

Please use this form to notify the Department of Transport and Main Roads (the department) that you agree to the amendment of your Queensland (Qld) driver licence if you have been advised your licence requires amendment, for example, to only drive while carrying, and in accordance with a medical certificate.

If you agree to the amendment, you are required to return your driver licence for endorsement to your nearest departmental customer service centre or driver licence issuing centre. Failure to return your licence as required may incur a maximum penalty of more than \$2300.

1. Driver licence details	
Driver licence number Expiry date	Date
2. Personal details (please print) Family name Given name/s Date of birth / / Residential address	<ul> <li>Privacy Statement: The department provides this form under the <i>Transport</i> Operations (Road Use Management) Act and Transport Planning and Coordination Act so you may notify it that you agree to the amendment of your driver licence. 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 licence production contractor will have controlled access to your information, digitised signature and digital photo to make your licence. 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.</li> <li>5. Your delivery method for the return of this notice</li> </ul>
	You may return the Driver Licence Amendment Notice by:
Postcode Postal address (if same as residential, write 'as above')	Mail Department of Transport and Main Roads Locked Bag 2000 Red Hill ROCKHAMPTON QLD 4701
Postcode	Facsimile Department's facsimile number: 07 4931 1624
Email address	Email Department's email address: mcr@tmr.qld.gov.au
Daytime contact phone number	Presenting At any departmental customer service centre in person or driver licence issuing centre.
<ul> <li>3. Notification about amendment Have you been notified by the department that your licence requires amendment? Yes No</li> </ul>	Office use only Notes
4. Details of amendment Please give details of the amendment/s you are agreeing to. For example:	Authorising person's name
<ul> <li>corrective lenses to be worn while driving</li> <li>medical certificate to be carried while driving.</li> </ul>	Authorising person's signature
	Date
	Office stamp

## **Driver Licence Amendment**

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

## 5. Driver's declaration

I declare that I have read the answers I have given to the questions in this agreement and that the answers are true and complete.

I understand that my driver licence will be amended as indicated in Question 4 of this form.

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.

Driver's signature