



# Application for an explosives driver licence

Application no. (office use only)

*Dangerous Goods Safety Act 2004*

Dangerous Goods Safety (Road and Rail Transport of Non-explosives) Regulations 2007

ABN: 69 410 335 356

Refer to [Explosives driver licence – general information](#) for guidance in completing this application.

## 1. Type of application (please tick applicable)

(N) and (U) denotes requirements for application type

New application (N)     Upgrade to licence (U)    Licence number    **EDE**

## 2. Applicant details (applicants must be at least 21 years of age) (N) (U)

Family name     Given names

Date of birth     Email

Phone no. (day)     Mobile phone no.

Motor driver's licence (MDL)     State     Country (NZ)     Expiry date

### Residential address

Unit no.     Street no.     Lot no.     Street name     Type

Town / suburb     State     Postcode

### Postal address (if different to residential)

Unit no.     Street no.     Lot no.     Street name     Type

PO Box no.     Town / suburb     State     Postcode

The following supporting evidence must be lodged with your application (if applicable)

## 3. Security clearance (N)

Legible colour copy of both sides of your current security clearance.

## 4. Photograph (N)

A colour passport photograph with your signature and name printed on the back.

The photograph must have been taken not more than six months before the day the application is lodged.

## 5. Motor driver's licence (N)

Legible colour copy of both sides of your current MDL.

## 6. Medical certificate (N)

The original medical certificate assessed against the standards in *Assessing Fitness to Drive for Commercial and Private Vehicle Drivers*.

Dated not more than six months before the day the application is lodged.

## 7. Western Australian (WA) driving record (N)

An original National Police Certificate and original Certified Copy of Traffic Infringements, regardless of whether you have, or have not been issued with a WA MDL.

Dated not more than six months before the day the application is lodged.

## 8. Other WA driving record (N)

In the last 5 years, if you have been served with any of the following notice(s), lodge the original notice(s) with your application.

*Note: Failure to provide these documents may delay the issuing of the licence.*

- Excessive demerit points
- Grant of good behaviour
- Disqualification, suspension or cancellation of MDL
- Election of good behaviour
- Breach of good behaviour

## 9. Non-WA driving record (N)

In the last 5 years, where you **have** been issued a MDL in another Australian State or Territory and/or New Zealand, your driving record from these places is required.

**Dated not more than six months before the day the application is lodged.**

## 10. Other non-WA driving record (N)

In the last 5 years, where you **have not** been issued a MDL, but have incurred an infringement, loss of demerit points or a conviction in another Australian State or Territory, and/or New Zealand, your driving record from these places is required.

**Dated not more than six months before the day the application is lodged.**

## 11. Competency (N)

The original Certificate of Competency.

**Dated not more than six months before the day the application is lodged.**

## 12. Relevant offence (N)

The original or original certified copies of all documents detailing any conviction and/or charge pending of a relevant offence.

## 13. Transport Category 3 loads of explosives (N) (U)

The original reference from your employer confirming you have performed **50** hours of driving under the direct supervision of a driver licensed to transport Category 3 loads of explosives.

## 14. Consent and declaration (N) (U)

For the purpose of deciding this application, I consent to the Department of Mines and Petroleum:

- Accessing any of my driver licence records held by any driver licensing authority in Australia, or New Zealand
- Contacting the certifying medical practitioner or other medical professionals in regard to information provided on, or with the medical certificate.

I declare the information provided in this application and the documents provided in support of it, are true and correct.

I understand that providing false or misleading information in an application is an offence.

Signature of applicant

Date

DD / MM / YYYY

## 15. Payment and contact details (N)

Payment type (please tick  )  Credit card  Cheque  Money order

Cheque and money orders made payable to: Department of Mines and Petroleum

**Payments will not be accepted by either Electronic Bank Transfer (EFT) or a direct bank debit.**

**Complete this section if paying by credit card**

Card type	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa		
Card number	____ / ____ / ____ / ____	Expiry date	MM / YYYY
Cardholder's name (please print)			
Signature of cardholder			
Cardholder's phone number		Amount	\$
Mailing address Resources Safety Department of Mines and Petroleum 100 Plain St EAST PERTH WA 6004	Business address 1 Adelaide Terrace EAST PERTH Business hours: 8.30 am – 4.30 pm Ph: 9358 8001 Email: rsdcustomerservices@dmp.wa.gov.au		