

Application for Licence under Motor Vehicle Driving Instructors Act 1992



Transport
Roads & Maritime
Services

INFORMATION FOR APPLICANT

To be eligible to apply for a driving instructor's licence you must at the date of the application:

1. be 21 years of age or older;
2. be the holder of a current Australian driver's licence;
3. have held the equivalent class of licence (which does not include a learner, provisional or probationary) in which you wish to instruct for a minimum of three of the last four years.

The following classes of driving instructor licences are available:

Licence Type	Classes of motor vehicle in which driving tuition may be given
C	Any motor vehicle covered by a class C (Car) driver's licence
CR	Restricted (May not instruct people who hold a learner driver licence)
LR	Any motor vehicle covered by a class LR (Light Rigid) driver's licence except a motor vehicle covered by a class C
MR	Any motor vehicle covered by a class MR (Medium Rigid) driver's licence except a motor vehicle covered by a class C
HR	Any motor vehicle covered by a class HR (Heavy Rigid) driver's licence except a motor vehicle covered by a class C
HC	Any motor vehicle covered by a class HC (Heavy Combination) driver's licence except a motor vehicle covered by a class C
MC	Any motor vehicle covered by a class MC (Multi Combination) driver's licence except a motor vehicle covered by a class C
R	Any motor cycle
RR	Restricted (May not instruct people who hold a learner rider licence)

Note: Applicants may apply for more than one licence type.

APPLICATION *(please use block letters)*

I, Mr/Mrs/Miss/Ms/Other
of _____

hereby apply for a driving instructor's licence type _____ RESTRICTED / UNRESTRICTED
(list licence types - see above) (circle applicable type)

I declare that the questions No. 1 to 10 overleaf contained in this application have been read by me and that the answers to such questions were written by me and to the best of my knowledge and belief, are correct. I have also signed and dated each of the following two pages which contain my answers to questions 1 to 10. I am aware that the information supplied by me in this application may be disclosed to the law enforcement, registration and licensing agencies of NSW and other States and Territories for the purpose of law enforcement, protection of the public revenue or location of the person to whom the information relates.

By submitting and signing this form, I give consent to a criminal name index check to be carried out, and an examination of my driving record maintained by the RMS and other licensing jurisdictions. I am also aware that if I am eligible for the issue of a Driving Instructor's licence I will be interviewed by the Police.

Signature of Applicant: _____ Date: _____ Daytime contact Phone No: _____

CERTIFICATE BY OFFICER RECEIVING APPLICATION

I certify that:

- (a) The declaration above has been read and signed by the applicant in my presence.
- (b) questions 9 & 10 in Section 1 have been read by me to the applicant and I have impressed upon him/her that such questions must be answered fully and correctly.
- (c) I have inspected the licence mentioned in the answer to question 1 of Section 1 and I have verified that the answers given in item (a) correspond with particulars on such licence.
- (d) NOTE: If it is not practicable for the applicant to produce his/her driver's licence, ensure that the applicant has furnished full particulars in his/her answers to question 1, and then delete paragraph (c) above and insert the words 'Previous licence not available'. This application is to be rejected if the applicant has not met any of the eligibility requirements listed at the top of this page.
- (e) I have affixed a photograph by means of adhesive in the box provided on this page, which has been supplied by the applicants which is a good identification of him/her.

Officer
receiving
application
to affix
photograph
of applicant
here

Signature: _____ Date: _____

CAUTION - Any person who by false statement or misrepresentation obtains or attempts to obtain a driving instructor's licence is liable to a maximum penalty of FIVE THOUSAND FIVE HUNDRED DOLLARS (\$5,500) and any licence so obtained will be cancelled.

The APPLICANT must:

- complete Section 1, Questions 1 to 10.
- present this form to the doctor.
- bring spectacles, contact lenses etc, to the examination.
- provide four passport type photographs of 5cm by 4cm
(face on, head and shoulders visible, without any headwear unless it is worn on religious grounds).

