## Department of State Growth

**ROAD USER SERVICES DIVISION** 

Email dlu@stategrowth.tas.gov.au Web www.stategrowth.tas.gov.au



MR64B 07/23

## Enquiries: Service Tasmania Ph:1300 135 53 Our Ref:

Application for renewal of Ancillary Certificate to drive a Public Passenger Vehicle					
Full Name:		•••••			
Licence Number:		Expiry Date:			
To renew your ancillary certificate, you \$21.36 to a Service Tasmania shop.	u must complete th	is application form,	supply your o	driver licence and the fee of	
т	O BE COMPLET	ED BY APPLICA	ANT		
If you have answered YES to any of the below, please provide an explanation of	•	Medical decla (Tick all applicab		rou suffer from?	
Are there any offences pending against you	Yes□	☐ Heart Disea	ise Pro	Other medical conditions? Provide details:	
	No□	Physical Disability		☐ Diabetes - If yes, how is	
Have you ever been charged with, or convicted of any offence, that you have not disclosed previously to the Registrar of Motor Vehicles (including whether a conviction was, or wasn't recorded)?	Yes□ No □	☐ Epilepsy	-	your diabetes controlled?   Medication  Insulin	
		☐ Mental Disa	ability		
		☐ Giddiness/F		☐ Visual Impairment that may impact driving - tick applicable box(s) below) ☐ Do you need to wear visual aids (contacts or glasses) ☐ Do you have any other eye condition(s)	
Are there any issues the Registrar of Motor Vehicles should be aware of, that's relevant to you being considered 'fit & proper' (refer to our guidelines at <a href="https://www.transport.tas.gov.au">www.transport.tas.gov.au</a> ) or are you subject to any order issued by	Yes□ No□	☐ Seizures/Fit			
		☐ Sleep Disor	der		
		☐ Hearing Lo	ss		
court or tribunal?		$\Box$ I suffer from none of the medical conditions above			
<ul> <li>If you are authorised to operate Inspection report</li> <li>If your Ancillary Certificate is exp</li> <li>If you no longer drive public passe</li> </ul>	oired for longer than	n 12 months a full a	application is r	equired.	
I declare that to the best of my know Motor Vehicles obtaining any additional Interstate Authorities.					
It is the responsibility of the Ancillary advise the Registrar of Motor Vehicles					
Signature:			.Date:		
Medical fitness to drive assessment provided	Yes No Drivers authorised to operate Taxi and Ride-Source vehicles ONLY need to complete the medical declaration, unless they have a medical condition recorded or they have been requested to supply a medical				
Working with children card number	,		Expiry Date	:	
Contact number:			<u>, , , , , , , , , , , , , , , , , , , </u>		
Email address:					

WARNING: Penalty for dishonestly providing false or misleading information - Maximum \$4000 and/or imprisonment for up to 6 months

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