



When blank, this form is classed as OFFICIAL, when completed, this form is classed as OFFICIAL SENSITIVE.

- It is important to complete this form truthfully and not leave out any relevant information.
- Ensure that you answer all questions and provide additional information where required.

- If you need help to fill in this form, or need to speak to us in languages other than English, call 13 11 56 or visit www.transport.wa.gov.au for location information.
- This form may be presented at a Driver and Vehicle Services (DVS) centre, regional Department of Transport (DoT) office or agent.

TYPE OF LICENCE AND CLASS YOU REQUIRE

TYPE OF LICENCE

- Learner's Permit
 Driver's Licence
 Extraordinary Licence
 Licence Variation

- MR - Medium Rigid
 HR - Heavy Rigid
 HC - Heavy Combination
 MC - Multi Combination
 R - N (moped)

CLASS OF LICENCE

- C - Car C - A (automatic car)
 LR - Light Rigid R - E (LAMS approved motorcycle)
 R - Unrestricted Motorcycle

APPLICANT DETAILS

FAMILY NAME

FIRST NAME

OTHER NAME/S

HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME?
(e.g. name at birth, maiden name, previous married names, alias, adoptive name or foster name)

YES NO

IF YES DETAIL YOUR PREVIOUS/OTHER NAME/S

DATE OF BIRTH

 / /

ARE YOU A TWIN (or any other multiple birth variation e.g. triplet, quadruplet)? YES NO

IF YES LIST SIBLING NAME/S

Contact Number

Mobile Phone

Email Address

RESIDENTIAL ADDRESS (MUST BE IN WA)

SUBURB

STATE **W A**

POST CODE

POSTAL ADDRESS (IF DIFFERENT TO RESIDENTIAL)

SUBURB

STATE

POST CODE

PERSONAL DETAILS (not applicable for licence variation applicants)

GENDER Male Female X* *Supporting documents required when gender X is selected, refer to DoT website.

BUILD Slim Medium Solid

NATURAL HAIR COLOUR EYE COLOUR HEIGHT CM

COUNTRY OF BIRTH

DETAILS OF ANY LICENCE HELD

HAVE YOU EVER HELD A LICENCE IN ANY AUSTRALIAN STATE OR TERRITORY? YES NO

ARE YOU CURRENTLY OR HAVE YOU PREVIOUSLY BEEN DISQUALIFIED IN ANY STATE/TERRITORY OR COUNTRY? YES NO

IF YES, WHAT STATE/TERRITORY OR COUNTRY?

AND ARE YOU SUBJECT TO AN ALCOHOL INTERLOCK CONDITION/RESTRICTION? YES NO

CURRENT LICENCE

ISSUING STATE, TERRITORY OR COUNTRY

LICENCE NUMBER

CLASS(ES) OF LICENCE (including restrictions and conditions)

FIRST ISSUE DATE / /

ADDITIONAL CLASSES (IF APPLICABLE)

CLASS FIRST ISSUE DATE / /

CLASS FIRST ISSUE DATE / /

CLASS FIRST ISSUE DATE / /

FIRST LICENCE (IF DIFFERENT FROM ABOVE)

ISSUING STATE, TERRITORY OR COUNTRY

LICENCE NUMBER

FIRST ISSUE DATE / /

EXPIRY DATE / /

I acknowledge that my interstate driver licence will be surrendered on the grant of a WA driver's licence. YES N/A

Turn over to complete

HEALTH AND MEDICAL QUESTIONS

The *Road Traffic (Authorisation to Drive) Regulations 2014* requires you to inform the CEO of any permanent, long-term mental or physical condition (which may include a dependence on drugs or alcohol) that is likely to, or treatment for which is likely to, impair your ability to control a motor vehicle. Failure to inform the CEO may incur a penalty of up to \$500.

Do you suffer from any mental or physical condition(s) that may impair your ability to control a motor vehicle?

