# Special Need – Provisional Licence Application (Tenure Rule)



Transport Operations (Road Use Management) Act 1995

This form is to be used if you are at least 17 years of age and you are claiming a special need-

#### · for a class C provisional licence—

you currently hold a class C learner licence but you have not held your learner licence for at least 12 months during the 3 year period immediately before making this application;

### · for a class RE provisional licence-

- » you currently hold a class RE learner licence but you have not held your learner licence for at least 6 months during the 2 year period immediately before making this application; and
- » you must hold a driver licence of another class of vehicle, for example a class C provisional licence.

You may be eligible if you meet the following requirements—

#### 1. Need to drive circumstances

You need to drive a motor vehicle-

- (a) to or from your place of employment; or
- (b) in the course of your employment; or
- (c) to or from an educational institution that you are attending; or
- (d) to get medical treatment for yourself or a member of your family.

#### and

### 2. Availability of other transport

You must prove that there is no other transport reasonably available to you for

#### and

### 3. Refusal will cause severe hardship

You must prove that a refusal to grant the licence will cause severe hardship.

Severe hardship means severe hardship suffered by you, or your family because you have taken on a role of special responsibility in relation to your family.

### 4. Supporting person's information

The supporting person's information section must be completed by-

- (a) your employer—if you are applying under sections 3 or 4; or
- (b) the principal registrar or other person in charge of your educational institution—if you have applied under section 5; or
- your doctor or your family member's doctor—if you have applied under section 6.

The supporting person must verify the details in your application, by completing a signed statement on the organisation's letterhead. This statement should contain specific information which confirms your circumstances.

# Additional information

The lodgement of this application does not guarantee it will be approved. Your traffic history will be considered.

Your application cannot be considered at the time of lodgement. It must be forwarded for consideration. You will be advised of the outcome.

You must complete the Driver Licence Application/Renewal form (F3000) and submit it with this form to The Manager of a Department of Transport and Main Roads Customer Service Centre or driver licence issuing centre.

For more information on the location or postal address of your nearest Department of Transport and Main Roads Customer Service Centre, please visit www.tmr.qld.gov.au or call 13 23 80.

. Licence details	
Licence number	
Licence type	Licence class/es
Applicant's details	
Family name (Please PRINT)	
Given name/s	
Residential address	

ootal addi	ess (if same	as residential, write 'AS ABOVE')
		Postcode
Date of birth	n	Daytime contact phone number
/	1	
mplovm	ent trave	l details
		o or from your place of employme
No G	io to 4	
res 🗌		
Employer's	name	
Employer's	address	
		Postcode
Mhat are ve	our driving t	imes for each day of the week an
days of the	week that a	apply?
Please give From	an example <b>To</b>	of a typical working week)
am / pm	am/pm	Days of the week
riving as	nart of	your employment
		is part of your employment?
No C		- p ,
Yes 🗍		
Employer's	name	
Employer's	address	
_IIIpioyei s	audiess	
		Postcode
What tasks	will you be	Postcode performing?
What tasks	will you be	
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What are your driving times for each day of the week and the days of the week that apply? (Please give an example of a typical working week) From am / pm To am / pm Days of the week 5. Educational institution travel details Do you need to drive to or from your educational institution? No Go to 6 Yes Educational institution's name Educational institution's address Postcode What are your daily attendance hours for each day of the week and the days of the week that apply? (Please give an example of a typical week)

From am / pm	To am / pm	Days of the week

# 6. Medical treatment travel details

Do you need to drive to get medical treatment for yourself or a member of your family? If you have also answered **No** to 3, 4 & 5, you do not have a special need for the licence. Yes Do you need the medical treatment? No Yes Does a member of your family need the medical treatment? No Yes What is their relationship to you? What is the address where medical treatment is received? Postcode

How often is medical treatment needed? (daily, weekly, etc.)

What are the usual times for treatment? (Please give an example of a typical week)

Treatment time (am / pm)

Mon	Tues	Wed	Thur	Fri	Sat	Sun

# Transport availability

	ransport availability				
(a)	For Q3, what public transport or other means of available to you for travelling to and from your plants.				
	How many kilometres do you travel one way to get to your place of employment?	kms			
(b)	For Q4, what public transport or other means of transport are available to you for travelling as part of your employment?				
	How many kilometres do you travel one way as part of your employment?	kms			
(c)	For Q5, what public transport or other means of transport are available to you for travelling to get to your educational institution?				
	How many kilometres do you travel one way to get to your educational institution?	kms			
(d)	For Q6, what public transport or other means of transport are available to you for travelling to get medical treatment?				
	, , ,				
	How many kilometres do you travel one way to get medical treatment?	kms			
8. S	evere hardship that will be caused	d			

What severe hardship will be caused to you or your family if this application is refused? Provide details.

(Please attach a separate sheet if required)

Special Need – Provisional Licence Applic	ation (6 Months		r 3
9. Declaration  I dealars that the information I have provided on the	is application is	Office use only	
I declare that the information I have provided on the complete, true and correct in every detail.		Office stamp/application received	<u>1:</u>
I understand that failure to provide complete, true information in this application may result in my aprefused.	and correct plication being		
I authorise the Department of Transport and Main I enquiries considered necessary for the purpose of the Applicant's signature Dat	his application.		
· · · · · · ·	/ /		Document/File ID
			Decament no 15
Please make sure section 10 is completed by person before lodging your application.	your supporting	Decision	
It is an offence under the Transport Operations (Road Us 1995 to state anything or give a document to a departme know it contains false or misleading information. The ma be more than \$6000.	ntal person if you	Do you approve this application provisional licence?  No Yes Reasons for the decision	claiming a special need for a
10. Supporting person's information		Treasons for the decision	
Supporting person's name			
Supporting person's address			
Daytime contact phone number			
Name of organisation (Business, Institution, medi	cal provider, etc.)		
(Please use stamp if available)			
Supporting person's title (Manager, Registrar, Do	ctor. etc.)		
Applicant's full name			
Do you have any other information about the	applicant's		
circumstances that you consider important for the			
person to consider when deciding this applica	tion?		
Yes Please provide a signed statement of	on vour		
organisation's letterhead.	in your		
I give permission for the Department of Transport (the department) to contact me for any further infor necessary for the purpose of this application.			
I undertake to give any further information that the ask for to verify any statement made by me in this			
I declare that I support this application and that, to knowledge, the information given by the applicant and correct.	the best of my		
Supporting person's signature Da	te	Delegated person's name	
	, , <u>,</u>	Delegated person's Harrie	
		Designation or position title	
Privacy statement: The Department of Transport and Main Roads (the department of the Transport Operations (Road Use Management) Act 1995 so that you n			
licence if you consider you have a special need for the licence. The information accessible by authorised departmental persons and some of this information ma	collected on this form is	Signature	Date
Queensland Police Service and interstate driver licensing authorities. The departr personal details to any other third parties without your consent unless required	nent will not disclose your		1 1