



## 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.

Information bulletins about DA and application forms may be obtained from the Department of Transport and Main Roads website [www.tmr.qld.gov.au](http://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. Applicants must provide evidence specified in section 7 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 part of the DA application process.

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.

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

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

## Holders of DA must have an acceptable driving history

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

Information bulletin *Driver Authorisation - Effect of a Driving History PT16* provides more information.

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 *Austroads Assessing Fitness to Drive – For Commercial and Private Vehicle Drivers* publication. This publication is available from the Austroads website [www.austroads.com.au](http://www.austroads.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.

## Categories of DA

There are two categories of DA:

- Booked hire/taxi - authorises a driver to provide any public passenger service that requires DA
- General - authorises a person to provide any public passenger service other than a taxi service or booked hire service.

From 1 September the scheduled and motorcycle tourist services DA categories have been replaced by general DA.

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## **Driver licence requirements**

- A DA applicant must hold a current Australian open or restricted driver licence for the type of vehicle to be used
- Applicants for booked hire/taxi and general DA are required to have held an open, restricted, provisional or probationary driver licence (Australian or overseas) for at least three years in total
- In addition, applicants for booked hire/taxi DA must have held for a continuous period of at least one year any of the following licences or a series of the following licences:
  - an Australian open, restricted, provisional or probationary driver licence
  - or 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.)

## **Medical fitness**

Full payment of 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](http://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 (locations may be found on the Queensland Government website [www.qld.gov.au](http://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.

The majority of applications are finalised within two weeks. Some applications can take longer while national criminal and traffic history checks are being sourced from other agencies. 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](http://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.

## 1. Personal details

Family name

Given name/s

Residential address

  


Postcode

Postal address (if different to residential address)

  


Postcode

Mobile/Telephone number

Telephone (other)

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)? (A CRN is a Queensland driver licence number, Adult Proof of Age card number, or Industry Authority number).

Yes  Provide CRN and then go to Q3

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

## 3. 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.

Yes  No  You cannot hold DA.

(b) Was your driver licence issued in Queensland?

Yes  Go to Q4

No  Please provide interstate driver licence number

State issued

Expiry date

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**Note:** you will need to present your interstate driver licence with your application.

## 4. Have you ever been known by any other name?

No  Go to Q5 Yes  Give full details of all names

  


## 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](http://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

Document number

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Place of issue (if stated)	Date of issue (if stated)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

**Note:** If your name is different from the name on the documents you are providing for proof of Australian Citizenship or permanent residency, you need 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](http://www.tmr.qld.gov.au).

**(b) Do you hold a current visa with a work entitlement?**

No  Your application cannot be processed. Please contact the Department of Immigration and Border Protection about your entitlement to work in Australia.

Yes  Your passport, Visa Evidence Card or Document for Travel to Australia will be required by the department along with a completed *Authority to Check a Visa Holder's Work Entitlement* (form F4595).

**How long was your visa issued for?**

If you have had more than one visa issued only include details of your original visa, do not include time for bridging visas or subsequent visas.

Years  Months

**Note:** If the visa was issued for a stay in Australia of less than 12 months you will need to provide a criminal history clearance from each country, other than New Zealand that you have resided in for more than 12 months in the last 10 years.

**8. DA categories and licence requirements**

**(a) What category of DA are you applying for?**

Booked hire/taxi [authorises the holder to drive a vehicle being used to provide any kind of public passenger service. Required for drivers of taxi or booked hire services]

General [authorises the holder to drive a vehicle being used to provide any public passenger service other than a taxi service or booked hire service]

**(b) Do you meet the driver licence requirements (refer to page 2) for the category you are applying for?**

Yes  Go to Q9

No  The application may be refused if you do not meet these requirements.

**9. Term of DA**

**(a) Do you have an existing industry authority?**

(For example: an authority for Tow Truck or Dangerous Goods Driver)

No  Go to (b)

Yes  You may have the option to have your DA issued to the same expiry date as your existing industry authorities. The payment of fees, if applicable, would be assessed on a pro-rata basis.

**(b) How long do you want your DA for?**

One year  Two years  Three years

Four years  Five years

Other   /  /

- The fee will be determined by the issue period chosen.
- If you hold a current work visa with a work entitlement, DA will not be issued past your work entitlement end date.
- DA will not be issued past your medical certificate expiry date.

**10. Medical Fitness**

Applicants must submit a *Medical Certificate for Motor Vehicle Driver* (form F3712) issued in accordance with the commercial standards stated in the *Assessing Fitness to Drive - Commercial and Private Vehicle Drivers* medical standards. The certificate must be no more than six months old. Certificates not using form F3712 may not be accepted.

Are you submitting your medical certificate with this application?

Yes  No  This application will not be fully assessed until the medical certificate is lodged.

**11. Have you ever been convicted of a criminal, drug or weapons offence or been charged with any of these offences and the charge has not been finally disposed of?**

**Note:** All criminal history must be declared regardless of time elapsed. The department conducts a criminal history check on each applicant.

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

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If insufficient space, attach separate sheet

**12. Have you ever had a DA or equivalent authority suspended, cancelled or refused in Queensland or elsewhere?**

No  Yes  If known give the authority number and details of the suspension or cancellation.

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If insufficient space, attach separate sheet

**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.


If insufficient space, attach separate sheet

**14. Applicant declaration**

I give my consent for the department to conduct enquiries it deems necessary to assess my application, including, but not necessarily limited to:

- a national criminal history check through the Queensland Police Service and a New Zealand criminal history check through New Zealand Police if required. I authorise the release of that information by Queensland Police Service, the Australian Police Services and New Zealand Police to the department
- 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 2018* 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

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Date

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**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 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

**DA hub to complete**

Criminal history check results  
Nil  History referred to PT

**Driver licence requirements**

Queensland 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)

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# 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

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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).

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