

Licence or learner permit application



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 transport.vic.gov.au) and then sign below in the presence of an authorised officer.

OFFICE USE ONLY

Vic. licence no.																
Date of issue		D		D		M		M		Y		Y		Y		Y

What are you applying for?

- New learner permit
- New licence
- Re-issue of licence or learner permit
- Conversion (interstate)
- Variation to a licence or learner permit (e.g. licence type, conditions, exemptions)

Licence/learner permit type?

- Car
- Motorcycle
- Marine
- Restricted marine (operator between 12-16 years of age)
- Personal watercraft (e.g. Jetski; operator 16 years and over)
- Light Rigid
- Medium Rigid
- Heavy Rigid
- Heavy Combination
- Multi Combination

You can apply for a replacement (with no change of personal details) at vicroads.vic.gov.au

Your personal details

Title	Surname																	
First given name				Second given name				Third initial (if any)										
Date of birth			D		D		M		M		Y		Y		Y		Y	Gender
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. (or other if not applicable)										Email								

Your health details

	Write Yes or No
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?	
3. Are you taking any prescribed medicines (excluding antibiotics, contraceptives, inhalers 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

	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*	
2. Have you ever registered a vehicle or vessel in Victoria?	
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 Australia or overseas (including any other period which you were not permitted to drive)?	
6. Have you ever had a drink driving offence in Australia?	
7. Have you ever had a drug driving offence in Australia?	
8. Are you subject to any Fines Victoria sanctions which prevent you from obtaining a driver licence or learner permit?	
9. 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		Y		Y		Y	Type
Place of issue (state/country)																		Date of expiry		D		D		M		M		Y		Y		Y		Y	Conditions

Additional details (applicant may use this 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). 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:

- Chosen to use myLearners
- Received a Learner Kit

Signature																
Date		D		D		M		M		Y		Y		Y		Y

Signature of applicant	Signature of authorised officer				Date		D		D		M		M		Y		Y		Y
User ID (VicRoads) or tester no.				OFFICE															

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

This declaration must be completed by a referee who is over 18 years old and has known you (the applicant) for at least 12 months. The referee must hold a Victorian driver licence or learner permit. 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 driver licence or learner permit no.																			
Signature of referee	Date	D	D	M	M	Y	Y	Y	Y											

Privacy statement

The Department of Transport and Planning ABN 69 981 208 782 ('Department') and 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), known as 'VicRoads' and acting on behalf of the Secretary to the Department and Safe Transport Victoria (ST Vic) ('we, us') collect personal information for registration and licensing purposes. This personal information will be handled by us as permitted or required by the applicable laws. Particularly by the *Road Safety Act 1986* and *Marine Safety Act 2010*.

We may disclose the information we collect about you to various organisations and persons as permitted or required by applicable laws, particularly by the *Road Safety Act 1986* and *Marine Safety Act 2010*. 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

our contractors and agents, 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 or people authorised 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 and health information, and your rights to access it, go to: dtp.vic.gov.au/privacy or ST Vic's Privacy Policy at safetransport.vic.gov.au/privacy-policy.

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.

User ID	Date	D	D	M	M	Y	Y	Y	Y										
Signature																			

Theory test

- Learner – Car/Motorcycle
- Marine Bus/Truck
- Personal watercraft (operator 16 years and over)

Practical test

- Motorcycle permit Auto Manual
- Motorcycle licence
- NHVL auto non-synchromesh synchromesh

Score	
Date passed	D D M M Y Y Y Y
Signature of authorised officer	
User ID (VicRoads) or tester no.	

Eyesight test

- Car/Motorcycle/Marine/PWC NHVL Height (cm)
- Yes No Did the applicant wear corrective lenses during the vision test?
- Pass Fail R 6/ L 6/

Date passed	D D M M Y Y Y Y
Signature of testing officer	
User ID (VicRoads) or tester no.	

Conditions

- A B E I N P S V X Z
- Duration 3 years 6 months Other period 12 months

Evidence of identity (original documents only)

- Category A evidence Australian photo licence Australian birth certificate Passport Other (specify document type)

Origin (state/country)	Reference no.	Date of expiry	D D M M Y Y Y Y
<input type="radio"/> Category B evidence	Document type	Reference no.	
<input type="radio"/> Evidence of residence ⁺	Document type	<input type="radio"/> Victorian residence declaration completed ⁺	
Signature of authorised officer		Signature of manager (if required)	
Name of authorised officer		Name of manager (if required)	
User ID		Date D D M M Y Y Y Y	

⁺ not required for a marine licence

Accreditation

- Certificate of competence (CC) Certificate of attainment (CA)
- Licence/learner permit receipt (LR) Marine qualification (MQ)

Date of issue	D D M M Y Y Y Y
Name of provider/issuing agency	
Test location	
Tester no. (CC/LR)	Certificate no. (CC/LR/CA)
Certificate type (CA, MQ)	
Certificate expiry date (MQ, if applicable)	D D M M Y Y Y Y
DVA/VCV number (MQ only)	

Check ride

No.	Date	D D M M Y Y Y Y
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Verification of driver licence or learner permit card

Interstate

- Yes No Interstate driver licence/learner permit sighted
- Yes No NEVDIS check performed

Overseas

- Yes No Overseas driver licence/learner permit sighted
- Yes No Driver licence/learner permit translation document sighted
- Yes No Original letter of driver licence/learner permit verification from overseas licensing authority (with original letterhead)
- Yes No Original letter from consulate/embassy supporting authenticity of applicant's driver licence/learner permit

Signature of authorised officer	
Signature of manager (if required)	
User ID	Date D D M M Y Y Y Y