Licence or learner permit application Vicroads SAFE TRANSPORT VICTORIA

Please complete the front of this form, print clearly in ink using BLOCK letters, cross where applicable, show us your evidence of identity (check requirements at vicroads.vic.gov.au) and then sign below in the presence of an authorised officer.

OFFICE USE ONLY				
Vic. licence no.				
Date of issue		M		

What are you applying for?	•	Date of issue	
New learner permit	Conversion (interstate)	Licence/learner permit type?	
New licence	Variation to a licence	Car	Light Rigid
Re-issue of licence	or learner permit (eg licence	Motorcycle	Medium Rigid
or learner permit	type, conditions, exemptions)	Marine	Heavy Rigid
		Restricted marine (operator between 12-16 years of age)	Heavy Combination
You can apply for a replacement (with no change of personal details)		Personal watercraft (eg Jetski; operator 16 years and over) Multi Combination
at vicroads.vic.gov.au			

Title	Surname								
First given name		Second given name Third initial (if			tial <i>(if any)</i>				
Date of birth	of birth D D M M Y Y Y Gender								
Previous name(s) (ir	Previous name(s) (inc. maiden name, if not applicable state N/A)								
Residential address				Postcode					
Postal address (if different from above)					Postcode				
Mobile phone no. (o	or other if not applicable)		Email						

Your health de	tails
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Your nereonal details

1.	Are you currently suffering from any serious (permanent or long-term) illness, disability, medical condition or injury (or the effects of treatment for any of those things) that may affect your fitness to drive? This includes (but is not limited to) eyesight or hearing problems, conditions that may deteriorate over time (e.g. multiple sclerosis), blackouts/dizziness, epilepsy/seizures, dementia, diabetes, sleep apnoea, head injury, stroke, cardiac conditions/high blood pressure, and mental health conditions.	
2.	Has there been any change to a medical condition that you previously notified to VicRoads?	

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J.	Are you taking any	prescribed medicines	excluding antibiotics	, contraceptives, ir	nnalers or Hormone	Replacement Therapy)?

If you answered yes to any of the above, provide details in Additional details section below.

Your licence/learner permit record

Please answer 'Yes' or 'No' and details as specified (marine licence and personal watercraft endorsement applicants answer questions 1, 2, 3, 4 and 9 only)							Write Yes or No	
1. Have you ever held a Victorian learner permit, drive	er or marine licence? If yes, ye	ou must specify full	name(s) of any licence/permit	held*				
2. Have you ever registered a vehicle or vessel in Vict	oria?							
3. Have you ever had a driving offence in Victoria?								
4. Are you currently cancelled, suspended or disqualified from driving in Australia or overseas?								
5. Have you previously been cancelled, suspended or	disqualified from driving in A	Australia or oversea	as (including any other period v	vhich you	were not p	ermitted to drive)?		
6. Have you ever had a drink driving offence in Austra	alia?							
7. Have you ever had a drug driving offence in Austra	lia?							
8. Are you subject to any Fines Victoria sanctions whi	ch prevent you from obtainin	g a driver licence	or learner permit?					
 Have you ever held interstate, overseas or military learner permits, driver or marine licences? If yes, you must complete the details below for all licence/permit(s). If insufficient room* 								
*use Additional details section								
Licence or permit number		Date of issue	D D M M Y			Туре		
Place of issue (state/country)		Date of expiry	D D M M Y Y Y Conditions					
Additional details (applicant may use this s	section if applicable)							
Your signature (sign in the presence of an authorised officer) By signing this form, I declare that the information in this form and related supporting documents is true, correct and complete. I understand the Privacy statement (overleaf give consent for VicRoads, or the Department of Transport and Planning (together, 'Vic to disclose my personal information as described in the Privacy statement.			I declare that I have: Chosen to use myLearners Received a	Signatu	ure			
I acknowledge I have been advised by VicRoads and if I fail the practical drive test, any licence held by n no longer authorise me to drive in Victoria.			Learner Kit	Date		D • M M • Y		
Signature of applicant	Signature of authorised offi	cer		Date		D M M Y		

Write Yes or No

User ID (VicRoads) or tester no. Post: VicRoads, GPO Box 1644, Melbourne, Victoria, 3001 Call: 13 11 71 (TTY 13 36 77, Speak and Listen 1300 555 727) Web: vicroads.vic.gov.au

OFFICE

Licence or learner permit application

Victorian residence declaration (use only if unable to provide evidence of residence⁺ - check requirements at vicroads.vic.gov.au)

This declaration can be completed by a referee who has known you (the applicant) for at least 12 months and holds a Victorian licence. VicRoads may contact the referee to verify information in this application. By signing this form, I declare that I have known the applicant for at least 12 months, my details and the applicant's address details provided on this application are true and correct and I understand the Privacy statement.

