

## Application for Special Need -Class RE or R Licence

Transport Operations (Road Use Management) Act 1995

Please use this form if you have a special need for either a class RE or R licence because you have a permanent physical incapacity and the only type of motorcycle you are able to ride is a two-wheeled motorcycle with a sidecar attached to it and/or a three-wheeled motorcycle.

Your application claiming a special need for a class RE or R licence will be assessed against strict criteria. You must provide a signed statement from your doctor supporting your claim that, because of a permanent physical incapacity, the only types of motorcycle you are able to ride are the motorcycles mentioned above.

Your doctor may complete the medical verification notice provided on this form or give a signed statement to support your claim. However, the signed statement should include the details laid out in the medical verification notice on page three of this form to enable the chief executive to make a decision about this application.

#### Eligibility

If you are claiming a special need for a class RE licence, you must:

- be at least 16 years and nine months of age
- not have any other medical condition that is likely to adversely affect your ability to drive safely.

If you are claiming a special need for a class R licence, you must:

- be at least 17 years of age
- have held a provisional, probationary or open licence authorising you to drive any class of vehicle within five years before applying for the class R licence, unless you are unable to ride a class RE motorbike because of a permanent physical incapacity
- not have any other medical condition that is likely to adversely affect your ability to drive safely.

A medical condition means a mental or physical incapacity that is likely to adversely affect your ability to drive safely. You will be required to give a medical certificate providing information about your medical condition to allow a decision to be made as to your eligibility to hold or continue to hold a driver licence.

#### Additional information

The lodgement of this application does not guarantee it will be approved. Your traffic history will be considered. Your application cannot be considered at the time of lodgement. It must be forwarded to an authorising person for consideration. You must complete and submit this application to the Manager of a Department of Transport and Main Roads (TMR) Customer Service Centre or driver licence issuing centre. You will be notified of the decision in writing. If your application for a special need class RE or R licence is successful, you will be required to complete the *Driver Licence Application/Renewal* (form F3000) and complete a Q-Ride pre-learner course (you may apply for an exemption if you reside outside a 100km radius of an approved Q-Ride training area) and pass a motorcycle knowledge test.

For a class RE licence - you will be granted a class RE learner licence and be required to hold the learner licence for at least three months (or 12 months if you are granted an exemption from the pre-learner course). You will also be required to pass the motorcycle hazard perception test before being eligible to take a Q-SAFE practical driving test.

For a class R licence - you will be granted a class RE learner licence (if required) and a certificate authorising you to learn to ride a class R motorcycle under your class RE licence. If a learner licence is required you will need to hold this for at least three months (or 12 months if you are granted an exemption from the pre-learner course). You will also be required to pass the motorcycle hazard perception test before being eligible to take a Q-SAFE practical driving test.

**Note** - You must complete a Q-Ride course unless you reside outside a 100km radius of an approved Q-Ride training area.

## 1. Applicant's details

Family name (Please print)

Given name/s

Residential address

Postcode

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

Postcode

Date of birth

Town and country of birth

Email address

1

Daytime telephone number

1

Mobile telephone number (optional)

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#### 2. Driver licence details

 (a) Do you hold, or have you ever held, a Queensland driver licence in the above name or in another name within the last five years? (Please tick ✓)

No		
Yes 💽	Driver licence number (if kr	nown)
	Expiry date Lice	ence class/es
	Day Month Year	

(b) Do you hold, or have you ever held, a driver licence issued to you by another Australian state, external territory or country within the last five years?

No	
Yes 💽	Driver licence number (if known)
	Expiry date Day Month Year / /
	State/Territory/Country of issue
	Licence class/es

(c) What class of motorcycle licence are you claiming a special need for?

Learner app	roved mo	torcycle	RE
Motorcycle	R		

## 3. Medical fitness to drive

(a) Do you have a permanent physical incapacity that only enables you to ride a two-wheeled motorcycle with a sidecar attached to it and/or a three-wheeled motorcycle?

Example: You have a neurological disorder that is likely to prevent you from driving safely because of the limited use, or loss of, one or more of your limbs.



, Medical Certificate for Motor Vehicle Driver (form F3712) is required.

- (b) What documentation are you giving to support your claim that, because of your permanent physical incapacity, the only type of motorcycle you are able to ride is a two-wheeled motorcycle with a sidecar attached to it and/or a three-wheeled motorcycle?
  - Medical verification notice completed by your doctor (page 3 of this form)

A separate signed statement completed by your doctor

(c) Do you have any other permanent or long term medical condition that is likely to adversely affect your ability to drive safely?

No	Į
Yes	1

Medical Certificate for Motor Vehicle Driver (form F3712) is required

#### 4. Declaration

I declare that I have read all the answers I have given to the questions in this application and that the answers given by me are complete, true and correct in every detail.

I understand that if I have stated anything in this application that is false or misleading, the driver licence granted as a result of this application will be void and have no legal effect whatsoever.

I understand that I may be prosecuted for giving or stating any false or misleading documents or information.

I give my consent for a departmental person to contact my doctor (if required) for further information or clarification relevant to my medical condition or about my ability to drive safely the type of motorcycle authorised to be ridden under the licence applied for or currently held.

Applicant's signature

Date	Э				
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**Privacy Statement:** TMR collects this information under the Transport Operations (Road Use Management) Act so that you may apply for a class RE or R licence by claiming you have a special need for the licence. TMR may use this information in its communications with you and may disclose this information to interstate and overseas licensing authorities, and the Queensland Police Service. Information 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

Applica	ion approved?
Yes	No Please give reason/s for your decision -
Decisio	ו by (please print)
Signati	-e
Date	
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**Office stamp** 

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### Medical Verification Notice -

This notice may be completed by your doctor.

The purpose of this form is to provide an opportunity for a doctor to provide additional information to support an applicant's claim that, because of their permanent physical incapacity, the only type of motorcycle the applicant is able to ride is a two-wheeled motorcycle with a sidecar attached to it and/or a three-wheeled motorcycle.

Please give details below about the applicant.

(a) Describe the applicant's permanent physical incapacity
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(b) Describe how this permanent physical incapacity would limit the applicant to riding a two-wheeled motorcycle with a sidecar attached to it and/or a threewheeled motorcycle -

(c) Describe why the applicant has a special need for a class RE or R licence

(d) Other supporting inform	nation -
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If in your opinion the applicant meets the criteria for a conditional licence to ride a two-wheeled motorcycle with a sidecar attached to it and/or a three-wheeled motorcycle, please complete part 2 of the *Medical Certificate for Motor Vehicle Driver* (form F3712).

# Guide to completing the *Medical Certificate* for Motor Vehicle Driver (form F3712)

The following information is provided to assist you if you are required to complete a medical assessment for a patient who has a special need for a class RE or R licence.

On the *Medical Certificate for Motor Vehicle Driver* (form F3712), please specify the type of condition/s and/or restriction/s that apply at question 5 (Refer to question 5 of form F3712).

Condition/s and/or restriction/s may include for example:

- only able to ride two-wheeled motorcycle with a sidecar attached to it
- only able to ride three-wheeled motorcycle.

#### Doctor's details (please print)

Name

Telephone number

Doctor's address (office stamp)

#### Declaration

I agree that the authorising person may contact me (if required) for further information or clarification relevant to the applicant's medical condition or about his or her ability to ride the type of motorcycle authorised to be ridden under the licence applied for or currently held by him or her. I declare that the information stated by me on this notice, to the best of my knowledge, is true and correct in every detail.

Doctor's signature

Date	

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**Indemnity** - The Transport Operations (Road Use Management) Act, s142 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 Queensland driver licence.