



## Licence or learner permit application

OFFICE USE ONLY 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 Vic. licence no. the presence of an authorised officer. Date of issue What are you applying for? Conversion (interstate) Licence/learner permit type? New learner permit New licence Variation to a licence Light Rigid or learner permit (eg licence Re-issue of licence Motorcycle Medium Rigid type, conditions, exemptions) or learner permit Heavy Rigid Marine **Heavy Combination** You can apply for a replacement (with no change of personal details) Restricted marine (operator between 12-16 years of age) at vicroads.vic.gov.au Multi Combination Personal watercraft (eg Jetski) Your personal details Surname First given name Second given name Date of birth Gender Previous name(s) (inc. maiden name, if not applicable state N/A) Postcode Home address Postal address (if different from above) Postcode

Your health details

1. Are you currently suffering from, or have suffered from, any serious, permanent or long-term illness, disability, medical condition or injury that may affect your fitness to drive, such as eyesight or hearing problems, blackouts/dizziness, epilepsy/seizures, dementia, diabetes, sleep apnoea, head injury, stroke, high blood pressure, a cardiac, psychiatric or mental condition or a disorder that may deteriorate over time (eg multiple sclerosis)?

2. Has there been any change to a medical condition that you previously notified to VicRoads?

3. Are you taking any prescribed medicines (excluding antibiotics, contraceptives, inhalers or Hormone Replacement Therapy)?

Email (optional)

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

## Your licence/learner permit record

Contact phone number (mobile preferred)

Please answer 'Yes' or 'No' and details as specified (marine licence and personal watercraft endorsement applicants answer questions 1, 2, 3, 4 and 8 only) Write Yes or No 1 Have you ever held a Victorian learner permit, driver or marine licence? If yes, you must specify full name(s) of any licence/permit held\* Have you ever registered a vehicle or vessel in Victoria? 3. Have you ever had a driving offence in Victoria? Are you currently cancelled, suspended or disqualified from driving in Australia or overseas? Have you previously been cancelled, suspended or disqualified from driving in Australia? 6. Have you ever had a drink driving offence in Australia? 7. Have you ever had a drug driving offence in Australia? 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 Type Conditions Place of issue (state/country) Date of expiry

Additional details (applicant may use this section if applicable)

Your signature (sign in the presence of an authorised officer)

Signature of applicant

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 (overleaf).

I acknowledge I have been advised by VicRoads and I declare that I understand that, if I fail the practical drive test, any licence held by me issued in another country will no longer authorise me to drive in Victoria.

I declare that I have received a Learner Kit	Signature								
	Date								
	Date								
	OFFICE								

VRPIN00217 05.16 88088 Authorised and published by VicRoads, 60 Denmark Street, Kew,

Signature of authorised officer
User ID (VicRoads) or tester no.

## Licence or learner permit application

## **Victorian residence declaration** (use only if unable to provide evidence of residence<sup>+</sup> - 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 current 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	Referee's Victorian licence no.								
Signature of referee		Date								
personal information it collects from y to contractors and agents of VicRoads road safety researchers, courts and o You are required to provide this perso For further information about our use Providing false and/or misleading i	is from you may be used by VicRoads as permitted you to various organisations and persons as permis, law enforcement agencies, other road and traffither organisations or people authorised to use the information. Failure to provide the information of your personal information and your right of actinformation or documents is a serious offence any authority or approval, given as a result of your personal information, given as a result of your personal information.	itted by law, particularly be ic authorities, the Transpore e personal information. In may result in this form n cess to it, see VicRoads bu under the Road Safety A	by the Road Safety Act rt Accident Commission not being processed, or rochure Protecting you Act 1986 and/or Mari	1986. This in n, vehicle ma records not r privacy or c ine Safety Ad	icludes nufacti being p ontact	disclosing urers (for some properly m VicRoads Vand can	g the in safety r naintain on 13	nforma recalls ned. 11 71.	),	
OFFICE USE ONLY		Accreditation	on							
By signing below I declare that I has OFFICE USE ONLY section.	ve completed all details recorded in this		e of competence (( ermit/licence rece		Ma	rine qua	alifica	tion (	(MQ)	
User ID	Date D D M M Y Y Y	Pate of issue			M	M • Y	Υ	Υ	Υ	
Signature		Name of provide	Name of provider/issuing agency							
Theory toot	Practical test	Test location								
Theory test  Learner - Car/Motorcycle	Auto Ma	anual Tester no. (CC/L	LR)	Certificate r	no. <i>(CC</i>	C/LR)				
Marine Marine	Motorcycle licence	Certificate type	Certificate type (MQ)							
Personal watercraft	NHVL auto	Certificate expir	y date <i>(MQ, if applicabi</i>	<i>(e)</i> D D	M	M • Y	Υ	Υ	Υ	
Bus/Truck	non-synchromesh	Check ride	Check ride							
Score	synchromesh	No.	Date	e D D	M	M • Y	Υ	Υ	Υ	
Date passed	D   D   M   M   Y   Y   Y	Verification	of driver licence	e or lear	ner p	ermit	card			
Signature of authorised officer		Interstate								
User ID (VicRoads) or tester no.		Yes No			ner pe	rmit sigh	ted			
Eyesight test		Overseas	THE VETO SHOOK P	orrormou						
Car/Motorcycle/Marine/P\	WC NHVL Height (cm)	Yes No						t olah	tod	
Yes No Did the applican	nt wear corrective lenses during the vision test?	Yes No		•				_		
Pass Fail	Van Ni	from overseas lie	•	-				ad)		
Date passed	D D M M Y Y Y	Yes No	Original letter from authenticity of approximately			, ,		-		
Signature of testing officer		Signature of aut	thorised officer							
User ID (VicRoads) or tester no.	Signature of ma	Signature of manager (if required)								
Conditions		User ID	Date	e D D	• M	M • Y	Υ	Υ	Υ	
A B	E I N	<b>Duration</b> 6	months	12 mon	iths		3 1	years		
P S	• V • X • Z	0	ther period							
Evidence of identity (original Category A evidence Austra	al documents only) alian photo licence — Australian birth cel	rtificate Passport	Other (specify	y document	type)					
Origin (state/country)	Reference no.		Date of expiry		M	M Y	Υ	Υ	Υ	
Category B evidence		Reference no.								
Evidence of residence <sup>+</sup>		Victorian re	sidence de	clara	tion con	ıplete	d <sup>+</sup>			
Signature of authorised officer	Signature of manaç	Signature of manager (if required)								
Name of authorised officer	Name of manager	Name of manager (if required)								

+ not required for a marine licence