Referee's full name	Referee's Victorian licence no.					
Signature of referee	Date		M	Y		

Privacy statement

Personal information collected by R&L Services Victoria Pty Ltd ABN 28 657 005 493 as Trustee for the Victorian R&L Services Trust ABN 96 342 123 072 or the Department of Transport and Planning (together 'VicRoads') is collected for registration and licensing purposes and may be used by VicRoads as permitted or required by applicable laws.

VicRoads may disclose the information it collects about you to various organisations and persons as permitted or required by applicable laws, particularly by the *Road Safety Act 1986*. This includes the photograph and other information on your driver licence, learner permit or marine licence used for the purposes of biometric matching through the National Driver Licence Facial Recognition Solution for law enforcement, national security, and other purposes. It may also include any health information relating to your licence or registration, or sensitive information concerning any relevant criminal history. Your information may be disclosed to third parties including contractors and agents of VicRoads, law enforcement agencies, other road and traffic authorities, Austroads, the Transport Accident Commission, concession and identity verification agencies (including Centrelink Confirmation eServices, the Department of Veterans' Affairs, Service Victoria, Registry of Births, Deaths and Marriages, and the Department of Foreign Affairs and Trade), vehicle manufacturers (for safety recalls), toll road operators, road safety researchers, courts and other organisations are uthorised to use the information. Your failure to provide the information may result in this form not being processed, or your records not being properly maintained. For further information about our use of your personal information and your right of access to it, go to: **dtp.vic.gov.au/privacy**.

Accreditation

Providing false or misleading information or documents is an offence under the *Road Safety Act 1986* and *Marine Safety Act 2010*, as applicable, and can result in you being fined or imprisoned. Further, any authority or approval, given as a result of you providing such information/documents, may be reversed and have no effect. By signing this form, I declare that the information in this form and related supporting documents is true, correct and complete, and I understand the privacy statement.

OFFICE USE ONLY

By signing below I declare that I have completed all details recorded in this OFFICE USE ONLY section.				of competence (CC) arner permit receipt	Certificate of attainment (CA Marine qualification (MQ)					
User ID	Date D D • M	M • Y Y Y Y	Date of issue			D M M	Y Y			
Signature			Name of provide	er/issuing agency						
		_	Test location							
Theory test		Practical test Auto Manual	al Tester no. (CC/LR) Certificate no. (CC/LR/CA)							
	earner - Car/Motorcycle Motorcycle permit arine Bus/Truck Motorcycle licence			(CA, MQ)						
Personal watercraft (operator 16 years and over)	NHVL	auto non-synchromesh	Certificate expiry date <i>(MQ, if applicable)</i> D D M M Y Y Y DVA/VCV number (MQ only)							
Score		synchromesh	Check ride							
Date passed			No.	Date		D M M	Y Y			
Signature of authorised officer			-							
User ID (VicRoads) or tester no.				of driver licence	e or le	arner perm	it card			
Eyesight test Car/Motorcycle/Marine/PN	NC NHVL He	ight (cm)	Interstate Yes No Yes No				sighted			
Yes No Did the applicat	nt wear corrective lense:	s during the vision test?	Overseas							
Pass Fail	R 6/	L 6/	Yes No				-	t sighted		
Date passed		1 M Y Y Y Y	Yes No	Original letter of c	driver lic	ence/learner p	ermit verif	fication		
Signature of testing officer			Yes No	from overseas lice Original letter fror			•	,		
User ID (VicRoads) or tester no.				authenticity of ap		-				
Conditions	Duratio	n 3 years	Signature of aut	horised officer						
• A • B • E • I	N 6 mor	nths Other period	Signature of ma	nager (if required)						
• P • S • V • X	Z 12 mo	onths	User ID	Date	D	D • M M	Y Y	γγ		
Evidence of identity (origina Category A evidence Austra	<i>al documents only)</i> alian photo licence	Australian birth certification	ate Passport	Other (specify	docume	ent type)				
Origin (state/country)		Reference no.		Date of expiry		D • M M •	Y Y			
Category B evidence	Document type			Reference no.						
Evidence of residence ⁺	Document type			 Victorian res 	idence	declaration of	completed	d+		
Signature of authorised officer			Signature of manag	er (if required)						
Name of authorised officer			Name of manager (if required)						
User ID			Date			D • M M •	Y Y			

+ not required for a marine licence