## **Application for renewal of Ancillary Certificate to drive a Public Passenger Vehicle**

Full Name:……………………………………………………………….………………………………………

Licence Number:…………………………………………..….Expiry Date:……………………………………

To renew your ancillary certificate, you must complete this application form, supply your driver licence and the fee of **$21.36** to a Service Tasmania shop.

**TO BE COMPLETED BY APPLICANT**

If you have answered YES to any of the questions below, please provide an explanation on the back

|  |  |
| --- | --- |
| Are there any offences pending against you | Yes□No□ |
| 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 □ |
| 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 [www.transport.tas.gov.au](http://www.transport.tas.gov.au)) or are you subject to any order issued by court or tribunal? | Yes□No□ |

## **Medical declaration** Do you suffer from?

## (Tick all applicable boxes):

|  |  |
| --- | --- |
| □ Heart Disease | Other medical conditions? Provide details: ……………………………… |
| □ Physical Disability | □ Diabetes - If yes, how is your diabetes controlled? □ Medication□ Insulin |
| □ Epilepsy |
| □ Mental Disability |
| □ Giddiness/Fainting | □ 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) |
| □ Seizures/Fits |
| □ Sleep Disorder |
| □ Hearing Loss |
| □ I suffer from none of the medical conditions above |

* If you are authorised to operate Ride Source vehicles, you are required to supply a copy of your yearly General Inspection report
* If your Ancillary Certificate is expired for longer than 12 months a full application is required.
* If you no longer drive public passenger vehicles, your ancillary certificate should be returned for cancellation.

………………………………………………………………………………………………………………………………...

**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 the Department of Police and Emergency Management 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 convictions.

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: |  |
| Email address: |  |

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