The Registrar of Motor Vehicles (RMV) is required to investigate any third-party reports which relate to a driver’s suitability to hold a driver licence. All reports received will be treated confidentially. Your personal information will not be disclosed unless you consent or it is required or authorised by law. You will also not be notified of the progress or outcome of any decisions or investigations.

**Important Information:** Please note that this form is only to be used if you have a genuine concern about a driver’s suitability to hold a driver licence. If you witness a dangerous driving incident and have recorded the vehicle’s registration number, please contact Tasmania Police on 131 444 to make your report.

|  |
| --- |
| **Your Details -** Please note the RMV will not consider anonymous notifications |
| Name:  |
| Residential Address:  |
| Contact Number: Email:  |
| Relationship to Driver: |
|  |
| **Details of Driver** |
| Name:  |
| Residential Address:  |
| Driver Licence Number (if known) \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ DOB (If known): \_\_ \_\_ /\_\_ \_\_ / \_\_ \_\_ |
|  |
| **Reason for Report** |
| I believe the driver may need to have their licence reviewed because:* They may have a medical condition (physical or mental) likely to affect their driving ability

(If notification is being completed by a medical practitioner please ensure a [Medical Fitness to Drive Assessment](https://www.transport.tas.gov.au/documents/licence_forms/MR_68_Medical_form_April_2018.PDF) (MR68) has been completed)* Their driving behaviour shows a failure to understand or consider the implications and outcomesof their driving (i.e. risk taking behaviour)
* They are not competent at driving

Details (including incidents witnessed and details of driving behaviour – attach extra pages if required) ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….  |
| **Declaration** |

I declare that the information given in this notification is true and correct to the best of my knowledge.

 Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**€ By ticking this box, I consent to the release of general details (not personal details) in this notification**

**Completed forms can be submitted by:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Email-A | dlu@stategrowth.tas.gov.au | Mail-post-or-email | GPO Box 1002, Hobart TAS 7001. | In-person | at any ServiceTasmania shop |