them to the examination.
- Take this form to the appointment for your medical practitioner to complete.
- You are required by law to advise the Registrar of Motor Vehicles of any conditions that may affect your ability to drive. You should make the medical practitioner aware of any medical conditions you may have so that they doctor can advise the Registrar, on your behalf.
- On completion of the examination the medical practitioner will provide you with the form to return to the Registrar of Motor Vehicles.
- Payment for the medical examination is your responsibility.
- Withdrawal of Licence – If the Registrar cancels or suspends your driver licence on the basis of a medical report, you may be re-licensed when you provide medical evidence that you have met the national medical standards and are qualified to be re-licensed. You also have the right of having the Registrar’s decision reviewed.
- Any driver licensing queries may be directed to the Transport Enquiry Service – 1300 851 225.

### To the Practitioner

- The examination must be conducted in accordance with the relevant national medical standards described in *Assessing Fitness to Drive for Commercial and Private Vehicle Drivers*. This publication is available from the Registrar of Motor Vehicles or on the Internet ([www.austroads.com.au](http://www.austroads.com.au)). It details the examination process and provides examination proforma to guide you.
- The responsibility for issuing, renewing, suspending or cancelling a driver licence or ancillary certificate is with the Registrar of Motor Vehicles. Licensing decisions are based on a full consideration of relevant factors including health and driving performance.
- Upon completion of the examination please complete and sign the certificate overleaf.
- Distribute the completed certificate as follows:
  - (a) Provide the original certificate (together with additional information relevant to the patient’s fitness to drive) to the patient for them to present to the Registrar of Motor Vehicles.
  - (b) Retain a copy for the patient’s medical record together with detailed examination notes.
  - (c) Information not relevant to the patient’s fitness to drive should not be forwarded to the Registrar.
- A patient assessed at the commercial vehicle standard who does not meet that standard should also be assessed against the private standard.
- If you have doubts about your patient’s suitability to drive, you may suggest a referral to a suitable specialist or driver assessment. Please indicate this on the form along with your opinion as to suitability to drive pending that report.
- If you have any doubts about the information required, or wish to discuss the case personally, please contact the Operations Officer – 6233 5221.
- Indemnity – Legislation provides legal indemnity to practitioners who conduct an examination and provide the Registrar with an opinion on the basis of that examination.
- Criminal Liability & Insurance – Health professionals may be liable under civil law in cases where a court forms the opinion that they have not taken reasonable steps to ensure that impaired drivers drive only in circumstances that do not place them and other members of the community at increased risk. Professional indemnity insurers are aware of the potential liability of health professionals and may reasonably expect health professionals to comply with the national medical standards.

### Conditions and Restrictions

- If appropriate, the practitioner may recommend conditions which may enhance driver competency or safety and allowing the patient to continue to drive (e.g. corrective lenses, no night driving, additional mirrors).
- If the practitioner believes that vehicle modifications are necessary (e.g. hand controls, left foot accelerator), or prosthesis is necessary to drive safely, or that a local area driving restriction is appropriate, the patient will need to demonstrate the ability to drive safely with these restrictions. In these cases a driver assessment is necessary.
- The opinion of a medical specialist is required for recommendation of a conditional licence at the commercial vehicle standard.
- The general practitioner is in a good position to integrate reports from various specialists in the case of multiple conditions.

**If a conditional licence is recommended, details of the recommended restrictions and reasons must be provided, otherwise the Registrar of Motor Vehicles will not consider the issue of a conditional licence.**

### Occupational Therapy Driver assessment

- The aim of the occupational therapy assessment is to assist people with impairments to resume or continue driving. There are two components of the assessment. The first part of the assessment aims to evaluate the person’s difficulties. This involves an interview, vision screen, cognitive function test, assessment of physical strength, motor skills, reaction time, road law and road craft. The need for specialist equipment of vehicle modifications is considered at this time.
- The on-road assessment takes a standard approach but can be designed to meet individual needs. It is conducted in a dual controlled vehicle, accompanied by a driving instructor and where necessary set up with special requirements or modifications to meet the needs of the client. The assessment is structured to assess the impact of injury, illness or the ageing process on driving skills such as judgment, decision-making skills, observation and vehicle handling.
- Provided the overall drive is safe, the ‘bad habits’ that an experienced driver might display may not result in failure.



# CLINICAL EXAMINATION PROFORMA

For use in Assessing Fitness to Drive for Commercial Vehicle Drivers.

The examiner will be guided by findings in the questionnaire or a referral letter and may apply appropriate tests other than those outlined here, e.g. **Mini Mental State** or equivalent for cognitive conditions. Findings relevant to the person's fitness to drive should be recorded on the Medical Certificate supplied by the Registrar of Motor Vehicles.

**1. Cardiovascular System:**

**1.1 Blood Pressure (repeat if necessary)**

Systolic  mm Hg  mm Hg

Diastolic  mm Hg  mm Hg

**1.2 Pulse Rate:**

Regular  Irregular

**1.3 Heart Sounds:**

Normal  Abnormal

**1.4 Peripheral Pulses:**

Normal  Abnormal

**5. Vision:**

**5.1 Visual Acuity**

Uncorrected		Corrected	
R	L	R	L
6/	6/	6/	6/

Are contact lenses worn? No  Yes

**5.2. Visual Fields (Confrontation to each eye):**

Normal  Abnormal

**2. Chest/Lungs:**

Normal  Abnormal

**6. Hearing: (Commercial Drivers only)**

Normal  Abnormal

**3. Abdomen (liver):**

Normal  Abnormal

**7. Urinalysis:**

**7.1 Protein:**  Normal  Abnormal

**7.2 Glucose:**  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**

(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 thirty seconds):

Normal  Abnormal

**8. Neuropsychological Assessment:** Where clinically indicated apply the Mini Mental State Questionnaire or General Health Questionnaire or equivalent.

Score:

## 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 publication.


**IMPORTANT: For privacy reasons the completed Examination Proforma must not be returned to the Driver Licensing Authority. Medical information relevant to driver licensing should be included on the Medical Certificate (in the case of Driver Licensing Authority initiated examinations) or on the Medical Condition Notification Form (for assessments made in the course of patient treatment).**

**This form can be retained by the examining doctor and is not to be returned to the Registrar of Motor Vehicles.**