

# Queensland Driver Licence Replacement Kit

## General notice for applicants temporarily residing interstate or overseas

This kit is provided by the Department of Transport and Main Roads to assist you in replacing your **valid** Queensland (Qld) driver licence if you are temporarily residing interstate or overseas.

**You cannot use this kit if your licence is currently expired, suspended or cancelled or you are currently disqualified from holding or obtaining a driver licence in Australia or another country.**

Licensing requirements for temporary residents in other states and countries may differ to those in Qld. On taking up temporary residency it is recommended that you contact the relevant Licensing Authority to ensure that you are aware of, and continue to meet, local requirements. You must also contact the relevant Licensing Authority if your residency changes, for example, you do not intend to return to Qld to live.

Please read the following **Application Requirements** carefully and use the **Application Checklist** to confirm that all required documentation has been provided to ensure that your application can be processed.

### Application Requirements

#### Evidence of Identity

You are required to provide a photocopy of your current Qld driver licence, industry authority, marine licence indicator or adult proof of age card which has been signed and stamped by an Approved Witness. The photocopy must be endorsed with the words "I have sighted the original document and certify this to be a true copy of the original".

Alternatively you may provide photocopies of three evidence of identity (EOI) documents endorsed with the words "I have sighted the original documents and certify this to be a true copy of the original" and signed and stamped by an approved witness.

These EOI documents must include one category A and one category B document. The third document may be from either category. One of these documents must include your signature. If your Qld residential address is not shown on any EOI documents provided, you must also show an evidence of Qld residential address document.

If you have changed your name or the details of your name are different on the EOI documents provided, you must show a change of name document from the relevant Australian Registrar of Births, Deaths and Marriages (BDM). Please refer to Evidence of Identity Requirements (form S5385) included with this kit for more information.



## Approved Witness List

You will need to sign the Replacement Licence Application (form F3006) and the Temporary Residence Statement Interstate or Overseas (form F2350) in the presence of an Approved Witness, or local equivalent. You will also need to have your photographs endorsed by an Approved Witness. An Approved Witness is either a:

- Medical Practitioner
- Police Officer
- Consular or Ambassadorial Officer
- Solicitor, Barrister or Judge
- Justice of the Peace or a Commissioner for Declarations or
- Notary Public or a person authorised by law to witness & sign declarations.

**Note:** The witness must sign and print their full name, position title/designation and contact details (including office stamp). Note: You may have to pay a fee to have the documents witnessed. All documents are to be witnessed in English or have an English translation.

## Forms

### Replacement Licence Application (form F3006)

You must complete the Replacement Licence Application (form F3006). This form must be signed in the presence of an Approved Witness. The Approved Witness must complete, sign and stamp the Authorising person's declaration on the form (Refer to the Approved Witness list included in this kit.).

A Qld residential address must be nominated on the application form F3006.

If you are applying to upgrade your P1 provisional licence to a P2 provisional or open licence you must:

- successfully complete the Hazard Perception Test online by visiting [www.tmr.qld.gov.au](http://www.tmr.qld.gov.au)
- pay the Hazard Perception Test fee
- hold your P1 provisional licence for a minimum period of one year. Note: Periods of licence suspension, cancellation or disqualification will not count towards the minimum period.

### Specimen Signature (form F2127)

A Specimen Signature (form F2127) must be submitted with your application. Please ensure that all sections of this form are completed, and that you sign both signature boxes.

Your new driver licence will be sent to the postal address you nominate on this form. This postal address will be applied to your driver licence record and used for licence and vehicle registration correspondence until otherwise advised by you. You will need to notify the department of a change to your postal address on your return to Qld.

If you do not provide a postal address, your new card will be sent to your Qld residential address.

## Temporary Residence Statement Interstate or Overseas (form F2350)

A Temporary Residence Statement Interstate or Overseas (form F2350) must be completed and submitted with your application. The declaration must be signed by you in the presence of an Approved Witness. The Approved Witness must complete, sign and stamp the Authorising person's declaration on the form (Refer to the Approved Witness list included in this kit.).

## Medical Certificate for Motor Vehicle Driver (form F3712) – if required

If you have a mental or physical incapacity that may adversely affect your ability to drive safely and/or you are 75 years of age or older you must provide a completed Medical Certificate for Motor Vehicle Driver (form F3712).

If this applies to you then you must:

- complete Part One the Medical Certificate for Motor Vehicle Driver (form F3712)
- complete the Private and Commercial Vehicle Driver's Health Assessment (form F3195) and give both forms to the doctor assessing your fitness to drive.

The doctor assessing your fitness to drive must complete Part Two the Medical Certificate for Motor Vehicle Driver (Form F3712). Part Three of the form must be completed by your optometrist or ophthalmologist, if applicable. If required, you will need to submit the completed Medical Certificate for Motor Vehicle Driver (form F3712) with your application. The doctor will retain the Private and Commercial Vehicle Health Assessment (form F3195) for their records.

NOTE: If you hold a Qld driver licence, you must report any long term or permanent medical condition, or any change to an existing medical condition, which is likely to adversely affect your ability to drive safely to the department.

## Photographs

You are required to provide two identical colour photographs that meet the following requirements. If your photographs do not meet the required criteria your application will be refused.

The photographs must be:

- Passport quality. Note: Automatic machine photographs are **not** acceptable (e.g. from a photo booth)
- 35mm wide x 45mm long in size and must not be more than 6 months old
- Printed on high-quality paper and using high resolution (preferably 600dpi or higher)
- Must not be manipulated, for example, by removing spots or softening lines
- Both photographs must be signed on the back by an Approved Witness. One photograph must be endorsed on the back with the words: "I certify this is a true photograph of (the applicant) in my presence" and signed by an Approved Witness

The photographs must show:

- a plain, light coloured background (e.g. white, cream or pale blue)
- natural skin tones and have appropriate brightness and contrast, no flash reflections and no red eye.  
Note: Do **not** remove red eye in post production software
- you with a neutral expression and mouth closed
- you looking directly at the camera
- you with no hair across your eyes
- both edges of your face clearly
- a full front view of head and shoulders and not show you looking over one shoulder (portrait style) or with head tilted
- you without glasses or sunglasses, even if normally worn for driving. Note: Glasses or eye patches may be accepted if a Medical Certificate for Motor Vehicle Driver (form F3712) states that eye protection is required to be worn by you as protection from the effects of flash photography
- you without head coverings including hats, except for religious reasons, in which case facial features from bottom of chin to top of forehead and both edges of your face must be clearly shown.

