



Application for Reconsideration of a Decision – Alcohol Ignition Interlock Program - Interlock Exemption

Transport Operations (Road Use Management) Act 1995 (TORUM)

This form must be used to request a review of a decision not to grant an Alcohol Ignition Interlock Program - Interlock Exemption

- A reconsideration application can only be made under the original decision.
- If you wish to apply under a different criterion you will need to lodge a new Interlock Exemption Application.
- If no additional evidence is provided, the reconsideration decision will be assessed using evidence provided with your Interlock Exemption Application.
- Individual applicants to complete sections 1, 2 and 3.
- Deliver this completed form (including any supporting documentation) no more than 28 days after the day of the written notice of the decision to refuse:
 - by email to AIIIP.U@tmr.qld.gov.au
 - in person to a Department of Transport and Main Roads (TMR) Customer Service Centre
 - by post to:
 - Principal Advisor
 - Customer Services Operations
 - Department of Transport and Main Roads
 - GPO Box 5232
 - BRISBANE QLD 4001

1. Applicant details

| | | | |
|--|-------------------------------------|--|--|
| Family name | | Given name/s | |
| <input type="text"/> | | <input type="text"/> | |
| Date of birth | Contact phone number (if available) | Email address | |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Current residential address | | Customer Reference Number (The CRN is your Queensland Driver Licence/Adult Proof of Age card number, or your reference number issued by TMR) | |
| <input type="text"/> | | <input type="text"/> | |
| Postcode | | <input type="text"/> | |

2. Please attach any additional information and evidence to support your request

I have attached further information in support of my application

Yes No

3. Application declaration

I declare that the information set out above is complete, true and correct. I understand that I may be prosecuted for giving false or misleading information.

| | |
|-----------------------|----------------------|
| Applicant's signature | Date |
| <input type="text"/> | <input type="text"/> |

Privacy Statement: TMR collects the personal information requested as authorised by the TORUM. TMR may disclose some of this information to relevant health professionals and, where a legislative authority exists, other government agencies. Your personal information will not be used by TMR or its contractors for any other purpose, nor will it be disclosed to other third parties without your consent unless authorised or required by law.

Departmental office use only

| | |
|---------------------------------------|--|
| Receiving officer's name and position | Receiving centre and phone |
| <input type="text"/> | <input type="text"/> |
| Receiving officer's signature | Date |
| <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |