



ACT
Government
Justice and Community Safety

WORKSAFE ACT

WSACT FM ADG - 199

**DANGEROUS GOODS DRIVER
LICENCE APPLICATION FORM**

Dangerous Goods (Road Transport) Act 2009

WorkSafe ACT
OFFICE OF REGULATORY SERVICES
Justice and Community Safety Directorate

IMPORTANT

This form is to be used to apply for an ACT dangerous goods driver licence (previously known as a bulk goods driver licence) under the *Dangerous Goods (Road Transport) Regulation 2010* (the Regulation). You can access the Regulation at www.legislation.act.gov.au. You can also obtain further information and forms at www.worksafe.act.gov.au

PRIVACY

The *Dangerous Goods (Road Transport) Act 2009* (the Act) authorises the Director-General to collect the personal information required by this form. The Director-General prevents any unreasonable intrusion into a person's privacy in accordance with the *Information Privacy Act 2014*. The Privacy Policy can be found on the JACS website at <http://www.justice.act.gov.au/privacy>. The Director-General provides identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances.

CONTACT

WorkSafe ACT, Dangerous Substances Licensing Team

Office Hours
General enquiries
Fax number
Email
Website

9:00am to 4:30pm Monday to Friday
(02) 6207 3000
(02) 6205 0336
dangeroussubstances@act.gov.au
www.worksafe.act.gov.au

INSTRUCTIONS FOR COMPLETION

- If you are applying for the grant of a new ACT dangerous goods driver licence, **you must be a resident of the ACT.**
- If completing this form by hand please use blue or black pen.
- Any handwritten alteration to information on this form must be made by striking through the original text in ink, then writing the new information clearly and initialling in the margin for verification. Do not use correction fluid or tape.
- Please complete all sections of the form – if information requested in a particular area of the form is not applicable to you (for example, if you do not have a separate postal address), please enter 'N/A'.
- Payment of the application fee is to accompany the application form. Please print the 'Dangerous Goods Driver Licence Application Form – Payment Details' page **as a separate page to the rest of the application form**, and complete it with the payment details, then submit the completed payment page and your payment with the application paperwork.

Your application and payment may be submitted:

In Person at:

WorkSafe ACT
Office of Regulatory Services
255 Canberra Avenue
Fyshwick ACT 2609

By Post to:

WorkSafe ACT
Office of Regulatory Services
GPO Box 158
Canberra, ACT 2601

By Email to:

dangeroussubstances@act.gov.au

By Fax to:

(02) 6205 0336

If submitting the application by fax or e-mail, please contact the Dangerous Substances Licensing Team on (02) 6207 3000 to make arrangements to provide original photographs by appointment in person or by post.

ENGLISH	If you need interpreting help, telephone:
ARABIC	: إذا احتجت مساعدة في الترجمة الشفوية ، إتصل برقم الهاتف :
CHINESE	如果你需要传译员的帮助，请打电话：
CROATIAN	Ako trebate pomoć tumača telefonirajte:
GREEK	Αν χρειάζεστε διερμηνέα τηλεφωνήστε στο
ITALIAN	Se avete bisogno di un interprete, telefonate al numero:
MALTESE	Jekk għandek bżonn l-għajnuna t'interpretu, ċempel:
PERSIAN	: اگر به ترجمه شفاهی احتیاج دارید به این شماره تلفن کنید:
PORTUGUESE	Se você precisar da ajuda de um intérprete, telefone:
SERBIAN	Ako vam je potrebna pomoć prevodioca telefonirajte:
SPANISH	Si necesita la asistencia de un intérprete, llame al:
TURKISH	Tercümana ihtiyacınız varsa lütfen telefon ediniz:
VIETNAMESE	Nếu bạn cần một người thông-ngôn hãy gọi điện-thoại:

TRANSLATING AND INTERPRETING SERVICE

131 450

Canberra and District - 24 hours a day, seven days a week

FURTHER INFORMATION ABOUT APPLYING FOR A DANGEROUS GOODS DRIVER LICENCE

Applications which may be made using this form

You may use this form to apply for the grant of a new licence if you do not hold a current dangerous goods driver licence and you reside in the ACT, or to apply for the renewal of a current ACT dangerous goods driver licence which is due to expire within the next two months.