Please refer to the brochure 'Your Digital Photo...the right way', included with this kit for further guidance on how to meet the required criteria.

### Licence fee

You must pay the driver licence replacement fee. The fee should be included with your application or paid prior to sending your application to the department. The current fee can be found on the department's website [www.tmr.qld.gov.au](http://www.tmr.qld.gov.au).

1. **Note: Fees increase 1 July each year.** If your application will be received by the department after 30 June you may pay the new fee. You should allow for overseas mail delays when determining the applicable fee. Any overpayment will be refunded.
2. **Paying the incorrect fee may result in your application being refused.**

The fee can be paid by an Australia Post money order or a personal or bank cheque from an Australian affiliated bank in Australian Dollars (AUD) made payable to the Department of Transport and Main Roads. Cash is not acceptable.

Alternatively, you may arrange for someone to pay the fee at a Qld driver licence issuing centre, which includes Department of Transport and Main Roads Customer Service Centres, participating Qld Government Agent Program offices or driver licence issuing police stations (in rural or remote areas). If you choose to have someone pay the fee directly into your account, the fee must be made prior to sending your application to the department.

## **Application Checklist**

Use this checklist to ensure that you have provided the required documentation.

**Incomplete applications will not be processed.**

### **Forms**

- Replacement Licence Application (form F3006) completed and witnessed as directed
- Temporary Residence Statement Interstate or Overseas (form F2350) completed and witnessed as directed
- Specimen Signature (form F2127) completed as directed
- Medical Certificate for Motor Vehicle Driver (form F3712), if required

### **Evidence of Identity**

- Witnessed photocopy of your Qld driver licence (current or expired less than two years) or alternative documents as per Evidence of Identity Requirements for Individuals (form S5385)

### **Photographs**

- Two (2) identical colour photographs in the required format, one of which is signed and endorsed as directed. Note: If your photographs do not comply with image requirements your application will not be processed.

### **Fee**

- Cheque/Money order attached, or
- Receipt number provided for payment made at a Qld driver licence issuing centre

Completed applications should be forwarded to:

**The Manager**

**Department of Transport and Main Roads**

**Dalby Customer Service Centre**

**PO Box 767**

**Dalby Qld 4405**

**Australia**

Please contact the department by telephone (07) 4672 4600 or facsimile (07) 4662 5274 if you have any questions about the processing of your driver licence renewal.

# Evidence of Identity Requirements for Individuals Information Sheet

The Department of Transport and Main Roads is committed to safeguarding your identity through secure information management and personal identification methods. As part of your application process, you may be required to present documents that are evidence of your identity.

If you are unable to present your Queensland driver licence (current or expired less than two years), you may be able to provide your current Queensland industry authority, marine licence indicator, adult proof of age card or photo identification card instead. If you are unable to present these documents, you will need to present **three original documents** that are evidence of your identity:

**Combination 1:** One category A + two category B

**Combination 2:** Two category A + one category B

## Document guidelines

- The category A document must show your full name and date of birth.
- Certified photocopies will not be accepted.
- All documents must be current unless otherwise stated.

**Providing false or misleading information or documents is a serious offence and can result in a fine.**

## Category A documents – proves the legal existence of a person

- Australian Birth Certificate
- Bicentennial Birth Certificate
- Australian Citizenship Certificate or Naturalisation Certificate
- Queensland or Australian Federal Police Officer photo identity card
- Laminated Queensland 18+ Card (issued after 1 January 1982)
- Department of Home Affairs or Department of Immigration and Border Protection ImmiCard (not expired more than five years).

**Note:** Electronic Travel Authority is not accepted.

### The below documents must not be expired by more than two years:

- Australian passport
- Overseas passport
- Australian Certificate of Identity, Document of Identity, Titre de Voyage, Document de Voyage
- Australian photo driver licence
- Queensland Government photographic high risk work licence
- Queensland Accreditation: driver/rider trainer; pilot/escort vehicle driver; dangerous goods driver; tow truck driver/assistant; traffic controller; passenger transport driver.

### Category B documents - establishes the use of your name in the community.

- Australian Defence Force photo identification card (excluding civilians)
- Australian Firearm Licence (with photo)
- Australian Security Guard or Crowd Controller Licence (with photo)
- Australian educational institution student identity document (must include photo)
- Debit or credit card (must include embossed or printed name)
- Services Australia BasicsCard
- Interstate government-issued or government approved Proof of Age Card, Photo Card or Photo Identification Card
- Department of Veterans' Affairs or Centrelink Pensioner Concession Card (including Healthcare card)\*
- Medicare card\*
- Department of Corrective Services - *Form 16 Leave of Absence Order\*\**

**\*Note:** Digital versions of the Medicare Card and Department of Veterans' Affairs or Centrelink Pensioner Concession card (including Health Care cards) can be presented for in-person transactions only. Screen shots or printed copies are not accepted.

**\*\*** Leave of Absence Order can only be accepted on the day of issue and when accompanied by a Corrective Services Officer.

If you have changed your name or the names on your identity documents are different, you will need to present a change of name document.

### Change of name documents

- Australian Marriage Certificate (ceremonial marriage certificates are not accepted)
- Australian civil partnership/relationship certificate
- Australian Change of Name Certificate
- Overseas Marriage Certificate (additional evidence requirements apply)
- Australian Birth Certificate (amended and/or with notations)
- Divorce papers, Decree Nisi or Absolute (must show the name being reverted to)
- Deed Poll issued before 1 February 2004.

