

Driver Authorisation (DA)

Drivers of motor vehicles used to provide particular public passenger services are required to hold DA.

The purpose of DA is to maximise public confidence in public passenger services in relation to the drivers of public passenger vehicles. New DA applicants and holders of DA are required to meet and maintain eligibility requirements outlined in this application.

All DA policy information can be obtained from the Department of Transport and Main Roads (the department) website www.tmr.qld.gov.au/licensing/passenger-transport-driver-authorisation

All forms are obtained on the department website searching by form number or category www.tmr.qld.gov.au/Find-a-form

If you hold a current DA elsewhere you may be eligible to apply under mutual recognition. For more information about mutual recognition eligibility please refer to www.tmr.qld.gov.au/licensing/passenger-transport-driver-authorisation

Applicants for DA must have an entitlement to work in Australia

DA applicants must have a legal entitlement to work in Australia. Applicants must provide evidence specified in question 8 of the application form that they are:

- an Australian citizen
- a permanent resident of Australia
- a New Zealand citizen who is the holder of a special category visa as defined by the *Migration Act 1958* (Commonwealth), section 32
- entitled, under a visa granted under the *Migration Act* (Commonwealth) to work in Australia.

If you are not an Australian citizen or permanent resident, you must present your foreign passport, Visa Evidence Card or Document for Travel to Australia at the time of application. You must also complete an *Authority to Check a Visa Holder's Work Entitlement* (form F4595) so the department can verify you have an entitlement to work in Australia.

Holders of DA must have an acceptable criminal history

Criminal history checks are undertaken by the department on all DA applicants before an application can be approved. Applicants cannot provide their own criminal history check, because the criminal history check information provided to the department for DA purposes contains more information than is normally released.

You must declare all charges and convictions from Queensland, interstate and any country. Conviction (as defined in the *Transport Operations (Passenger Transport) Act 1994*) includes a finding of guilt, and the acceptance of a plea of guilty, by a court, whether or not a conviction is recorded. All criminal history is considered, regardless of time elapsed.

Driver disqualifying offences are categorised into category A, B and C offences. Persons convicted of category A driver disqualifying offences are ineligible for DA. Persons convicted of a category B driver disqualifying offence cannot hold DA unless they can demonstrate an exceptional case exists. DA can also be refused if a person is convicted of a category C driver disqualifying offence or charged with a driver disqualifying offence (any category) and the charge has not been finally disposed of.

For more information about your suitability based on criminal history, refer to www.tmr.qld.gov.au/licensing/passenger-transport-driver-authorisation

Holders of DA must have an acceptable traffic history

Traffic history checks are part of the DA application process for assessing the suitability of a person to hold DA.

For more information information about your suitability based on traffic history refer to www.tmr.qld.gov.au/licensing/passenger-transport-driver-authorisation

A DA application will not be accepted where an applicant has an alcohol interlock condition on their driver licence.

Medical fitness

Applicants must obtain and submit a *Medical Certificate for Motor Vehicle Driver* (form F3712) assessed in accordance with the commercial medical standards set out in *Austrroads Assessing Fitness to Drive – For Commercial and Private Vehicle Drivers* publication. This publication is available from the Austrroads website www.austrroads.com.au.

The certificate must be no more than six months old. The applicant is responsible for payment of all fees associated with the issue of the certificate. Medical certificates not using form F3712 may not be accepted. Once an authorised passenger transport driver turns 75 years of age, the driver is required to submit a medical certificate issued for a commercial vehicle driver to the department on an annual basis.

Categories of DA

There are two categories of DA:

- Booked hire/taxi - authorises a driver to provide any public passenger service that requires DA including those services provided under General DA. Required by drivers of taxi and booked hire services (including services provided under a limousine licence).
- General - authorises a person to provide any public passenger service other than a taxi service or booked hire service.

Driver licence requirements

All applicants for DA must:

- Hold a current Australian open or restricted driver licence. **Applications cannot be accepted from a person that has an alcohol interlock condition on their driver licence.**
- Have held an open, restricted, provisional or probationary driver licence (Australian or overseas) for at least 3 years in total.