If you need to apply to replace an ACT dangerous goods driver licence which has been lost, stolen, destroyed or defaced, do not use this form – please contact WorkSafe ACT on (02) 6207 3000 or by e-mail at dangeroussubstances@act.gov.au for information about the process to apply for a replacement licence.

If you wish to renew an interstate dangerous goods driver licence or to request a replacement of an interstate dangerous goods driver licence, you will need to apply to the licensing authority in that State or Territory.

Documents which must be submitted with the completed application form

Please check that you have all of the required documents, including any additional documents relevant to your circumstances (see Note below) before lodging your application. **Incomplete applications may be rejected and sent back to the applicant.**

1. Two passport-sized colour photographs of you which were taken within the past six months – if you are required to wear corrective glasses whilst driving, the photographs must show you wearing your driving glasses; and
2. A colour photocopy of the front and back of your current ACT road vehicle driver licence which has been certified by a Justice of the Peace as a true copy of the original; and
3. A certified extract of your driving history for the past five years under that licence, which was issued from ACT Road User Services within the past six months (telephone 13 22 81 for ordering information); and
4. A copy of any Statement of Attainment issued to you within the past six months for successful completion of the required accredited course or unit of competency for the transport of dangerous goods by road (see below); and
5. Payment of the prescribed application fee, using one of the methods listed on the 'Payment Details' page – please contact WorkSafe ACT on (02) 6207 3000 or visit our website at www.worksafe.act.gov.au/worksafe_act_fees to confirm the current fee.

NOTE: You may be required to **attach additional documents** if you answer 'Yes' to one or more questions on pages 5-10 of the application form. Please refer to the information in the relevant section of the form for details or contact WorkSafe ACT on (02) 6207 3000 or by e-mail at dangeroussubstances@act.gov.au for assistance.

Required training in the transport of dangerous goods by road

The accredited training course '30744QLD – Course in the Transport of Dangerous Goods by Road' will expire on **7 October 2013**. After that date, all dangerous goods driver training delivered in the ACT must be in the form of the unit of competency 'TLILIC3013A – Preparation to transport dangerous goods by road'.

However, any existing Statement of Attainment for the course '30744QLD – Course in the Transport of Dangerous Goods by Road' issued by a registered training organisation on or before 7 October 2013 will continue to be accepted for six months from the date of issue.

Assessment of an applicant's suitability to hold the licence

When considering an application for the grant or renewal of an ACT dangerous goods driver licence, WorkSafe ACT assesses the applicant's suitability in line with the 'Dangerous Goods Driver Licence – Suitable Persons Policy', which is available from the WorkSafe ACT website at www.worksafe.act.gov.au/publication/view/1936.

WorkSafe ACT strongly encourages prospective applicants to read the Policy before submitting their application, as the **application fee is not refundable** if the applicant is found unsuitable. If you have questions about the Policy or have difficulties accessing the Policy on-line, please contact WorkSafe ACT on (02) 6207 3000 or by e-mail at dangeroussubstances@act.gov.au for assistance.

Additional requirements to transport security sensitive substances

If you wish to transport a security sensitive substance as defined in the *Dangerous Substances (General) Regulation 2004*, you may need to apply for an ACT security sensitive substances carrying licence **in addition to** the ACT dangerous goods driver licence. Please contact WorkSafe ACT on (02) 6207 3000 or by e-mail at dangeroussubstances@act.gov.au for further information about the requirements to transport security sensitive substances by road in the ACT. **Personal information**

Information which you provide as part of this application is collected by WorkSafe ACT for the purpose of assessing your suitability to be the driver of a vehicle transporting dangerous goods and in order to administer the regulatory requirements governing the transportation of dangerous goods by road. WorkSafe ACT may make enquiries of, and exchange your personal information with, other licensing and regulatory authorities and law enforcement agencies for this purpose.

If your application is successful, certain personal information about you will be made available to the public on a public register. You may request that your personal information not be included on the public register. However, we must be satisfied that the safety or wellbeing of any person would be affected by not suppressing the information and that suppression would, on balance, be in the public interest. You can forward reasons why your personal information should not be included on the public register to **The Manager, Dangerous Substances Licensing Team, WorkSafe ACT, GPO Box 158, Canberra ACT 2601** or by e-mail to dangeroussubstances@act.gov.au.

