



When blank, this form is classed as OFFICIAL, when completed, this form is classed as OFFICIAL SENSITIVE

Requirements:

- Complete the health and medical section.
- Conduct the eyesight test per the Department's requirements.
- Verify acceptable forms of identification (Proof of Identity).
- Sign the camera acknowledgement section.
- Complete eligibility check through the Licence Assessment Provider System (LAPS).

Note: You MUST take this form to the Department of Transport (DoT) to have the class added to your driver's licence record.

This is not a licence to drive the class described.

LICENCE CLASS REQUIRED

<input type="checkbox"/>	HR - Heavy Rigid
<input type="checkbox"/>	HC - Heavy Combination
<input type="checkbox"/>	MC - Multi Combination

AUTHORISED PROVIDER DETAILS

COMPANY NAME

TRADING AS

AUTHORISED PROVIDER NUMBER

BUSINESS ADDRESS

SUBURB

STATE

POST CODE

PHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

APPLICANT DETAILS (to be completed by applicant)

WA DRIVER'S LICENCE NUMBER

FAMILY NAME

FIRST NAME

OTHER NAME/S

DATE OF BIRTH

RESIDENTIAL ADDRESS

SUBURB

STATE

POST CODE

HEALTH AND MEDICAL QUESTIONS

The *Road Traffic (Authorisation to Drive) Regulations 2014* requires you to declare any permanent, long-term mental or physical condition (which may include a dependence on drugs or alcohol) that is likely to, or treatment for which is likely to, impair your ability to control a heavy commercial vehicle.

Do you suffer from any mental or physical condition(s) that may impair your ability to control a heavy commercial vehicle?

 YES NO

DECLARATION

I declare that the information on this form is true and correct. I understand that under the *Road Traffic (Administration) Act 2008*, it is an offence to provide false or misleading information.

Sign this section in the presence of a DoT agent.

APPLICANT SIGNATURE

AGENT PERSONNEL FULL NAME

AGENT PERSONNEL SIGNATURE

DATE

CAMERA ACKNOWLEDGEMENT

I acknowledge that by choosing to do my heavy Practical Driving Assessment (PDA) through an authorised provider (agent of DoT) I will be video/audio and GPS recorded during the assessment. The recording taken during my assessment may be viewed in actual time/live or later by DoT authorised officers.

For further information on the use of recording equipment, contact DoT or visit www.transport.wa.gov.au

Sign this section in the presence of a DoT agent.

APPLICANT SIGNATURE

AGENT PERSONNEL FULL NAME

AGENT PERSONNEL SIGNATURE

DATE

AGENT USE ONLY

EYESIGHT RESULTS

Heavy commercial eyesight standards must be met to ensure that the applicant has adequate vision to allow them to drive safely. To meet the minimum eyesight standard for a HR, HC and/or MC class of licence, the applicant must obtain at least 6/9 in the better eye, and at least 6/18 in the worst eye with or without visual aids.

EYESIGHT TEST RESULTS					
LEFT EYE	6/	RIGHT EYE	6/	BOTH EYES	6/

TESTED WITH VISUAL AIDS YES NO

VISUAL AIDS TO BE WORN WHEN DRIVING YES NO

If the applicant does not meet the eyesight requirements as outlined above, do not proceed. Contact Business and Systems Support for assistance.

HAS BUSINESS AND SYSTEMS SUPPORT BEEN CONTACTED? YES NO

HEALTH AND MEDICAL CONDITIONS

Has the applicant declared any mental or physical condition(s) that may impair their ability to control a heavy commercial vehicle? YES NO

If the applicant has declared a mental or physical condition(s), DO NOT proceed. Contact Business and Systems Support for assistance.

HAS BUSINESS AND SYSTEMS SUPPORT BEEN CONTACTED? YES NO

PROOF OF IDENTITY (POI) DOCUMENTS

All identification documents must be ORIGINAL and photocopies of the original identification must be attached to this form (photocopies must not be accepted).

One of the documents presented must show the applicant's signature.

The name on the applicant's identification must be the same or evidence of a change of name that clearly shows the link between their birth name and current name must be shown.

Where an applicant provides a debit/credit card as secondary ID, DO NOT photocopy. Record what type of card you have sighted in the boxes below.

PRIMARY POI

COPY OF ORIGINAL DOCUMENT ATTACHED? YES

SECONDARY POI

COPY OF ORIGINAL DOCUMENT ATTACHED? YES

I have checked that the applicant has met the proof of identity requirements and completed the health and medical section. I have completed the eyesight test and verified the applicant's signature.

AGENT PERSONNEL NAME

AGENT PERSONNEL SIGNATURE

DATE

AGENT USE ONLY CONTINUED

CHECKLIST - TICK ALL RELEVANT BOXES

- Health and Medical section complete
- If applicant declares a medical condition, have you contacted Business and Systems Support?
- Eyesight test completed
- If applicant did not meet the eyesight requirements, have you contacted Business and Systems Support?
- Proof of identity verified
- Camera acknowledgement signed
- Eligibility check completed through LAPS

DOT USE ONLY

I have checked that the Eyesight Results, Health and Medical, POI and Camera acknowledgement sections are complete.

OPERATOR SIGNATURE

AUDITOR DETAILS

AUDITOR NAME

SITE

AUDITOR SIGNATURE

DATE