



Driver authorisation (DA)

Driver Authorisation (DA) is a qualification a driver of a vehicle providing a public passenger service must attain and maintain.

The purpose of DA is to maximise public confidence in public passenger service in relation to the drivers of public passenger vehicles.

Information bulletins about DA and application forms may be obtained from the Department of Transport and Main Roads website www.tmr.qld.gov.au

Applicants for DA must have an entitlement to work in Australia

DA applicants must have a legal entitlement to work in Australia. When lodging an application for DA, a person must provide evidence 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 part of the application process of assessing the eligibility of a person to be issued with a DA.

You must declare all charges and convictions from Queensland, interstate or overseas. Failure to declare criminal history is an offence. Conviction includes a finding of guilt, and the acceptance of a plea of guilty, by a court, whether or not a conviction is recorded. Criminal history must be declared regardless of time elapsed.

Driver disqualifying offences are categorised into category A, B and C offences. Each of these categories are assessed differently. Persons convicted of category A driver disqualifying offences are ineligible for DA. Applicants who have been convicted of a category B driver disqualifying offence cannot be issued DA unless the applicant demonstrates that an exceptional case exists.

Information bulletin *Driver Authorisation - Effect of a Driver Disqualifying Offence PT17* provides more information about category A, B and C driver disqualifying offences.

DA holders must maintain a satisfactory driving history

A DA application will not be accepted where an applicant has had an alcohol interlock condition imposed on their driver licence in the past two years regardless of when the condition expired.

Driving history checks are part of the application process of assessing the eligibility of a person to be issued with a DA. Information bulletin *Driver Authorisation - Effect of a Driving History PT16* contains information on driving history criteria.

Medical fitness

An applicant for DA must be certified medically fit in accordance with the *Assessing Fitness to Drive - Commercial and Private Vehicle Drivers* medical standards. The *Medical Certificate for Motor Vehicle Driver* (form F3712) must certify that the applicant meets the medical standards for commercial vehicle drivers. To obtain a medical certificate you should:

- (a) make an appointment for a medical examination with a medical practitioner of your choice. Payment for the examination is your responsibility
- (b) complete the *Private and Commercial Vehicle Driver's Health Assessment* (form F3195 included in this application) prior to the medical examination so that it can be given to the medical practitioner at the examination
- (c) obtain from the medical practitioner at the end of the medical examination, a completed *Medical Certificate for Motor Vehicle Driver* (form F3712).

Categories of DA

- Booked hire/taxi (includes taxi, booked hire and limousine services)
- General (includes charter bus, tourist, accommodation transfer services, tourist transfer services, unscheduled long distance services and any service not falling into another category)
- Scheduled (includes general route and school services)
- Motorcycle tour.

You may apply for more than one category as long as you meet the requirements for each category. Community and courtesy transport services can be driven under any category of DA.

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Driver licence requirements

- A DA applicant must hold a current Australian open or restricted driver licence for the class of vehicle being driven.
- Applicants for booked hire/taxi, general and scheduled services DA are required to have held an open or provisional driver licence (Australian or overseas) for at least three continuous years. Some applicants (excluding applicants for booked hire/taxi services) may be offered a driver competence test as an alternative to meeting this requirement. In addition:
 - applicants for general DA must also have held an Australian open or provisional driver licence for a car, truck or bus for at least two years of the required three year period
 - applicants for booked hire/taxi services DA must also have held an Australian open, provisional or probationary driver licence of the appropriate class for at least one year.
- Applicants for motorcycle tourist services DA must have held:
 - an open or provisional motorbike licence continuously for a five year period that includes at least two years of an Australian-issued open or provisional motorbike licence
 - an open or provisional motorbike licence continuously for a three year period that includes at least two years on an Australian-issued open or provisional motorbike licence, and have passed a practical competence test for the operation of a motorbike with a pillion passenger.

Fees

Full payment of applicable fees is required when the application is lodged. Information about DA fees may be found on the department's website www.tmr.qld.gov.au

How to submit your DA application

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

Upon approval of your application, you can use an interim industry authority as evidence that you are authorised to perform the role 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

If you are not the holder of a Queensland driver licence, you may have to complete the *New Customer Application* (form F3503) and provide EOI. Refer to *EOI Requirements for Individuals/Organisations* (form F4362).

Digital photo and signature

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. All relevant questions must be answered or the application will not be processed and will be returned to you for completion.

1 Personal details

Family name

Given name/s

Residential address

Postcode

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

Postcode

Telephone (daytime)

Telephone (business)

Email address

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

2 Customer reference number

Do you have a departmental customer reference number (CRN)?
(The CRN is a Queensland driver licence number or Adult Proof of Age card number)

Yes Go to Q3

No Complete a *New Customer Application* (form F3503)

3 Driver licence details

(a) Current driver licence number

State issued

Expiry date

 / /

(b) What class/es of licence do you currently hold?