You can also access the personal information held about you, and ask WorkSafe ACT to make appropriate amendments to ensure that your personal information is accurate and up-to-date. Contact WorkSafe ACT, Office of Regulatory Services, GPO Box 158, Canberra ACT 2601, or on (02) 6207 3000 or by e-mail to dangeroussubstances@act.gov.au for assistance.


WORKSAFE ACT

WSACT FM ADG - 199

**DANGEROUS GOODS DRIVER
LICENCE APPLICATION FORM
PAYMENT DETAILS**

 WorkSafe ACT
OFFICE OF REGULATORY SERVICES
Justice and Community Safety Directorate

APPLICANT DETAILS

 This page should be printed as a **separate page**, and upon completion, should be submitted with your application paperwork and the application fee.

Surname:

First name:

Address for the tax invoice receipt:

APPLICATION SUBMISSION DETAILS

Cheques and money orders are to be made payable to the Office of Regulatory Services.

Option 1: In Person

 WorkSafe ACT
Office of Regulatory Services
255 Canberra Avenue
FYSHWICK ACT 2609

Option 2: By Post

 WorkSafe ACT
Office of Regulatory Services
GPO Box 158
CANBERRA CITY ACT 2601

Option 3: By Fax*

 (02) 6205 0336

*Payment must be made
by credit card.

Option 4: By Email*
dangeroussubstances@act.gov.au

*Payment must be made by credit
card.

Please note that your application may be returned to you if it is incomplete. Before submitting your application, please check that you have included all of the required information and documents. Refer to page 2 of the application form – ‘Further Information about Applying for a Dangerous Goods Driver Licence’ – or contact WorkSafe ACT on (02) 6207 3000 or by e-mail at dangeroussubstances@act.gov.au for assistance.

Contact Person's Name

Contact Person's Signature

 _____ / ____ / ____
Date

CREDIT CARD PAYMENT AUTHORITY

Please charge payment of the application fee to my:

 VISA card

 MasterCard

Credit Card Number

Expiry date

 /
CARD HOLDER'S AUTHORISATION: I consent to the Office of Regulatory Services debiting the following amount from my credit card to the value of \$, .00

Card Holder's Name

Card Holder's Signature

 _____ / ____ / ____
Date

Daytime phone:

Email address:

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**DANGEROUS GOODS DRIVER
LICENCE APPLICATION FORM**
Dangerous Goods (Road Transport) Act 2009

WorkSafe ACT
OFFICE OF REGULATORY SERVICES
Justice and Community Safety Directorate

APPLICATION TYPE

New Licence Renewal (specify current ACT dangerous goods driver licence number) _____

APPLICANT DECLARATION

- a) I declare that I am not a member of, nor affiliated with, any organisation which has been listed as a terrorist organisation under the *Security Legislation Amendment (Terrorism) Act 2002* or which would otherwise meet the definition of a terrorist organisation under Section 102.1 of that Act; and
- b) I declare that I have read and understand the information provided in this form, that the details shown in this application are true and correct, and that the attached documents relate to me; and
- c) I consent to WorkSafe ACT having access to records of my driving history, my training records, my medical assessment and any relevant criminal history or court orders in order to assess my suitability to drive a vehicle transporting dangerous goods.

Signed: _____ Date: / /

APPLICANT DETAILS

Surname:

Given names:

Current road vehicle
driver licence number:

Date of birth: / /

Residential address:

Postal address:

Email address:

Daytime phone:

INTERSTATE DANGEROUS GOODS DRIVER LICENCE (if applicable)

Have you held an **interstate** dangerous goods driver licence at any time within the past five years?

No Yes (specify State/Territory in which licence was issued and year of expiry) _____

PREVIOUS AUSTRALIAN ROAD VEHICLE DRIVER LICENCE (if applicable)

Have you held any road vehicle driver licence **other than your current licence** within the past five years?

No Yes (specify State/Territory in which licence was issued and year of expiry) _____

Note: if you answered "Yes" to this question, you will need to attach a certified copy of your driving history for the past five years under your previous Australian road vehicle driver licence.

