

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](http://vicroads.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 (eg licence type, conditions, exemptions)

## Licence/learner permit type?

- Car
- Motorcycle
- Marine
- Restricted marine (operator between 12-16 years of age)
- Personal watercraft (eg 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](http://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) and give consent for VicRoads to disclose my personal information as described in the Privacy statement.

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.

<b>I declare that I have:</b> <input type="radio"/> Chosen to use myLearners <input type="radio"/> 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															

# 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](http://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 licence no.																			
Signature of referee	Date		D	D	M	M	Y	Y	Y	Y										

## Privacy statement

Personal information VicRoads collects from you may be used by VicRoads as permitted by the *Road Safety Act 1986* and the *Marine Safety Act 2010*. VicRoads may disclose personal information it collects from you to various organisations and persons as permitted by law, particularly by the *Road Safety Act 1986*. This includes the photograph and other information on your driver licence or learner permit being used for the purposes of biometric matching through the National Driver Licence Facial Recognition Solution for law enforcement, national security and other purposes. Personal information may be disclosed to contractors and agents of VicRoads, law enforcement agencies, other road and traffic authorities, the Transport Accident Commission, vehicle manufacturers (for safety recalls), road safety researchers, courts and other organisations or people authorised to use the personal information. Failure to provide the information may result in this form not being processed, or records not being properly maintained. For further information about our use of your personal information and your right of access to it, see VicRoads brochure *Protecting your privacy* or contact VicRoads on 13 11 71.

**Providing false and/or misleading information or documents is an offence under the *Road Safety Act 1986* and/or *Marine Safety Act 2010* and can result in you being fined or imprisoned. Any authority or approval, given as a result of you providing such information/documents, may be reversed and have no effect.**

## 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)

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

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

### 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
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Signature of testing officer
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User ID (VicRoads) or tester no.
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### Conditions

- A  B  E  I  N  
 P  S  V  X  Z

- Duration**  6 months  12 months  3 years  
 Other period

### 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
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<input type="radio"/> <b>Category B evidence</b>	Document type	Reference no.
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<input type="radio"/> <b>Evidence of residence<sup>+</sup></b>	Document type	<input type="radio"/> <b>Victorian residence declaration completed<sup>+</sup></b>
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Signature of authorised officer	Signature of manager (if required)
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Name of authorised officer	Name of manager (if required)
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User ID	Date	D	D	M	M	Y	Y	Y	Y
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<sup>+</sup> not required for a marine licence

## Accreditation

- Certificate of competence (CC)  Marine qualification (MQ)  
 Learner permit/licence receipt (LR)

Date of issue	D	D	M	M	Y	Y	Y	Y
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Name of provider/issuing agency
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Test location
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Tester no. (CC/LR)	Certificate no. (CC/LR)
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Certificate type (MQ)
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Certificate expiry date (MQ, if applicable)	D	D	M	M	Y	Y	Y	Y
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## 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
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Signature of manager (if required)
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User ID	Date	D	D	M	M	Y	Y	Y	Y
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