NO YES - list below

Do you take any medication or treatment for the management of the condition(s)?

N/A NO YES - list below

PRIVACY STATEMENT AND DECLARATION

PRIVACY STATEMENT

Read carefully before you sign. It is an offence to knowingly give false information.

- WA road laws (as defined in the *Road Traffic (Administration) Act 2008*) require you to provide specific information and evidence to establish your identity and residential address. In addition, a health professional may have to complete a medical assessment in relation to your fitness to hold a driver's licence or learner's permit.
- The Chief Executive Officer (CEO) of DoT may need to disclose your personal information to third parties to verify that it is correct, as permitted by law.
- Information you provide must be true, correct and complete. Providing information that you know to be false or misleading could result in criminal proceedings and the cancellation of any driver's licence or learner's permit issued to you.
- We will provide you with a DoTDirect account. Opt-out

DECLARATION

I declare that the information provided in this form and supporting documents is true, correct and complete. I understand the above Privacy Statement and consent to the CEO of the Department of Transport collecting, using and disclosing any personal information provided in accordance with the Privacy Statement.

Sign this section in the presence of a DoT staff member/agent.

DATE / /

IMPORTANT INFORMATION

ALL APPLICATIONS

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INTERSTATE DRIVER'S LICENCE TRANSFERS

A licence holder can only hold one current Australian driver's licence. If you currently hold a licence issued by an Australian State or Territory it must be surrendered upon the grant of a WA driver's licence. If any information needs to be verified, checks may take a number of days.

OVERSEAS DRIVER'S LICENCE TRANSFERS

You may be granted a learner's permit if your overseas licence cannot be validated. If your licence is not in English you must provide an official National Accreditation Authority for Translators and Interpreters (NAATI) certified translation of your original driver's licence document, along with your overseas driver's licence.

OFFICE USE ONLY - POI DOCUMENTS PROVIDED

CONDUCTED SEARCH FOR IDENTITY IN EXISTING DEPARTMENTAL RECORD/S YES

All documents provided by the applicant must be ORIGINAL (photocopies will not be accepted).

APPLICATION FOR INITIAL WA DRIVER'S LICENCE

OPTION 1

- 1 document from Category A
- 1 from Category B
- 2 from Category C; and
- 1 from Category D (not E40)

A	B	C	C	D
<input type="checkbox"/>				

OPTION 2

- 1 document from Category A
- 2 from Category C; and
- 2 from Category D

A	C	C	D	D
<input type="checkbox"/>				

All other applicants must supply one form of primary and one form of secondary identification.

PRIMARY IDENTIFICATION

SECONDARY IDENTIFICATION

I have checked that the applicant has met the proof of identity requirements and have attached copies of all relevant documents provided. The applicant's signature has also been verified.
(Where an applicant provides a debit/credit card, DO NOT PHOTOCOPY.)

Operator signature

MEDICAL AND EYESIGHT RESULTS

LEFT EYE / RIGHT EYE / BOTH EYES /

TESTED WITH VISUAL AIDS YES NO

MEDICAL REQUIRED YES NO

M107A ISSUED YES NO

Email sent to Driver Suitability Services to issue M107A

WA LICENCE INFORMATION

DL NUMBER DL TYPE

CLASSES APPLIED FOR

THEORY TEST RESULTS

KEYS FOR LIFE CERTIFICATE NUMBER

CONVICTION HISTORY CHECK YES NO

ALCOHOL INTERLOCK CONDITION ADDED N/A YES NO

EXEMPTION REASON DISTANCE MEDICAL

LICENCE CONDITIONS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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INTERPRETER SERVICES

WERE THE SERVICES OF AN INTERPRETER USED? YES NO

NAME OF INTERPRETER

REGISTRATION NUMBER

CLIENT'S PREFERRED LANGUAGE

AUDITOR DETAILS

AUDITOR NAME

AUDITING SITE

DATE / /