If your residential address does not appear on your category A and/or B document, you will need to present a Queensland residential address document.

### Queensland residential documents

- Contract of property purchase, lease/rental document, mortgage/land ownership certificate
- Electricity, gas, internet or landline telephone account (excludes mobile phone accounts)
- Queensland local government rates notice; Queensland Land Tax valuation notice; Australian electoral document; official letter from Centrelink/Department of Human Services/Queensland Government Agency/Federal Government Agency
- Queensland vehicle registration notice or certificate; Queensland driver licence renewal notice
- A current or previous financial year Australian Taxation Office Notice of Assessment. An Australian Taxation Office File Number confirmation issued in the last two years
- Health, property or travel insurance certificate.

If you are under 18 and cannot show any of these documents, you can:

- visit a transport and motoring customer service centre in your school uniform
- present your student identification card
- have a parent or guardian attend with you and show their driver licence with the same address.

**Further information:** If you are unable to show a particular type of identity document, please visit [www.qld.gov.au/transport/licensing/driver-licensing/identity](http://www.qld.gov.au/transport/licensing/driver-licensing/identity) or call 13 23 80 or visit a customer service centre for further advice. For more information about obtaining a Queensland Birth, Marriage or Change of Name Certificate, please contact the Registry of Births, Deaths and Marriages by visiting [www.justice.qld.gov.au/bdm](http://www.justice.qld.gov.au/bdm), calling 13 74 68 or emailing [bdm-mail@justice.qld.gov.au](mailto:bdm-mail@justice.qld.gov.au).





# Replacement Driver Licence/Driver Licence Receipt/Licence Label Application

Transport Operations (Road Use Management) Act 1995;  
Transport Planning and Coordination Act 1994

Please use this form to apply for a replacement Queensland (Qld) driver licence if:

- (a) your driver licence is damaged, destroyed, lost or stolen
- (b) your driver licence was not received in the mail
- (c) your driver licence is faulty
- (d) your photo image is no longer a true likeness
- (e) you wish to have a class of marine licence indicated on your Qld driver licence
- (f) your marine licence condition must be amended
- (g) you have been granted a special hardship order or s79E order by a court to allow you to drive under stated conditions
- (h) you have completed a period of restricted driving under a court order
- (i) you have lodged an application with the Qld Civil and Administrative Tribunal (QCAT) for a review of a decision to cancel your licence for reasons other than medical reasons
- (j) you have lodged an appeal against a court conviction
- (k) you wish to replace your laminate licence with the new card
- (l) any other reason.

You may also use this form to apply for a replacement of your Qld driver licence receipt or address label if it is damaged, lost or stolen.

### Additional Information

If you still have your driver licence, you are required to return the licence to the Department of Transport and Main Roads at the time of this application. You are not eligible to make this application if your licence is suspended or cancelled or while you are disqualified from holding or obtaining a driver licence in any Australian state, territory, or any other country.

### Evidence of Identity (EOI) Requirements

You must give evidence of your identity. You may do so by showing your Qld driver licence, industry authority, marine licence indicator (conditions apply) or adult proof of age (APA) card. All cards must be current or expired by less than two years. If you are unable to show one of the above you will need to present three other acceptable EOI documents and evidence of your Qld residential address.

If you have changed your name or the details of your name are different on the documents provided, you must show a change of name document from the relevant Australian Registrar of Births, Deaths and Marriages (BDM).

For a full list of acceptable EOI, evidence of residential address and change of name documents please refer to the *Evidence of Identity Requirements for Individuals* (form F4362) or visit [www.qld.gov.au](http://www.qld.gov.au).

### 1. Personal details

Family name (please print)

Given name/s

Residential address

Postcode Postal

address (if same as residential, write 'as above')

Postcode

Email address

Daytime contact phone number

Date of birth

Day / Month / Year

Town and country of birth

### 2. Can you show your Qld driver licence, industry authority, marine licence indicator or APA card?

Yes  Licence/authority/reference number

No  You must show three EOI documents, one of which must show your signature, and one evidence of Qld residential address document. Please provide details of your documents.

### Category A (please print)

Document type (for example Qld BDM birth certificate)	Document number (for example C0100011)
<input type="text"/>	<input type="text"/>

### Category B (please print)

Document type (for example Medicare card)	Expiry date (if applicable)
<input type="text"/>	<input type="text"/>

### Category A or B (please print)

Document type	Document number or expiry date (do not give credit/debit card number)
<input type="text"/>	<input type="text"/>

### 3. Is your name different to the name/s on your EOI documents?

No  Yes  You must show an EOI change of name document.

### Change of name document (please print)

Document type (for example Qld BDM issued Marriage Certificate)	Document number (for example 001000)	Registration year (for example 2001)
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 4. What type of product are you replacing?

Driver licence  Driver licence receipt  Address label

Renewal of licence label

### 5. Are you applying for a replacement driver licence for any of the following reasons? (please answer all questions)

(a) your driver licence is damaged, destroyed, lost or stolen

No  Yes  Please indicate the reason for the replacement

Damaged  Destroyed

Lost  Stolen

(b) you have not received your driver licence by mail

No  Yes

(c) your driver licence is faulty

No  Yes

Note: You must surrender your faulty driver licence. Please give details about the fault.

(d) your photo image is no longer a true likeness

No  Yes

(e) you have a Qld marine licence and you wish to have a marine licence indicator shown on your driver licence

No  Yes  What marine licence do you hold:

Personal watercraft licence  (PWCL)

Recreational marine driver licence  (RMDL)

(f) marine licence condition must be amended

No  Yes  You are required to show your departmental letter detailing the conditions

(g) you have been granted a special hardship order or s79E order to allow you to drive under stated conditions

No  Yes  Please show your court order

(h) you have recently completed a period of restricted driving under a court order

No  Yes  Please tick the relevant order

Restricted licence order X1

Special hardship order X3

S79E order X4

(i) you have lodged a QCAT application to review the decision to cancel your licence other than for medical reasons

No  Yes  Give a copy of your review application

(j) you have lodged an appeal against a court conviction but not against the severity of the sentence

No  Yes  Give a copy of your court appeal application

(k) you wish to replace your laminate licence with the new card

No  Yes

(l) any other reason

No  Yes  Please give details below

6. Are you disqualified from holding or obtaining a driver licence by order of an Australian or overseas court?

No

Yes  State/Territory/Country Length of disqualification

7. Have you recently completed a period of disqualification?

No

Yes  State/Territory/Country Length of disqualification

8. Has your licence been cancelled for any other reason?

No  Yes  Give details below

Reason for suspension or cancellation

State/Territory/Country

Period

9. Is your driver licence currently suspended for any of the following reasons?

Speeding offence No  Yes

Accumulation of excess demerit points No  Yes

Unpaid fines No  Yes

other reasons No  Yes

Give details below

State/Territory/Country

Period

## 10. Applicant's declaration

Sign only in the presence of a departmental person.

I declare that I have read the answers I have given to the questions in this application and that the answers are complete, true and correct in every detail. I understand that if I have stated anything that is false or misleading, the driver licence granted to me as a result of this application will be absolutely void and have no legal effect whatsoever. I understand that I may be prosecuted for giving or stating any false or misleading information or documents.

I consent to the department taking, keeping and using my personal information, documents, digital photo and digitised signature for the purposes associated with my application. I consent to the department verifying my EOI documents or information provided by me with the issuing authority or their agencies.

Applicant's signature

Date

Day	Month	Year
/	/	

It is an offence under the *Transport Operations (Road Use Management) Act* to state anything or give a document to an authorised person if you know it contains false or misleading information. The maximum penalty may be more than \$7000.

Privacy Statement: The department collects this information under the provisions of the *Transport Operations (Road Use Management) Act* and *Transport Planning and Coordination Act* so you may apply for a replacement Qld driver licence, driver licence receipt or driver licence label. The department may disclose this information to interstate and foreign driver licensing authorities and the Queensland Police Service (QPS). Your digital photo may also be released to interstate driver licensing authorities and the QPS. The department's card production contractor will have controlled access to your information, digitised signature and digital photo to make your card. Information, including your digital photo or digitised signature, may be disclosed to an authorised agency if the information is connected to an application for its product. Your information will not be disclosed to any other third party without your consent, unless required or authorised by law.

## Office use only - Authorising person's checklist

EOI sighted - address and details current on system

Supporting document supplied

Application approved/refused

Comments by authorising person

## Authorising person's declaration

I have witnessed the applicant's signature and checked that it matches the applicant's evidence of identity which I have sighted.

Authorising person's name

Authorising person's signature

Date

Day	Month	Year
/	/	

## Office Stamp



# Specimen Signature

*Photo Identification Card Act 2008; Tow Truck Act 1973; Transport Operations (Marine Safety) Act 1994; Transport Operations (Passenger Transport) Act 1994; Transport Operations (Road Use Management) Act 1995*

Instructions for printing this form: To ensure that the correct size is obtained for digital imaging of your signature, plain white A4 paper must be used. Please ensure both signature boxes are completed.

## 1. Specimen signature

**Specimen Signature**

Please sign using a black pen so that your signature is within the white space provided

**Specimen Signature**

Please sign using a black pen so that your signature is within the white space provided

fold here

## 2. Postal address label (only for driver licence holders who are temporarily interstate or overseas)

For the renewal or replacement of your Queensland driver licence, clearly print your name and the address where you want your new driver licence posted to:

Name: .....

Building Name: ..... Floor: .....

Unit/Flat No: ..... Street No: .....

Street Name: .....

Suburb/Town: .....

Postcode: ..... Country: .....

fold here

## 3. Contact details

To assist with the processing of your application, please supply contact details for any queries about your application.

Contact Name: .....

Contact Telephone Number: .....

Email Address: .....

**Privacy Statement:** The Department of Transport and Main Roads provides this form under the *Transport Operations (Road Use Management) Act, Tow Truck Act, Transport Operations (Passenger Transport) Act, Transport Operations (Marine Safety) Act* and the *Photo Identification Card Act* so that you may provide a specimen of your signature for inclusion on your new Queensland driver licence, industry authority, marine licence indicator or photo identification card. The information or signature collected on this form will be accessible by authorised departmental persons and some of this information may be disclosed to the Queensland Police Service and interstate driver licensing authorities as allowed under the Acts. The department will not disclose your personal information or signature to any other third parties without your consent unless authorised or required by law.

# Temporary Residence Statement Interstate or Overseas



Note - The supply of false or misleading information constitutes an offence under the *Transport Operations (Road Use Management) Act 1995* and will result in a driver licence being declared null and void.

## Statement

Family and given name/s

I,

Queensland residential address

of

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 Postcode

in the State of Queensland, do solemnly and sincerely declare that I am temporarily residing at-

the reason being-

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I intend to be returning to Queensland on or about-

 I I

## Declaration

I declare the above information is true and correct in every detail.

Applicant's signature

Date

 I I

Witness's signature

Date

 I I

Witness's name (please PRINT)

*The witness must be a Police Officer, Justice of the Peace, Commissioner of Declarations or a Medical Practitioner.*

**Privacy statement:** The Department of Transport and Main Roads (the department) provides this form under the *Transport Operations (Road Use Management) Act 1995* so that you may declare that, at the time of renewing your driver licence, you are only residing temporarily outside Queensland. The information collected on this form is accessible by authorised departmental persons and some of this information may be disclosed to the Queensland Police Service and interstate driver licensing authorities. The department will not disclose your personal details to any other third parties without your consent unless required by law.



The following information is provided to guide you through the process of when you have a permanent, or long-term medical condition and a medical assessment is required to determine whether you meet the medical criteria for the class of driver licence you currently hold, or the class of driver licence you are applying for.

