

# DRIVER LICENCE APPLICATION

MR72 12/24

## Application Type

- ☐ Licence issue
- ☐ Licence upgrade/extension
- ☐ Interstate/overseas transfer
- ☐ Reissue cancelled licence
- ☐ Replacement
- ☐ Renewal

## Licence Type

- ☐ Novice learner (car)
- ☐ Novice learner (motorcycle)
- ☐ Non-Novice learner
- ☐ P1 ☐ P2
- ☐ Full
- ☐ Restricted

## Licence Class

- ☐ Motorcycle
- ☐ Car
- ☐ Light rigid
- ☐ Medium rigid
- ☐ Heavy rigid
- ☐ Heavy combination
- ☐ Multi combination

Service Tasmania use only

LICENCE  
NUMBER:

Amount \$:

Car Licence: Auto Manual  
(please circle)

Licence Length:

- ☐ 1 year ☐ 4 years
- ☐ 2 years ☐ 5 years
- ☐ 3 years

## Applicant Details

Family name:

Given name(s):

Residential address:

Mailing address:  
(if different from above)

Mobile number:

Date of birth:

dd/mm/yyyy

Gender:

☐ Male

☐ Female

☐ Other  
(X)

Email address:

More Information:  
(optional)

## Current/Previous Licence Information

No

Yes

If yes, please state Country/State/Territory

Have you ever (in Tasmania or elsewhere) been issued a driver licence?

☐☐

Have you ever (in Tasmania or elsewhere) been refused a driver licence?

☐☐

Are you currently (in Tasmania or elsewhere) disqualified from driving?

☐☐

Is your driver licence (Tasmanian or elsewhere) currently suspended?

☐☐

## Medical Information (You may need to provide a medical report if you answer 'yes' to any medical questions)

Do you have:

No Yes

- heart disease?
- sleep apnoea?
- frequent fainting?
- giddy attacks?
- epilepsy?
- diabetes?

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |



How is your diabetes controlled?

Insulin ☐

Medication ☐

Do you have any other medical condition or a physical or mental disability which may affect your driving?

No Yes

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Do you need to use prescription glasses or contact lenses when driving?

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Have you had a fit or convulsion in the last five years?

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If you answered 'Yes' to any of the questions in this section, has the medical condition been reported in any previous licence application?

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

## Declaration by Applicant

*I declare that the information I have given on this form is complete and correct. I authorise officers of the Department of State Growth to conduct any necessary checks to verify the information I have supplied.*

Name of Applicant:

Date:

Please see overleaf  
for our Personal  
Information Protection  
Statement

Signature:

Service Tasmania Stamp

**Only sign this  
block when asked  
to do so.**

**WARNING - Penalty for dishonestly providing false or misleading information is \$4,000 and/or imprisonment for up to 6 months for a first offence.**

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Replacement Licence Reason

☐ Lost ☐ Stolen ☐ Damaged ☐ Not received ☐ Change of details ☐ Restart ☐ Requires Driving Instructor Card

Previous licence information

If applicant currently holds a driver licence issued in another Country, State or Territory, please state:

Country:  State/Territory:

Licence Number:  Expiry Date:  Class(es) of vehicle(s):

Special Conditions?: ☐ No ☐ Yes →

Automatic Only?: ☐ No ☐ Yes Provisional?: ☐ No ☐ Yes Visual aids required?: ☐ No ☐ Yes

Evidence of Identity

Before this licence application can be processed Evidence of Identity must be established. To confirm Evidence of Identity a minimum of three original documents must be provided. Copies or certified copies are not acceptable.

EITHER

one document from Category A plus two documents from Category B, **OR**  
two documents from Category A plus one document from Category B.

One or more of the documents must show signature, date of birth and current residential address. If not, additional evidentiary documentation from the Evidence of Residential Address or Change of Name section below must be sighted. (Tick all sighted.)

Category A - Evidence of existence

- ☐ Australian Birth Certificate (not an Extract or commemorative certificate)
- ☐ Australian Citizenship papers
- ☐ Australian Passport (can be expired up to 2 years)
- ☐ Overseas Passport / Visa (can be expired up to 2 years if accompanied by a current Australian Visa)
- ☐ Australian Photo Driver Licence (can be expired up to 2 years)
- ☐ Australian Firearms Licence
- ☐ Tasmanian Government Personal Information Card (displaying full name)
- ☐ Department of Home Affairs issued travel documents or Australian Government issued ImmiCard
- ☐ Department of Home Affairs Certificate of Evidence of Resident Status

Category B - Evidence of existence in the community

- ☐ Medicare Card
- ☐ Plastic Bank or Credit Card, with signature
- ☐ Student Identity Card with photo, issued by an Australian educational institution
- ☐ Department of Veterans' Affairs / Centrelink - Pensioner Concession or other current entitlement card issued by the Australian Government
- ☐ Births, Deaths & Marriages Change of Name / Marriage Certificate (not a Church or Celebrant document) or Deed Poll
- ☐ High Risk Work Licence issued by WorkSafe Tasmania
- ☐ Government issued Working with Vulnerable People or Children Card

Evidence of residential address (must be less than six months old)

- ☐ Financial Institution Statement
- ☐ Utility Account (power, water, sewerage, telephone, gas)
- ☐ Council Rate Notice
- ☐ Lease or Rent Agreement
- ☐ Land Tax Valuation Notice
- ☐ Australian Taxation Office Assessment (current or last financial year)
- ☐ Certificate of Title

Evidence of Change of Name

- ☐ Adoption paper issued by Court
- ☐ Divorce Paper issued by Court, indicating the name being reverted to
- ☐ Change of Name Registration issued by Births, Deaths & Marriages or Deed Poll
- ☐ Guardianship Order
- ☐ Marriage Certificate issued by Births, Deaths & Marriages (not a Church or celebrant issued document)

Personal information protection statement

You are providing personal information to the Registrar of Motor Vehicles, who will manage that information in accordance with the *Personal Information Protection Act 2004* and relevant provisions of the *Vehicle and Traffic Act 1999*. The personal information collected here will be used by the Registrar of Motor Vehicles for driver licensing and vehicle registration purposes, and related purposes under the *Vehicle and Traffic Act 1999* and associated laws, including for national identity matching and verification purposes. Failure to provide this information may result in your application not being processed, or records not being properly maintained. The Registrar of Motor Vehicles may also use the information for related purposes, or disclose it to third parties in circumstances allowed for by law. You have the right to access your personal information by request to the Registrar of Motor Vehicles and you may be charged a fee for this service.