Additional requirements for Booked Hire/Taxi DA

In addition to the above requirements, Booked Hire/Taxi DA applicants must have held for a continuous period of at least 1 year any of the following licences or a series of the following licences:

- an Australian open, restricted, provisional or probationary driver licence;
- a corresponding foreign licence issued by an *experienced driver recognition country* or a *recognised country* listed on the Austroads website. (These are countries recognised as having similar driver licensing standards to Australia).

DA fees

Full payment of fees is required when the application is lodged. For more information about DA fees refer to www.tmr.qld.gov.au/licensing/passenger-transport-driver-authorisation

How to submit your DA application

The application form must be lodged in person at a transport and motoring service centre (locations may be found on the Queensland Government website www.qld.gov.au). The form must be accompanied by evidence of identity (EOI), your driver licence, evidence of Australian work entitlement and full payment. For EOI requirements refer to www.qld.gov.au/EvidenceOfIdentity

The majority of applications are finalised within two weeks. Some applications can take longer while national criminal and traffic history checks are being obtained from other agencies. Upon approval of your application, you can use an interim industry authority as evidence that you are authorised until your industry authority card arrives in the mail. To obtain your interim industry authority by email ask to sign up for the department's e-reminders when submitting your application. For more information on e-reminders please refer to www.qld.gov.au/transport/enotice.

Mutual recognition of equivalent occupation

If you are currently authorised to drive a public passenger service outside of Queensland you may be eligible to apply under mutual recognition. For further information regarding the application process and how to apply outside of Queensland, please refer to www.tmr.qld.gov.au/licensing/passenger-transport-driver-authorisation

Digital photo and signature

When lodging in person at a transport and motoring service centre, you will be required to allow the taking of a digital photo and the recording of a digitised signature to help verify your identity and to reproduce the photo and signature on your industry authority card.



This form is to be used if you are applying for Queensland driver authorisation (DA) to drive a public passenger vehicle.

1. What category of DA are you applying for?

- Booked hire/taxi [to drive a vehicle providing any kind of public passenger service; including taxi and booked hire]
- General [to drive a vehicle providing any public passenger service; excluding taxi or booked hire services]

Note: If you do not meet the driver licence requirements for the category of DA you are applying for your application may be refused. Refer to page 2 for the driver licence requirements

2. (a) Do you hold a current DA in another Australian state, territory or in New Zealand and are applying under mutual recognition ?

- No Go to Q3
- Yes Please present evidence of your DA with your application and complete Equivalent Occupation Registration Notice Statutory Declaration (form F2762).

(b) What is the expiry date of your DA medical?

Mutual recognition applicants do not need to provide a new medical. If unknown, leave blank. This information will assist with expediting the processing of your application.

3. Customer Reference Number

Please provide your departmental customer reference number (CRN) if you have one. A CRN is a Queensland driver licence number, Adult Proof of Age card number or Industry Authority number.

4. Personal contact details

Family name

Given name/s

Residential address
Postcode

Postal address (if different to residential address)
Postcode

Preferred contact telephone

Email address

If approved, your interim industry authority will be emailed for use until your industry authority card arrives in the mail.

Date of birth Town/City of birth

State of birth Country of birth

Town/City and state of birth details must be supplied if born in Australia

5. Have you ever been known by any other name?

No Go to Q6 Yes Give full details of all names

6. Driver licence details

(a) Do you have either:

- a current Australian open driver licence
- a restricted driver licence issued by a court order for driving a public passenger service. Your application will not be accepted if you have an alcohol interlock condition.

Yes No Your application may be refused if you do not meet the driver licence requirements on page 2.

(b) In the last 5 years have you held a driver licence issued by another Australian state, territory or overseas?

No Go to Q7

Yes Please provide details

Interstate driver licence number

State/Country issued Expiry date

If more than one non-Queensland licence history, please provide additional details.

Licence number

State/Country issued Expiry date

Note: you will need to present your interstate/overseas driver licence with your application. If insufficient space, attach a separate sheet.

7. (a) Have you lived in New Zealand or in another Australian state or territory?

No Go to (b) Yes Give details, then go to (b)

Where? When? (Year/s)

continued over page...

13. Driving history

The department will be verifying your driving history.

(a) In the last five years have you had your driver licence amended, suspended, cancelled or have you been disqualified from holding or obtaining a driver licence, or have you committed a traffic offence other than parking (for example, speeding)?