Your treating doctor will undertake your medical assessment in accordance with the nationally consistent medical standards set out in the Austroads *Assessing fitness to drive for commercial and private vehicle drivers* (AFTD) publication.

### Notifying the Department of Transport and Main Roads (TMR)

If you are applying for a licence you must notify TMR about any mental or physical incapacity that is likely to adversely affect your ability to drive safely.

If you hold a Queensland or a non-Queensland licence, you also have a legal obligation to notify TMR of any new, permanent, or long-term medical condition, or any increase in that condition that is likely to adversely affect your ability to drive safely. This must be done before you continue to drive.

TMR can legally require you to give medical evidence (i.e. a current *Medical Certificate for Motor Vehicle Driver (form F3712)* completed by your treating doctor) about whether you meet the medical criteria for the class of driver licence you hold, or the class of driver licence you are applying for.

### Getting your completed *Medical Certificate for Motor Vehicle Driver (form F3712)*

- Make an appointment with your treating doctor to determine if you have a permanent, or long-term medical condition that is likely to adversely affect your ability to drive safely. When making your appointment, advise the receptionist why you are making the appointment as this kind of medical assessment may take longer than a standard consultation. You are responsible for payment of any fees that are charged by health professionals for their services.
- To assist your treating doctor with your medical assessment, complete the health questionnaire on page 1 of the *Private and Commercial Vehicle Driver's Health Assessment (form F3195)* prior to your appointment and give it to your treating doctor. Your treating doctor will complete page 2 as part of their medical assessment and will generally retain the completed form for their records. This form is not compulsory. However, it may assist your doctor in making a medical assessment. For a copy of the form, go to [tmr.qld.gov.au/Find-a-form](http://tmr.qld.gov.au/Find-a-form) and search 'F3195'.
- You will also need to complete Part 1 of this form prior to your appointment and give it to your treating doctor at the commencement of your medical assessment.
- If the medical assessment has been requested for a particular reason e.g. you have been issued a show cause notice on medical grounds by TMR, you need to advise your treating doctor of this reason. If you need to wear glasses or contact lenses when driving, make sure you take these with you to your appointment.
- If you drive, or intend to drive a vehicle for commercial reasons (e.g. a class MR, HR, HC or MC vehicle, drive a bus or a personalised transport service etc.), you must tell your treating doctor so that you are assessed correctly under the commercial standards in the AFTD.

- If your treating doctor thinks it is necessary, or the AFTD requires it, you may be required to be assessed by an appropriate specialist before your treating doctor is able to provide TMR with an opinion about whether you meet the medical criteria for a driver licence.
- If your treating doctor has referred you to an optometrist or ophthalmologist, Part 3 of this form must be completed by your treating optometrist or ophthalmologist. If you need to wear glasses or contact lenses when driving, take these with you to your appointment.
- Any reports from your specialist, physiotherapist, occupational therapist, optometrist or ophthalmologist must be given to your treating doctor before they can complete Part 2 of this form and provide an opinion regarding your medical fitness to drive.

### If there is a delay in seeing your specialist

If there is a delay before you can see a specialist, talk to your treating doctor about whether you meet the criteria to hold a conditional licence. If so, your doctor may issue you with an interim *Medical Certificate for Motor Vehicle Driver (form F3712)* to cover this period on the provision that you have an appointment booked and your medical condition is not likely to lead to an acute incapacity, or loss of concentration before you see the specialist.

### Your completed *Medical Certificate for Motor Vehicle Driver (form F3712)*

You can present this completed form at your nearest TMR customer service centre, or you can send it via:

**Email:** [mcr@tmr.qld.gov.au](mailto:mcr@tmr.qld.gov.au)

**Mail:** Department of Transport and Main Roads  
Locked Bag 2000  
Red Hill Rockhampton Qld 4701

TMR will consider the opinion of your treating doctor and any recommended conditions/restrictions and make a decision about whether you are eligible for the class of driver licence you currently hold, or the class of driver licence that you are applying for.

### Indemnity for health professionals

The *Transport Operations (Road Use Management) Act 1995* provides indemnity against liability, both civilly or under an administrative process, for health professionals who give information in good faith to TMR about a person's medical fitness to hold, or to continue to hold a driver licence.

### For more information

For more information about medical conditions and driving, please visit [www.qld.gov.au/transport/licensing/update/medical](http://www.qld.gov.au/transport/licensing/update/medical) or call 13 23 80\*.

*\*Check with your service provider for call costs.*

**Privacy Statement:** TMR collects this information under the provisions of the Acts nominated on this form so that you may confirm your medical fitness to drive a motor vehicle safely. TMR may disclose this information to interstate authorities that issue driver licences, pilot or escort vehicle driver accreditations, driver or rider training accreditations, traffic controller accreditations, dangerous goods vehicle licences, tow truck licences and driver authorisations, and the Queensland Police Service (QPS). Your information will not be disclosed to any other third parties without your consent, unless required or authorised by law.



# Medical Certificate for Motor Vehicle Driver

Transport Operations (Passenger Transport) Act 1994, Tow Truck Act 1973  
Transport Operation (Road Use Management) Act 1995

This form has been provided so that your treating doctor, optometrist or ophthalmologist (if required) may provide their opinion about whether you meet the medical and/or visual standards for a driver licence for the class/es of licence you currently hold, or the class of driver licence you are applying for.

**Part 1** of this form should be completed by you before giving the form to your treating doctor.

**Part 2** should be completed by your treating doctor after considering any report from a specialist, optometrist or ophthalmologist (if required).

**Part 3** should be completed by your treating optometrist/ophthalmologist if your vision or eye disorder is not rectified by wearing glasses or contact lenses.