INTERNATIONAL/OVERSEAS ROAD VEHICLE DRIVER LICENCE (if applicable)

Have you held a licence or other authorisation to drive a vehicle in another country within the past five years?

No Yes (specify below each country in which you were licensed to drive a vehicle on a public road)

.....

Note: if you answered “Yes” to this question, you may need to attach documents from each country in which you were licensed to drive, including a criminal records check. Please contact WorkSafe ACT on (02) 6207 3000 or visit our website at www.worksafe.act.gov.au for further information about the documents which you will need to provide.

CERTIFICATION OF TRAINING (to be completed by the training provider if a Statement of Attainment is unavailable)

I certify that on _____ I assessed Mr/Ms _____ as having successfully completed:

- the accredited course 30744QLD – *Course in the Transport of Dangerous Goods by Road*
- the unit of competency TLILIC3013A – *Preparation to transport dangerous goods by road*

which I delivered on behalf of the following Registered Training Organisation (RTO) in line with the VET Quality Framework:

RTO name and provider number: _____

Trainer name: _____ Signature: _____

MEDICAL CERTIFICATE (to be completed by a registered medical practitioner)

I certify that on _____ I assessed Mr/Ms _____ for fitness to drive in accordance with the March 2012 *National Medical Standards for Licensing and Clinical Management Guidelines* (Commercial Standards) and that I sighted the applicant’s photo identification. In my opinion, the person who is the subject of this certificate:

- Meets the criteria for an unconditional 5-year dangerous goods driver licence
- Does not meet the criteria for an unconditional 5-year dangerous goods driver licence but could be considered for a conditional licence and/or a licence for a lesser period of time as specified below.
- Does **NOT** meet the criteria for an unconditional licence and should not be considered for a conditional licence.

Recommended Licence Conditions and/or Duration Before Further Medical Assessment:

.....

Examining Doctor name:	Signature: _____
Date: / /	RUBBER STAMP DETAILS HERE
Name of Practice:	
Address of Practice:	
Phone number: ()	

APPLICANT SUITABILITY – DANGEROUS GOODS AND SUBSTANCES

Guidelines for completing the “Applicant Suitability – Dangerous Goods and Substances” section

You are not required to identify any offence which is covered by the Spent Convictions Scheme – this includes convictions which have been set aside or pardoned under Part VIIC of the Commonwealth *Crimes Act 1914*. Enquiries about the Spent Convictions Scheme should be directed to the Australian Federal Police on (02) 6131 3000.

If you answer “Yes” to Questions 1, 2, 3 or 4, you will need to complete the “Details of Offence” section on page 10.

If you answer “Yes” to Questions 5 or 6, you will need to attach a full copy of the court order to your application.

OFFENCES

1. At any time within the past five years, have you been found guilty by an Australian court of law of an offence:
 - a) relating to the packaging, labelling or transportation of a substance which is classified under the *Australian Code for the Transport of Dangerous Goods by Road or Rail, 7th Edition*; or
 - b) otherwise under a law relating to a licensing system or other regulatory scheme for such activities?

No Yes (please complete the “Details of Offence” section on page 10)
2. At any time within the past five years, have you been found guilty by an Australian court of law of an offence:
 - a) relating to the manufacture, supply, storage, use or disposal of a substance classified under the *Australian Code for the Transport of Dangerous Goods by Road or Rail, 7th Edition*; or
 - b) otherwise under a law relating to a licensing system or other regulatory scheme for such activities?

No Yes (please complete the “Details of Offence” section on page 10)
3. At any time within the past five years, have you been found guilty by an Australian court of law of an offence involving interference (whether by damage, removal, unauthorised use or otherwise) with monitoring or safety equipment used in the course of manufacturing, transporting, storing, using or disposing of a substance which is classified under the *Australian Code for the Transport of Dangerous Goods by Road or Rail, 7th Edition*?

No Yes (please complete the “Details of Offence” section on page 10)
4. At any time within the past five years, have you been found guilty by an Australian court of law of:
 - a) being an accessory to the fact of another person committing one of the above offences; or
 - b) of giving false evidence or testimony in legal proceedings against another person for one of the above offences?

