



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.

If you hold a current DA elsewhere 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*.

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 6 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.

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.

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 be 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.)

DA fees

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.

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). The form must be accompanied by evidence of identity (EOI), your driver licence, evidence of Australian work entitlement and full payment. 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).

The majority of applications are finalised within two weeks. Some applications can take longer while national criminal and traffic history checks are being obtained from other agencies. Upon approval of your application, you can use an interim industry authority as evidence that you are authorised 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.

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, Photo Identification card 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

 / /

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. 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

Place of issue (if stated)

Date of issue (if stated)

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Note: If your name is different from the name on the documents you are providing this question, 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).

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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

 / /

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).