This medical assessment should be conducted in accordance with the national medical standards in the Austroads *Assessing fitness to drive for commercial and private vehicle drivers* (AFTD) publication. This publication is available from the Austroads website [www.austroads.com.au](http://www.austroads.com.au). For more information about medical fitness to drive, please visit [www.qld.gov.au/transport/licensing/update/medical](http://www.qld.gov.au/transport/licensing/update/medical).

**Important:** Parts 1 and 2 of this form **must** be completed in full or it will not be accepted by TMR.

## Part 1 - Personal Details (to be completed by the driver)

### 1. Personal details

Family name

Given name/s

Date of birth (dd/mm/yyyy)

Contact number

Residential address

Postcode

Postal address (if same as residential address, write 'as above')

Postcode

Email address

Licence number (if known)

State/Territory/Country of issue

### 2. What class/es of licence are you applying for or currently hold?

Motorbike (RE or R)  Heavy Rigid (HR)

Car (C)  Heavy Combination (HC)

Light Rigid (LR)  Multi-Combination (MC)

Medium Rigid (MR)  Specially Constructed Vehicle (UD)

### 3. Do you drive, or intend to drive—

• a vehicle with a GVM of more than 8t (class MR, HR, HC, MC, UD)?

No  Yes  see note\*

• a public passenger vehicle (e.g. a bus or a personalised transport vehicle)?

No  Yes  see note\*

• a vehicle transporting dangerous goods in a receptacle with a capacity of more than 500L or 500kgs?

No  Yes  see note\*

\*Note: To assist your treating doctor with your medical assessment, please complete page 1 of the *Private and Commercial Vehicle Driver's Health Assessment (form F3195)* prior to attending your appointment. You will be assessed against the commercial standard in the AFTD.

### 4. Do you need to wear glasses or contact lenses for driving?

No  Yes

### 5. Has your most recent driver licence been cancelled, or downgraded on medical grounds, or have you been given a notice proposing the cancellation, or downgrade of your driver licence on medical grounds by any driver licensing authority, or police officer?

No  Yes

### 6. Do you agree to the amendment of your Queensland driver licence for the purpose of adding/removing a condition or class?

Yes  No  If your driver licence requires amendment you will need to complete a separate *Driver Licence Amendment (form F4358)*, which may delay the reissue of your driver licence.

### 7. Driver's declaration:

I declare that the information I have provided on this form and to my treating doctor is true and complete.

I understand that the TMR may contact my treating doctor for further information about my medical fitness to drive, or to clarify the information that has been provided in this form. I authorise TMR to contact my relevant health professional as it relates to my suitability to apply for, or hold a drivers licence. I further understand that action may be taken to amend, suspend, or cancel my driver licence or authority to drive in Queensland if it is proven the driver licence was obtained on the basis of information that I knew was false or misleading, and that I may be prosecuted as a result.

Driver's signature

Date

This 'tear-off' medical certificate must be carried when driving.

Licence number (if known)

Name of driver (please print)

(To be completed by the treating doctor if the driver is 75 years or older or question 5B of Part 2 has been completed)

Queensland Medical Certificate for Motor Vehicle Driver

Review/expiry date (provide details from question 5)

Medical Certificate issue date

Licence class/es (provide details from question 6)

Licence Conditions/Restrictions (provide details from question 5B)

Doctor's details

Signature

Name (please print)

Address and contact telephone number (office stamp)

## Part 2 - Medical Assessment (to be completed by the treating doctor)

### Important Information

- Your medical assessment must be conducted in accordance with the medical standards in Austroads *Assessing fitness to drive for private and commercial motor vehicle drivers* (AFTD) publication, which is available at [www.austroads.com.au](http://www.austroads.com.au).
- You must assess the person against the commercial standards if they are:
  - applying for, or currently hold a class MR, HR, HC or MC driver licence
  - driving, or intending to drive a public passenger vehicle (e.g. a bus or a personalised transport service etc.), or a vehicle to transport dangerous goods in a receptacle with a capacity of more than 500L or 500kg.
- If the AFTD states that assessment by a specialist is required, then you must refer the person to the relevant specialist.
- If you are uncertain about the impact of the person's medical condition on their ability to drive safely, you can refer the person to a specialist, physiotherapist, occupational therapist, optometrist or ophthalmologist for an opinion.
- Do not complete Part 2 Medical Assessment until you have received all of the necessary reports back from the person's specialist, physiotherapist, occupational therapist, optometrist or ophthalmologist.
- All driver licensing decisions are the responsibility of TMR and your recommendation regarding the person's medical fitness to drive, is considered as part of the decision making process.
- For more information on medical conditions and driving please visit [www.qld.gov.au/transport/licensing/update/medical](http://www.qld.gov.au/transport/licensing/update/medical) or call 13 23 80.

### 1. Were you familiar with this person's medical history prior to this assessment?

No  Yes  How long has this person been treated at this medical practice?

weeks/months/years

See Question 5 on Part 1 of this form. If you are not familiar with the person's medical history, or you haven't been involved in any previous assessment of the person's medical fitness to drive, this assessment should generally be more thorough than a normal consultation. Particularly where the person has had their driver licence suspended, cancelled, or downgraded on medical grounds.

### 2. What is your assessment of the person's visual acuity?

Do not complete if Part 3 has been completed by an optometrist or ophthalmologist.

R 6/  L 6/  Binocular 6/

#### 2.1 Visual fields (confrontation to each eye)

Normal  Abnormal

### 3. Does this person need to wear glasses or contact lenses for driving?

Do not complete if Part 3 has been completed by an optometrist or ophthalmologist.

No  Yes  Code S will be shown on the licence.

### 4. Does this person have any other vision or eye disorders?

Part 3 may be required to be completed if the disorder is not rectified by wearing glasses or contact lenses.

No  Yes  Code M may be shown on the licence.

### 5. Please choose one recommendation (A, B or C) regarding the person's medical fitness to drive.

A.  **Meets the medical criteria for an unconditional licence.** Please mark **one** of the following boxes to indicate the reason why.