No Yes (please complete the “Details of Offence” section on page 10)

COURT ORDERS

5. Are you currently subject to an exclusion order or supervisory intervention order made by an Australian court of law under a law which relates to the transportation of dangerous goods under the *Australian Code for the Transport of Dangerous Goods by Road or Rail, 7th Edition*?

No Yes (please attach a full copy of the court order)
6. Are you currently subject to an order made by an Australian court of law which prohibits or restricts your involvement in the manufacture, supply, storage, use or disposal of a substance which is classified under the *Australian Code for the Transport of Dangerous Goods by Road or Rail, 7th Edition*?

No Yes (please attach a full copy of the court order)

APPLICANT SUITABILITY – OPERATING OR USING A VEHICLE

Guidelines for completing the “Applicant Suitability – Operating or Using a Vehicle” section

You are not required to identify any offence which is covered by the Spent Convictions Scheme – this includes convictions which have been set aside or pardoned under Part VIIC of the Commonwealth *Crimes Act 1914*. Enquiries about the Spent Convictions Scheme should be directed to the Australian Federal Police on (02) 6131 3000.

If you answer “Yes” to Questions 1, 2, 3 or 4, you will need to complete the “Details of Offence” section on page 10.

If you answer “Yes” to Questions 5 or 6, you will need to attach a full copy of the court order to your application.

OFFENCES

1. At any time within the past five years, have you been found guilty by an Australian court of law of an offence:
 - a) relating to driving a vehicle on a public road; or
 - b) otherwise under a law relating to a licensing system or other regulatory scheme associated with the driving of vehicles on a public road?

No Yes *(please complete the “Details of Offence” section on page 10)*

2. At any time within the past five years, have you been found guilty by an Australian court of law of an offence:
 - a) relating to the operation or use of a rail vehicle, mobile industrial equipment, aircraft or marine vessel (whether being used to transport persons, goods and/or materials at the time or not); or
 - b) otherwise under a law relating to a licensing system or other regulatory scheme for the operation or use of rail vehicles, mobile industrial equipment, aircraft or marine vessels?

No Yes *(please complete the “Details of Offence” section on page 10)*

3. At any time within the past five years, have you been found guilty by an Australian court of law of an offence involving interference (whether by damage, removal, unauthorised use or otherwise) with navigation or safety equipment used in the course of transporting persons, goods and/or materials by road, rail, air or water?

No Yes *(please complete the “Details of Offence” section on page 10)*

4. At any time within the past five years, have you been found guilty by an Australian court of law of:
 - a) being an accessory to the fact of another person committing one of the above offences; or
 - b) of giving false evidence or testimony in legal proceedings against another person for one of the above offences?

No Yes *(please complete the “Details of Offence” section on page 10)*

COURT ORDERS

5. Are you currently subject to an order made by an Australian court of law which places conditions or restrictions on you in relation to driving a vehicle on a public road or holding a licence to drive a vehicle on a public road?

No Yes *(please attach a full copy of the court order)*

6. Are you currently subject to an order made by an Australian court of law which prohibits or restricts your involvement in the transportation of persons, goods and/or materials by road, rail, air or water?

No Yes *(please attach a full copy of the court order)*

APPLICANT SUITABILITY – OTHER MATTERS

Guidelines for completing the “Applicant Suitability – Other Matters” section

You are not required to identify any offence which is covered by the Spent Convictions Scheme – this includes convictions which have been set aside or pardoned under Part VIIC of the Commonwealth *Crimes Act 1914*. Enquiries about the Spent Convictions Scheme should be directed to the Australian Federal Police on (02) 6131 3000.

If you answer “Yes” to Questions 1, 2, 3, 4 or 5 you will need to complete the “Details of Offence” section on page 10.

If you answer “Yes” to Questions 6 or 7, you will need to attach a full copy of the court order to your application.