NOTE: Any fee charged for the medical examination is payable by the applicant and not the RMS

SECTION 1 (Applicant must and write all answers to questions 1 to 10 and sign and date each page)

1. (a) Please give the details of your current Australian Driver's Licence.

Licence Number _____ State/Territory of issue _____

Expiry date of licence ____ / ____ / ____ Class of licence _____

(b) If the above licence was issued in New South Wales, and you have held a driver's licence in another jurisdiction, please indicate the licence number and the place of issue. If you have never held a driver's licence in another jurisdiction, proceed to question (c).

Licence Number _____ Place of Issue _____

(c) Have you ever held a licence in another name (ie. assumed, or alias name)? Yes No
If the answer is yes, please indicate the name that appeared on the licence, the licence number and the place of issue.

Surname _____ Given Names _____

Licence Number _____ Place of Issue _____

(d) Have you ever lived in another State/Territory in Australia? Yes No
If the answer is yes, please indicate the address and the period of your residence.

Address of residence _____

State/Territory _____ Period of Residence: From - _____ To - _____

2. In the past four years immediately prior to the date of this application, how long have you held a driver's licence equivalent to class of licence you wish to instruct in _____
(Do not include any period for a learner, provisional or probationary licenses).

3. How long have you lived at the address indicated on the front of this form? _____
(If less than 6 months, please give your previous address) _____

4. What is your date and place of birth? _____

5. What is the name and address of your employer(s) during the last six months?

(a) in what capacity were you employed? _____

(b) when and for how long did you work? _____

I certify that all the answers on this page have been written by me and to the best of my knowledge are true and correct.

Signature: _____ Date: _____

SECTION 1 (continued)

6. Have you successfully completed a recognised training course as a driving instructor?
If so, please indicate full details: YES NO

7. Are you required to wear spectacles or contact lenses when driving a motor vehicle? YES NO
IF YOU HAVE ANSWERED YES TO THE ABOVE IN QUESTION 7, STATE THE TYPE OF VISUAL AID YOU USE:

8. Do you suffer or have you at any time suffered from

(a) Epilepsy? YES NO

(b) Fits? YES NO

(c) Frequent fainting or giddy attacks? YES NO

(d) Diabetes? YES NO

(e) Any permanent disability that may affect you ability to drive? YES NO

(f) Any medical or mental disability that may affect your ability to drive? YES NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE IN QUESTION 8, GIVE FULL PARTICULARS:

9. Have you in the past 10 years in New South Wales or elsewhere -

(a) been refused or disqualified from obtaining a licence as a driver or rider of a motor cycle or as a motor vehicle driving instructor, and/or YES NO

(b) having held a driver's licence, had it suspended or cancelled, and/or YES NO

(c) been advised that your current licence is to be suspended or cancelled or the issue of a new licence has been refused YES NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE IN QUESTION 9, GIVE FULL PARTICULARS:

10. Have you in the past 10 years in New South Wales or elsewhere had an offence proven in court, been convicted, or are there any charges pending against you for any criminal, traffic or any other type of offence? YES NO

IF YOU HAVE ANSWERED YES TO THE ABOVE IN QUESTION 10, GIVE FULL PARTICULARS:

I certify that all the answers on this page have been written by me and to the best of my knowledge are true and correct.

Signature: _____ Date: _____

MEDICAL REPORT

Questions 1 to 11 must be completed only by the Doctor. Please complete ALL sections by ticking the box

INSTRUCTIONS TO DOCTORS: Please read Section 1, questions 7 & 9 (*applicant's answers*) prior to completion of this medical report. Please complete this medical report in conjunction with the **current published guidelines** for the class of licence held. Please pay particular attention to the applicant's medical history, which may affect driving. **Where medical fitness cannot be determined, you should refer to an appropriate specialist.**

MEDICAL REPORT AUTHORISATION

I authorise the doctor named below to provide information to the RMS regarding my medical condition. I also authorise the RMS to approach the doctor should further information be required.

