

APPLICATION FOR OCCASIONAL RELEASE OF EMPLOYEE LICENCE STATUS OF PROFESSIONAL DRIVERS OF VEHICLES TO AN EMPLOYER

Employer to Complete:

Company Name: _____

ACN: _____

Business Address: _____

Post Code: _____

Hereby request the Department of State Growth to notify this company/employer if any of the following employees are disqualified from driving.

Employees to Complete:

Name of Employee: _____

Licence Number: _____

Licence Class: _____

Signature of Employee: _____ Date: _____

Name of Employee: _____

Licence Number: _____

Licence Class: _____

Signature of Employee: _____ Date: _____

Name of Employee: _____

Licence Number: _____

Licence Class: _____

Signature of Employee: _____ Date: _____

The purpose for which this information is required is to ensure that professional drivers or drivers employed to drive or operate a vehicle within a company/business, hold a current driver licence.

The Company/Employer will ensure that the information shall not be publicly disclosed or used for other purposes than for which it is intended.

Printed Name on behalf of Company/Employer _____

Signature on behalf of Company/Employer _____

Printed Name of Witness _____

Contact Person _____

Mobile Phone Number _____ Date _____