

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 the purpose.

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
- (c) 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.

1. Licence details

Licence number

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Licence type

Licence class/es

2. Applicant's details

Family name (Please PRINT)

Given name/s

Residential address

Postcode

Section 2 continued...

Postal address (if same as residential, write 'AS ABOVE')

Postcode

Date of birth

Daytime contact phone number

3. Employment travel details

Do you need to drive to or from your place of employment?

No Go to 4

Yes

Employer's name

Employer's address

Postcode

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

4. Driving as part of your employment

Do you need to drive as part of your employment?

No Go to 5

Yes

Employer's name

Employer's address

Postcode

What tasks will you be performing?

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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

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

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?

No 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.)*

7. Transport availability

(a) For Q3, what public transport or other means of transport are available to you for travelling to and from your place of employment?

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. Severe hardship that will be caused

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)