Doctor's name _____

Applicant's Signature _____

Date _____

1 History

How long have you treated this patient?

Years _____ Months _____

2 Vision

VISION STANDARDS

Car, Rider and Light Rigid Drivers.

The criteria for an unconditional licence are **NOT** met
- if the person's visual acuity in the better eye or with both eyes together is worse than 6/12

Heavy Vehicles, Commercial Vehicles

The criteria for an unconditional licence are **NOT** met
- if the person's visual acuity is worse than 6/9 in the better eye; or
- if the person's visual acuity is worse than 6/18 in either eye.

See 'Assessing Fitness to Drive' for more information.

Are glasses/lenses worn (distance)? No Yes

Visual acuity (distance) R L Together

Uncorrected 6/_____ 6/_____ 6/_____

With Glasses 6/_____ 6/_____ 6/_____

Fields of vision _____ Normal Abnormal

Double vision No Yes

Poor night vision No Yes

Eye Specialist or Optometrist's certification (if required)

Name _____

Signature _____

3 CARDIO-VASCULAR CONDITION No Yes

If No proceed to the next question. If Yes complete the following.

* Acute myocardial infarct No Yes

* Angioplasty No Yes

* Angina No Yes

* Refer to Guidelines - Heavy Vehicle Licencees Only

Stress test -ve _____ +ve _____

Ejection Fraction % _____

Cardiomyopathy _____ No Yes

CABG _____ No Yes

Hypertension/Hypotension _____ No Yes

Recurrent / persistent arrhythmia _____ No Yes

Cardiac pacemaker _____ No Yes

Aneurysm (site) _____ No Yes

Defibrillator _____ No Yes

4 DIABETES No Yes

If No proceed to the next question. If Yes complete the following.

Controlled by: _____ Tablets Insulin

Compliant with medication _____ No Yes

Hypoglycaemic awareness (date of last episode) _____ No Yes

End organ effects _____ No Yes

5 MUSCULO-SKELETAL CONDITION

eg degenerative or painful joints, arthritis, loss of limbs/digits orthopaedic defect

Diagnosis _____

Condition likely to affect driving _____ No Yes

6 EPILEPSY No Yes

If No proceed to the next question. If Yes complete the following.

Type _____

Date of onset _____

Date of last seizure _____

Confirmed by neurologist _____ No Yes

24 Hour EEG Normal Abnormal

Sleep epilepsy

Confirmation by neurologist of "sleep only" epilepsy during past 12 months No Yes

7 NEUROLOGICAL CONDITION No Yes

If No proceed to the next question. If Yes complete the following.

Cognitive and/or Intellectual

Impairments _____ No Yes

Dementia _____ No Yes

Traumatic Brain Injury _____ No Yes

Loss of Limb Control _____ No Yes

TIA/Syncope/Blackout (*specify year*) _____ No Yes

Strokes (*specify year*) _____ No Yes

Neuromuscular Condition:

Diagnosis _____

8 SLEEP DISORDER No Yes

If No proceed to the next question. If Yes complete the following.

Sleep Apnoea _____ No Yes

Narcolepsy _____ No Yes

Well controlled _____ No Yes

9 MENTAL HEALTH/NERVOUS DISORDER

Diagnosis _____

Condition likely to affect driving _____ No Yes

10 DRUGS LIKELY TO AFFECT DRIVING No Yes

If Yes complete the following.

Non-prescribed drugs _____ No Yes

Indication of alcohol abuse _____ No Yes

Comments on any condition likely to affect driving. Append additional pages if necessary.

11 DOCTOR'S CERTIFICATION

The person whose name appears on this page was examined by me today in accordance with the published guidelines for the type of licence applied for and is considered:

FIT

UNFIT

Doctor's Name: _____

Address: _____

Signature: _____

Tel. No:

Date:

Office Use Only

RSO Signature and date

(Check that Question 2 has been completed)