No Yes Please provide date, place, offence and outcome if known.

Table with 10 rows and 1 column for providing details of driving history.

If insufficient space, attach separate sheet

14. Application consent and declaration

- I give my consent for the department to conduct enquiries it deems necessary to assess my application and ongoing suitability to hold driver authorisation, including, but not necessarily limited to:
- a national criminal history check through the Queensland Police Service. I authorise the release of that information by Queensland Police Service, and the Australian Police Services to the department
- a New Zealand (NZ) criminal history check if deemed required. I authorise the NZ Police to release any information they hold relevant to my application. I acknowledge that the Criminal Records (Clean Slate) Act 2004 (NZ) may not apply and that my NZ conviction history may be released. (For details about what your consent includes please read Section 3 of the Vetting Service Request and Consent Form which can be obtained from www.police.govt.nz)
- a driving history check in all states and territories of Australia and NZ if required
- enquiries with the courts, police, prosecuting authorities or other relevant bodies or entities to enable the department to make a full and informed assessment of my suitability for DA
- verifying that I hold a current visa with an entitlement to work in Australia if required
- verifying evidence of identity information provided in this application.
I authorise the department to use this information to maintain a database which is used to prepare correspondence, monitor transactions and to provide accredited operators and other relevant government agencies with information relating to my DA.

I give my consent to the department taking, keeping, and using my personal information, digital photo and digitised signature for the issue of DA under the Transport Operations (Passenger Transport) Act, or as otherwise authorised by law.

I consent to the department using the email address provided on this form to contact me about my application, send notices and other reminders or updates on departmental products and services. The department may use the email address provided instead of the postal address.

I declare that:

I understand my responsibilities as the holder of a driver authorisation under the Transport Operations (Passenger Transport) Act and I understand that failure to comply with relevant legislation may result in the refusal, suspension or cancellation of driver authorisation.

Please note: An applicant in this application shall not:

- wilfully make or authorise the making of a statement that is misleading
- wilfully make or authorise the omission of any matter or thing without which the application is misleading in a material respect.

If you do not tell the truth in your application you may be prosecuted under the relevant Acts or Regulations.

I state that I have read the consent and declaration and the information provided in this application is complete, true and correct in every detail.

Applicant's signature

Signature box

Date

Date box

Privacy statement: The department is collecting the information on this form to assess your suitability for a DA. The department is authorised by the Transport Operations (Passenger Transport) Act to collect this information and to obtain information from other government agencies relating to your criminal and driving history and by the Migration Act (Commonwealth) to verify your entitlement to work in Australia. The documents collected for the purpose of this application will be accessible by authorised departmental persons and some of this information may be disclosed to the Queensland Police Service and interstate licensing authorities as allowed under the Acts. If a NZ criminal history check is conducted NZ police will be provided your information and they may update their records.

If this application is approved, and an industry authority card is produced, the department's card contractor will have controlled access to your information, digital photo and digitised signature to make a card. Your information and digital photo may be accessed by authorised departmental persons or police exercising a power in relation to this Act, section 328A of the Criminal Code Act 1899 or otherwise authorised under the Police Powers and Responsibilities Act 2000. The department will not disclose your personal details, documents or digital photo to any other third parties without your consent unless required by law.

Office Use Only - Checklist

Lodging Customer Service Centre (CSC) to complete

Lodgement date CSC lodged at

Operator user ID

Booked hire/taxi General

Further action

Please indicate with a when completed/submitted, or a when not required.

EOI proof of identification
(If not sighted, specify reason)

Work entitlement checked / /
(Work entitlement end date)

1:1 match performed

Fee paid \$
(Amount paid) (Receipt number)

Application forwarded to DA hub

Note: eligible mutual recognition applicants are not required to pay the criminal history check fee. The term fee is applicable to all Booked Hire/Taxi DA applicants.

RO PT office to complete for DA applications referred by DA Hub

Approved

Refused

Decision maker name

Role title

Date / /

continued over page...

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 *Austrroads Assessing Fitness to Drive - 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 page 2...

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

Patient's details

Family name (please print)

Given name/s

Residential address

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. mine 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.

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).