- person does not have a permanent or long-term medical condition
- person has a permanent or long-term medical condition and the AFTD provides the person is fit to hold an unconditional licence
- person's medical condition has improved. The person no longer needs a conditional licence and requires no further medical review (M condition will be removed)
- person has a non-progressive medical condition, which does not require a further medical review and they do not need to drive a modified vehicle, or a vehicle that has an automatic transmission
- person is 75 years or older and has no permanent or long-term medical condition\*

What is the medical certificate expiry date?

/  /

(maximum period is 13 months from date of issue)

B.  **Meets the medical criteria for a conditional licence.** Please mark **one or more** of the following boxes to indicate the conditions.

- person has a permanent or long-term medical condition, **which is not likely** to adversely affect their ability to drive safely and requires a further medical review (**M condition will be added**)\*

What is the medical certificate expiry date?

/  /

(the expiry date must not be longer than the review period stated in the AFTD, or if the person is 75 years or older the maximum period is 13 months from date of issue)

- vehicle must be fitted with an automatic transmission (**A condition will be added**)
- vehicle must be fitted with a synchromesh gearbox (**B condition will be added**)
- vehicle must be modified to suit the person's physical disability (**V condition will be added**)

Please specify the type of vehicle modification/s

- other condition/s and/or restriction/s (**M condition will be added**)\*

Please specify the type of condition/s and/or restriction/s

(Refer to AFTD - Conditional licences for more information.)

What is the medical certificate expiry date?

/  /

C.  **Does not meet the medical criteria for a driver licence.**

**\*You must complete the tear off Medical Certificate for Motor Vehicle Driver located at the bottom of page 2.**

### 6. What medical standard did you refer to in the AFTD for this medical assessment?

Private  A class C (car), RE or R (motorcycle), LR (light rigid) driver licence, **unless** the person is authorised, or applying for authorisation to carry public passengers (for hire or reward) or dangerous goods (refer to commercial standard).

Commercial  A class MR (medium rigid), HR (heavy rigid), HC (heavy combination), MC (multi-combination) driver licence, a person who is authorised or apply for authorisation to carry public passengers (for hire or reward) or dangerous goods.

In your opinion, the person meets the above medical standard to hold what class/es of licence?

### Doctor's details (please print)

Name  Contact number  (  )

Email address

Address (office stamp)

Signature  Date  /  /

**Part 3 - Eyesight Assessment (to be completed by the treating optometrist or ophthalmologist) - if required**

This assessment should be conducted in accordance with the standards provided in the Austroads *Assessing fitness to drive for private and commercial vehicle drivers (AFTD)* publication, which is available at the Austroads website [www.austroads.com.au](http://www.austroads.com.au).

The purpose of this eyesight assessment is so that an optometrist, or ophthalmologist may provide an opinion to the treating doctor about whether a person meets the visual criteria for a driver licence and any recommended conditions/restrictions. An eyesight assessment is not a holistic assessment of a person's medical fitness to drive, and therefore, should not be used as a standalone assessment.

The completed assessment must be returned to the treating doctor who will consider it in conjunction with Parts 1 and 2 of the *Medical Certificate for Motor Vehicle Driver* form. TMR will not accept Part 3 without the completion of Parts 1 and 2 of the *Medical Certificate for Motor Vehicle Driver* form.

**1. What medical standards did you refer to in the AFTD to assess this person's eyesight?**

Private Standards  Commercial Standards

**2. In my opinion, the person named in this report:**

- A.  **Meets** the visual criteria for an **unconditional licence**
- B.  **Meets** the visual criteria for an **unconditional licence** as visual condition has improved and **no longer needs a conditional licence** and requires no further review.  
Code M may be removed from the licence once the treating doctor has completed Part 2 and considers there are no other conditions/restrictions. Provide details opposite.
- C.  **Meets** the visual criteria for a **conditional licence** and requires further review (code M will be shown on the licence).  
**Other recommended conditions/restrictions** (Refer to AFTD - Conditional licences for more information). Provide details opposite.
- D.  **Does not meet** the visual criteria as set out in the AFTD.

**Recommended conditions/restrictions**


**3. What is your assessment of the person's visual acuity?**

R 6/	L 6/	Binocular 6/
------	------	--------------

**4. Does this person need to wear glasses or contact lenses for driving?**

No  Yes  Code S will be shown on the licence.

**5. Visual fields**

Visual fields tested by confrontation  or automated perimetry   
Normal   
Abnormal

**Optometrist's/ophthalmologist's details (please print)**

Name	Contact number
<input type="text"/>	( <input type="text"/> ) <input type="text"/>

Address (office stamp)	Postcode
<input type="text"/>	<input type="text"/>

Signature	Date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>





# Private and Commercial Vehicle Driver's Health Assessment

Transport Operations (Passenger Transport) Act 1994

Transport Operations (Road Use Management) Act 1995

## Important information

This form is provided to guide your treating doctor's assessment of your medical fitness to drive. This assessment should be conducted in accordance with the national medical standards as set out in the Austroads *Assessing Fitness To Drive for Commercial and Private Vehicle Drivers* publication (AFTD).

- When making your appointment to see your treating doctor, we recommend that you advise the reason for your visit so that an appropriate length appointment can be made for you.
- It is recommended that you complete the health questionnaire below prior to attending your appointment.
- If you need to wear glasses/contact lenses/hearing aids when driving, take them with you to the assessment.
- At the beginning of your appointment, give this form to your treating doctor who will complete the rest of the form and retain it for their records.
- After the assessment, your health professional will complete the *Medical Certificate for Motor Vehicle Driver* (form F3712) for you to present to the Department of Transport and Main Roads (the department).

Your treating doctor's fees are set at their discretion and you are responsible for the payment of these fees.

## Part 1 - Health Questionnaire - to be completed by the patient (this form will be kept by the health professional)

### 1. Personal details (please print)

Family name

Given name/s

Date of birth

State/territory/country of issue

Driver licence number (if known)

Please answer the following questions by ticking the applicable box. If you are unsure of a question, ask your health professional what it means before answering. Your health professional may ask you additional questions during the assessment.