OFFENCES

1. At any time within the past five years, have you been found guilty by an Australian court of law of an offence as a result of proceedings under a law relating to the prevention of terrorism?
 No Yes *(please complete the “Details of Offence” section on page 10)*
2. At any time within the past five years, have you been found guilty by an Australian court of law of an offence against a person where the offence carries a maximum penalty of imprisonment for more than 12 months?
 No Yes *(please complete the “Details of Offence” section on page 10)*
3. At any time within the past five years, have you been found guilty by an Australian court of law of an offence other than an offence against a person, where the offence carries a maximum penalty of imprisonment for more than 2 years?
 No Yes *(please complete the “Details of Offence” section on page 10)*
4. At any time within the past five years, have you been found guilty by an Australian court of law of:
 - a) being an accessory to the fact of another person committing one of the above offences; or
 - b) of giving false evidence or testimony in legal proceedings against another person for one of the above offences? No Yes *(please complete the “Details of Offence” section on page 10)*
5. At any time within the past five years, have you been found guilty by an Australian court of law of an offence involving the breach of a protection order (including a personal protection order or domestic violence protection order)?
 No Yes *(please complete the “Details of Offence” section on page 10)*

COURT ORDERS

6. Are you currently subject to an order made by an Australian court of law as a result of proceedings under a law relating to the prevention of terrorism?
 No Yes *(please attach a full copy of the court order)*
7. Are you currently subject to a protection order (including a personal protection order or domestic violence protection order) made by an Australian court of law which prohibits or restricts your contact with one or more persons or organisations?
 No Yes *(please attach a full copy of the court order)*

MEDICAL FITNESS TO DRIVE ASSESSMENT

Guidelines for completing Medical Fitness to Drive Assessment

<p>Applicant must:</p> <ul style="list-style-type: none"> • Complete section 1 of the attached Health Assessment Report (Appendix 1) • make an appointment with a registered medical practitioner of his/her choice; • take sections 1 and 2 of the attached Health Assessment Report to the examination; • take all current medication, or a complete list of such medication, and any required aids, e.g. spectacles, hearing aids etc to the examination; and • take photo identification to the examination. 	<p>Examining medical practitioner must:</p> <ul style="list-style-type: none"> • read Part A and the Commercial Standards sections of Part B of the document “<i>Assessing Fitness to Drive</i>”; • review completed section 1 of the attached Health Assessment Report with the applicant; • complete the attached section 2 of the Health Assessment Report; • keep both sections on the applicant’s medical record; and • complete the medical certificate below.
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Appendix 1 – Health Assessment Report

Section 1 – Patient Questionnaire

Please answer the questions by ticking the correct box. If you are not sure, leave the question blank and ask your medical practitioner what it means. The medical practitioners may ask you additional questions during the examination.

**The original of this report is to be provided to the medical practitioner –
it is NOT necessary to submit a copy with the application**

Applicant Name:

Applicant Address:

