

Renewal of Ancillary Certificate to drive a Public Passenger Vehicle

Form Number MR64b 09/17

Office Use – Tick appropriate box

EOI Sighted: Yes No
Medical Provided: Yes No

Full Name:Licence Number:Expiry Date

Working with Vulnerable People Card: Number:Expiry Date:

NOTE: If your Ancillary certificate is expired for longer than 12 months a full application is required.

If you no longer drive public passenger vehicles, you should attend Service Tasmania and obtain a replacement licence

Are there any offences pending against you? Yes No

Have you ever been charged with or convicted of any offence whether a conviction was recorded or not? That you have not disclosed previously to the Registrar of Motor Vehicles (RMV) Yes No

Are there any issues the RMV should be aware of, that's relevant to you being considered fit & proper (refer guidelines www.transport.tas.gov.au) or are you subject to any order issued by court or tribunal? That you have not disclosed previously to the RMV. Yes No

If you have answered YES to any of the questions please provide an explanation below:

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Medical declaration

(Drivers authorised to operate ride-source vehicles ONLY need to complete this declaration. All other Ancillary Certificate holders are under medical review). Do you suffer from? (Tick all applicable boxes):

- | | | |
|--|--|--|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Other medical conditions? Provide details: | <input type="checkbox"/> Visual Impairment that may impact driving - tick applicable box(s) below) |
| <input type="checkbox"/> Physical Disability | | <input type="checkbox"/> Do you need to wear visual aids (contacts or glasses) |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes - If yes, how is your diabetes controlled? | <input type="checkbox"/> Do you have any other eye condition(s) |
| <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Diet | |
| <input type="checkbox"/> Giddiness/Fainting | <input type="checkbox"/> Medication | |
| <input type="checkbox"/> Seizures/Fits | <input type="checkbox"/> Insulin | |
| <input type="checkbox"/> Sleep Disorder | | <input type="checkbox"/> I suffer from none of the medical conditions above |
| <input type="checkbox"/> Hearing Loss | | |

Declaration

I **declare** that to the best of my knowledge and belief the answers given are true. I also consent to the Registrar of Motor Vehicles obtaining any additional information from Tasmanian Police and Interstate Authorities.

It is the responsibility of the Ancillary Certificate holder to ensure that their drivers licence remains current and to advise the Registrar of Motor Vehicles if their circumstances change, including any new charges or convictions.

Signature Date

WARNING: Penalty for dishonestly providing false or misleading information – Maximum \$4000 and/or imprisonment for up to 6 months for a first offence.

PERSONAL INFORMATION PROTECTION STATEMENT: You are providing personal information to the Department of State Growth, which will manage that information in accordance with the *Personal Information Protection Act 2004*. The personal information collected here will be used by the Department for licensing and related purposes, pursuant to the *Vehicle and Traffic Act 1999* and associated legislation. Failure to provide this information may result in your application not being processed or records not being properly maintained. The Department 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 Department and you may be charged a fee for this service