(c) 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.

(For more information, see note below)

Yes No This application may be refused.

Note: All drivers of public passenger vehicles are required to hold the appropriate class of either a current Australian open driver licence or a restricted driver licence issued under Section 87 of the *Transport Operations (Road Use Management) Act 1995* by a court order for driving a public passenger vehicle.

4 Have you ever been known, or are you now known, by any other name?

No Go to Q5 Yes Give full details of all names

Name/s

5 (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)

(b) Have you lived in any other country for more than 12 months in the last 10 years and been aged at least 18 years of age or more for any period during this time?

No Go to Q6 Yes Give details

Where?

When? (Year/s)

6 Have you ever held a DA in Australia or New Zealand?

No Go to Q7

Yes **Note:** You may be eligible to apply under mutual recognition. Please refer to the information bulletin *Mutual Recognition of Public Passenger Driver Authorities issued in other States, Territories or New Zealand PT01* located at:
www.tmr.qld.gov.au/information_bulletins

7 Entitlement to work in Australia

(a) Are you an Australian citizen, Australian permanent resident or a New Zealand citizen holding a special category visa?

No Go to (b) Yes

Your application will be accepted on presentation of one of the following documents. Please tick (✓) which documents you will be providing and provide details below—

Green Medicare Card

Full Australian Birth Certificate

Queensland Birth Extract

Australian Citizenship Certificate/Extract

Australian Naturalisation Certificate

Australian Passport
(which is not expired more than two years)

New Zealand Passport

Evidence of your permanent residency

Certificate/Extract number/Document number

Place of issue

Date of issue

Note: If your name is different from the name/s on the documents you are providing for proof of Australian Citizenship or permanent residency, you are required to submit a change of name document. For a list of acceptable documents please refer to *Evidence Of Identity Requirements for Individuals/Organisations* (form F4362) which can be located at www.tmr.qld.gov.au.

Go to Q8

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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?

No Yes You are required to supply full details below

If insufficient space, attach separate sheet

(b) In the last five years have you received a notice in relation to any traffic offence other than parking?

(For example: speeding offence)

No Yes You are required to supply full details below

If insufficient space, attach separate sheet

14 Applicant declaration

I ,
(insert full name of applicant), in making this application, agree to the department carrying out those enquiries it deems necessary to determine if I meet the suitability requirements for DA.

I give my consent for the department, its employees and agents to conduct such enquiries as considered necessary to assess my application, including, but not necessarily limited to:

- a national criminal history check (charges including those yet to be determined, convictions and certain investigative and disciplinary information) through the Queensland Police Service. I authorise the release of that information by Queensland Police Service and the Australian Police Services to the department, its employees and agents. I understand that the release of my criminal history by those authorities is subject to relevant legislation
- a driving history check in all states and territories of Australia
- 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.

Statement

I declare that:

I am aware of my duties and obligations as a public passenger vehicle driver under the *Transport Operations (Passenger Transport) Act*, *Transport Operations (Passenger Transport) Regulation* and the *Transport Operations (Passenger Transport) Standard 2010* and I will comply with the requirements of the legislation.

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 above statement and the information provided in this application is complete, true and correct in every detail.

Applicant's signature

Date

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 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 CSC to complete

Lodgement date / / CSC lodged at

Operator user ID

Booked hire/taxi General Scheduled Motorcycle

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)

Fee exemption (Signed)

Application forwarded to DA hub

DA hub to complete

Criminal history check results

Nil History referred to PT

Driver licence requirements

Qld driving history

Interstate driving history

Check for previous DA history

Medical certificate / / (Expiry date)

Approval of DA

Is the application approved?

Yes / / (Issue date) / / (Expiry date)

Approving officer

Approval entered on TICA

Refusal of DA - PT office to complete

Decision maker

Application refused Issue refusal letter/notice

Comments

Is a fee refund applicable?

No Yes \$ (Amount to be refunded)

Refusal/refund request sent to DA hub

Confirm refusal/refund processed by DA hub / / (Date processed)



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 - 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.

- | | | |
|--|--------------------------|--------------------------|
| 1. Are you currently being treated by a health professional for any illness or injury? | No | Yes |
| | <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 medication 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"/> |

- | | | |
|---|--------------------------|---------------------------------------|
| 5. Have you ever had an ear operation, or do you use a hearing aid? | No | Yes |
| | <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 the *Medical Certificate for Motor Vehicle Driver* (form F3712).

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. 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 /
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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 the *Medical Certificate for Motor Vehicle Driver* (form F3712).