1.	Are you currently being treated by a medical practitioner for any illness or injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Are you receiving any medical treatment or taking any medication (either prescribed or otherwise)? <i>Please take medications with you to show the medical practitioner</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Have you ever had, or been told by a medical practitioner that you had any of the following?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.1	High blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2	Heart disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.3	Chest pain, Angina	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.4	Any condition requiring heart surgery	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.5	Palpitations/irregular heartbeat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.6	Abnormal shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.7	Head injury, spinal injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.8	Seizures, fits, convulsions, epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.9	Blackouts, fainting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.10	Stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.11	Dizziness, vertigo, problems with balance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.12	Double vision, difficulty seeing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.13	Colour blindness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.14	Kidney disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.15	Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.16	Neck, back or limb disorders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.17	Hearing loss or deafness, had an ear operation, or use of a hearing aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.18	Do you have difficulty hearing people on the telephone (including if using a hearing aid)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.19	Have you ever had, or been told by a medical practitioner that you have had a psychiatric illness or nervous disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.20	Have you ever had any other serious injury, illness, operation or been in hospital for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.1	Have you ever had, or been told by a medical practitioner that you have had a sleep disorder, sleep apnoea, or narcolepsy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.2	Has anyone noticed that your breathing stops or is disrupted by episodes of choking during sleep?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4.3	How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? Use the following scale to choose the most appropriate number for each situation below: 0 would never doze off 1 slight chance of dozing 2 moderate chance of dozing 3 high chance of dozing It is important that you put a number (0 to 3) in each of the 8 boxes	
4.3.1	Sitting and reading	
4.3.2	Watching TV	
4.3.3	Sitting, inactive in a public place (e.g a theatre or meeting)	
4.3.4	As a public passenger in a car for an hour without a break	
4.3.5	Lying down to rest in the afternoon when circumstances permit	
4.3.6	Sitting and talking to someone	
4.3.7	Sitting quietly after a lunch without alcohol	
4.3.8	In a car, while stopped for a few minutes in the traffic	
5.	Please tick the answer that is correct for you:	
5.1	How often do you have a drink containing alcohol? <input type="checkbox"/> Never <input type="checkbox"/> Monthly <input type="checkbox"/> 2 – 4 times a month <input type="checkbox"/> 2 -4 times a week <input type="checkbox"/> 4 or more times a week	
5.2	How many drinks containing alcohol do you have on a typical day when you are drinking? <input type="checkbox"/> 1 - 2 <input type="checkbox"/> 3 - 5 <input type="checkbox"/> 5 - 6 <input type="checkbox"/> 7 - 9 <input type="checkbox"/> 10 or more	
5.3	How often do you have six or more drinks on one occasion? <input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily	
5.4	How often during the last year have you found that you were not able to stop drinking once you had started? <input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily	
5.5	How often during the last year have you failed to do what was normally expected from you because of drinking? <input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily	
5.6	How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? <input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily	
5.7	How often during the last year have you had a feeling of guilt or remorse after drinking? <input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily	
5.8	How often during the last year have you been unable to remember what happened the night before because you had been drinking? <input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily	
5.9	Have you or someone else been injured as a result of your drinking? <input type="checkbox"/> No <input type="checkbox"/> Yes, but not in the last year <input type="checkbox"/> Yes, during the last year	
5.10	Has a relative, friend, doctor or other health worker been concerned about your drinking or suggest you cut down? <input type="checkbox"/> No <input type="checkbox"/> Yes, but not in the last year <input type="checkbox"/> Yes, during the last year	
6.	Do you use illicit drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Do you use any drugs or medications not prescribed by a medical practitioner	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you been a vehicle crash since your last licence examination	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant's declaration (in the presence of medical practitioner)		
I, _____, certify that to the best of my knowledge the above information supplied by me is true and correct.		
Signature: _____ Date: / /		

Section 2 – Clinical Examination Proforma

The medical practitioner will be guided by findings in the questionnaire or a referral letter and may apply appropriate tests other than those outlined here, e.g. Mini Mental State or equivalent for cognitive conditions.

**The original of this report is to be retained by the medical practitioner -
it is NOT necessary to submit a copy with the application.**

Applicant Name:

Applicant Address:

1. Cardiovascular System

1.1 Blood pressure (repeat if necessary)

Systolic	mm Hg	mm Hg
Diastolic	mm Hg	mm Hg

1.2 Pulse rate regular Irregular

1.3 Heart Sounds Normal Abnormal

1.4 Peripheral pulses Normal Abnormal

2. Chest/Lungs Normal Abnormal

3. Abdomen (liver) Normal Abnormal

4. Neurological/Locomotor:

4.1 Cervical spine rotation Normal Abnormal

4.2 Back movement Normal Abnormal

4.3 Upper limbs

a) appearance Normal Abnormal

b) joint movements Normal Abnormal

4.4 Lower limbs

a) appearance Normal Abnormal

b) joint movement Normal Abnormal

4.5 Reflexes Normal Abnormal

4.6 Romberg's signs (A pass requires the ability to maintain balance while standing with shoes off, feet together side by side, eyes closed and arms by sides, for thirty seconds). Normal Abnormal

5. Vision

5.1	Visual acuity	Uncorrected		Corrected	
		R	L	R	L
		6/	6/	6/	6/

Are contact lenses worn? Yes No

5.2 Visual fields (confrontation to each eye) Normal Abnormal

6. Hearing Normal Abnormal

7. Urinalysis			
7.1	Protein	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
7.2	Glucose	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

8. Neuropsychological assessment

Where clinically indicated, apply the Mini Mental State Questionnaire or General Health Questionnaire or equivalent.

Score

Relevant Clinical Findings

Note comments on any relevant findings detected in the questionnaire or examination, making reference to the requirements of the standards outlined in the Assessing Fitness to Drive publication.

Signature: _____ Date: / /