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | No                       | Yes                      |
| 1. Are you currently being treated by a health professional for any illness or injury?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you use any drugs or medications prescribed by a health professional?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you use any drugs or medications not prescribed by a health professional?                | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had, or been told by a health professional that you had any of the following? | No                       | Yes                      |
| 4.1 High blood pressure  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 Heart disease  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.3 Chest pain, angina   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.4 Any condition requiring heart surgery  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.5 Palpitations/Irregular heartbeat   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.6 Abnormal shortness of breath   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.7 Head injury/Spinal injury  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.8 Seizures, fits, convulsions, epilepsy  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.9 Blackouts, fainting  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.10 Stroke  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.11 Dizziness, vertigo, problems with balance   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.12 Double vision, difficulty seeing  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.13 Colour blindness  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.14 Kidney disease  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.15 Diabetes  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.16 Neck, back or limb disorders  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.17 Hearing loss or deafness  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.18 Psychiatric illness or nervous disorder   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.19 Sleep disorder, sleep apnoea or narcolepsy  | <input type="checkbox"/> | <input type="checkbox"/> |

- |   |                          |                                       |
|---|--------------------------|---------------------------------------|
|   | No                       | Yes                                   |
| 5. Have you ever had an ear operation, or do you use a hearing aid?                                       | <input type="checkbox"/> | <input type="checkbox"/>              |
| 6. Have you ever had any serious injury, illness, operation, or been in hospital for any reason?          | <input type="checkbox"/> | <input type="checkbox"/>              |
| 7. Has anyone noticed that your breathing stops or is disrupted by episodes of choking during your sleep? | <input type="checkbox"/> | <input type="checkbox"/>              |
| 8. How frequently do you drink alcohol?   |                          |                                       |
| Daily   | <input type="checkbox"/> | Occasionally <input type="checkbox"/> |
| Two-three times per week  | <input type="checkbox"/> | Never <input type="checkbox"/>        |

### 2. Patient declaration

I declare that the information I have provided on this form for my treating doctor is true and complete.

Patient's signature

Date

Important: Please do not send this completed assessment to the department as it should be retained by the treating doctor and form part of your medical file. Your treating doctor's recommendation regarding your medical fitness to drive should be recorded on the *Medical Certificate for Motor Vehicle Driver* (form F3712).

continued over page...

**Part 2 - Clinical Examination - to be completed by the treating doctor**

**Patient's details**

Family name (please print)

Given name/s

Residential address


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Postcode

Please be guided by the information your patient has provided in Part 1 - Health Questionnaire. You may apply appropriate tests other than those outlined here i.e. mini mental state, or equivalent for cognitive conditions.

**1. Cardiovascular system**

**1.1 Blood pressure** - (repeat if necessary)

Systolic  mmHg  mmHg

Diastolic  mmHg  mmHg

**1.2 Pulse rate**.....Regular  Irregular

**1.3 Heart sounds**.....Normal  Abnormal

**1.4 Peripheral pulses**.....Normal  Abnormal

**2. Chest/Lungs**

**2.1 Chest/Lungs**.....Normal  Abnormal

**3. Abdomen (Liver)**

**3.1 Abdomen (Liver)**.....Normal  Abnormal

**4. Neurological/Locomotor**

**4.1 Cervical spine rotation**.....Normal  Abnormal

**4.2 Back movement**.....Normal  Abnormal

**4.3 Upper limbs**

(a) Appearance.....Normal  Abnormal

(b) Joint movements.....Normal  Abnormal

**4.4 Lower limbs**

(a) Appearance.....Normal  Abnormal

(b) Joint movements.....Normal  Abnormal

**4.5 Reflexes**.....Normal  Abnormal

**4.6 Romberg's sign**.....Normal  Abnormal

A pass requires the ability to maintain balance while standing with shoes off, feet together side by side, eyes closed and arms by sides, for 30 seconds.

**5. Vision**

**5.1 What is your assessment of the person's visual acuity?**

R 6 /	L 6 /	Binocular 6 /
-------	-------	---------------

**5.2 Does this person need to wear glasses or contact lenses for driving?** No  Yes

**5.3 Visual fields**.....Normal  Abnormal   
(confrontation to each eye)

**6. Hearing** (Commercial vehicle drivers only)

**6.1 Hearing**.....Normal  Abnormal

**7. Urinalysis**

**7.1 Protein**.....Normal  Abnormal

**7.2 Glucose**.....Normal  Abnormal

**8. Neuropsychological assessment**

Where clinically indicated, apply the Mini Mental State Questionnaire or General Health Questionnaire or equivalent.

**8.1 Score**.....

**9. Relevant clinical findings**

Note comments on any relevant findings detected in the questionnaire or examination, making reference to the requirements of the standards outlined in the AFTD guidelines.


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**10. Assessment**

Which standard did you assess your patient against in the AFTD?

Private  Commercial

Treating doctor's full name (please print)

Signature

Date of examination

 /  / 

Your recommendation regarding your patient's medical fitness to drive should be provided on the *Medical Certificate for Motor Vehicle Driver* (form F3712).

Important: Please do not send this completed assessment to the department as it should be retained by you and form part of your patient's medical file. Your recommendation regarding your patient's medical fitness to drive should be recorded on the *Medical Certificate for Motor Vehicle Driver* (form F3712).

# Your Digital photo... the right way



Right



Chin too high



Chin too low



Tilted right



Tilted left



Ear cropped



Right



Features covered



Turned right



Turned left



Colour tinted



Greyscale



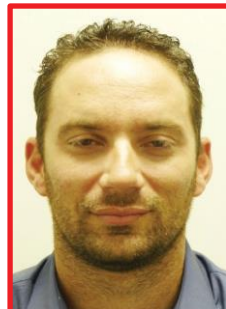
Right



Hair over face



Mouth open



Eyes partly closed



Smiling



Wearing glasses