

Special Need - Learner or Provisional Licence Application (Age Rule)

Transport Operations (Road Use Management) Act 1995

This form is to be used if you are claiming a special need for the following—

- a. a class C learner licence but you are not at least 16 years of age
- a class C provisional licence but you are not at least 17 years of age.

To be eligible, you **must** meet **all** of the following requirements:

- 1. You need to drive for at least one of the following reasons:
 - a. to, or from, your place of employment
 - b. in the course of your employment
 - c. to, or from, an educational institution that you are attending
 - d. to get medical treatment for yourself or a member of your family

and

You must prove that there is no other transport reasonably available to you for the reason you consider you need to drive

and

3. You must prove that a refusal to grant the licence would cause severe hardship for you or your family because you have taken on a role of special responsibility. Note: Severe hardship is different to hardship. Inconvenience does not constitute severe hardship.

and

4. You must include details of the supporting person/s in section 9. Acceptable supporting persons are your employer, person in charge of your educational institution or a doctor only. The supporting person must verify the details in your application by providing a separate signed statement which contains specific information which confirms your circumstances and special need for a licence.
Note: You must provide a statement from each supporting person for each of the grounds that you need to drive. For example, if you need to drive to work and school, you need to provide signed statements from both your employer and the school principal.

Additional information

Once you have completed this application form, forward it, along with the required supporting documentation, to:

lavr@tmr.qld.gov.au

or post it to:

Licensing, Automated Vehicles and Registration Department of Transport and Main Roads PO Box 673

FORTITUDE VALLEY QLD 4006

The lodgement of this application does not guarantee it will be approved. Your application will be assessed and responded to in writing within 28 days. Your traffic history will also be considered.

If you do not complete all required sections of this form, or provide the required supporting statements, your application cannot be approved.

1.	Licence type
	What type of licence do you have a special need for?

What type of fice	nee do you nave a special need			
Learner licence				
Provisional licence number				

: •	Applicant's details Family name							
	Given name/s							
	Residential address							
	Postcode							
	Postal address (if same as residential, write 'as above')							
	T OSTAT AUGIESS	rustat audiess (ii sailie as residefitiat, write as above)						
	Postcode							
	Date of birth	Mob	ile/telephone number					
		/	, , , , , , , , , , , , , , , , , , ,					
	Email address							
	Why do you n	eed to drive	a motor vehicle?					
	Please select a	all applicable	circumstances and complete all					
	of the applicat		ace of employment > Complete 4					
			oloyment > Complete 5					
	to get to, or from, an educational institution I attend > Complete 6							
		to get medical treatment for myself or a member of my family > Complete 7						
	If you do not need to drive a motor vehicle for any of the							
	above purposes, you do not have a special need for the licence.							
•	Employment 1	Employment travel details						
	Employer's na	Employer's name						
	Employer's address							
	What are your start and finish times? (Please give an example of a typical working week)							
	From am/pm	To am/pm	Day/s of the week					
	aiii/piii	απ/μπ						

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	How do you currently temployment? Why is t				What are your	daily attendar n example of a	nce hours? a tynical week)
	means of transport are transport, riding a bicy	e available to yo	u? (e.g. public		From am/pm	To am/pm	Day/s of the week
	family member)						
	How many kilometres one way to get to your		kms				
	employment?	place of			How do you cu	urrently travel t	o and from your educational
j. [Driving as part of yo	ur employmen	t				nger an option? What other
	Employer's name				means of transport are available to you? (e.g. public transport, riding a bicycle or transport from a friend or family		
					member)		
	Employer's address						
	Why does your employ	er require you to	have your licence?				
						metres do you	
	What are your driving hours?				one way to ge institution?	t to your educa	tional
	(Please give an examp		orking week)	7.	Medical treat	ment travel o	letails
	am/pm am/	l Da	y/s of the week		Do you need t	he medical tre	atment?
					No Yes		
					_	ily member ne	ed the medical treatment?
					No		
					Yes Wha	t is their relati	onship to you?
					What is the ad	dress where m	redical treatment is needed?
	What other means of						
	allow you to travel as part of your employment? (e.g. public transport or transport from a colleague). Why is this no longer				How often is to	reatment need	ed? (daily, weekly, etc.)
	an option?	nom a concaga	c). Willy is this no tonger				
						usual times of n example of a	
					From	To	
					am/pm	am/pm	Day/s of the week
6.	Educational institut	ion traval data	ilc				
٥.	Educational institution		its				
	Educational institution	n's address					
		1 5 dddie55					

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	How do you or your family member of from medical treatment? Why is this What other means of transport are a family member? (e.g. public transport from a friend or family member)	no longer an option? vailable to you or your	9.	Supporting person's details Type of supporting person Employer (if you completed Q4 Person in charge of your educatinstitution (if you completed Q7) Doctor (if you completed Q7) Supporting person's name Supporting person's title (e.g. man	itional 6)
	How many kilometres do you travel one way to get medical treatment?	kms		Name of organisation (e.g. busines treatment provider)	s, institution, medical
8.	Severe hardship that will be cause what severe hardship will be caused this licence is refused?			Organisation's address	
					Postcode
				Mobile/telephone number	
				You must provide a signed stateme organisation letterhead) verifying to provided by the applicant which concircumstances. Supporting person declaration I give permission for the Departmen Roads (TMR) to contact me for any fictorisidered necessary for the purpost I undertake to give any further information to verify any statements made by I declare that I support this applicate of my knowledge, the information gromplete, true and correct. Supporting person's signature	he information infirms the applicant's t of Transport and Main urther information ses of this application. mation that TMR may ask me in this application. ion and that, to the best
				Second supporting person's det	 rails (if annlicable)
				Type of supporting person	(арриовато)
				Employer (if you completed Q4	and/or Q5)
				Person in charge of your educa institution (if you completed Qo Doctor (if you completed Q7)	
				Supporting person's name	
				Supporting parconic title (a z	agor rogistrar dostar
				Supporting person's title (e.g. mana	agei, legistrar, doctor)
				Name of organisation (e.g. business treatment provider)	s, institution, medical
				Uganisation's address	
				-	
					Postcode
				Mobile/telephone number	

rovided by the applicant which confired in the	oreferably on nformation ms the applicant's
upporting person declaration	
give permission for TMR to contact me Iformation considered necessary for th pplication.	
undertake to give any further informati or to verify any statements made by me	
declare that I support this application f my knowledge, the information given omplete, true and correct.	
upporting person's signature	Date
Third supporting person's details (if applicable)
Type of supporting person	ii applicable)
	d (o x O =)
Employer (if you completed Q4 an Person in charge of your education	· •
institution (if you completed Q6)	ıaı
Doctor (if you completed Q7)	
Supporting person's name	
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Supporting person's title (e.g. manage	-
Name of organisation (e.g. business, ir reatment provider)	istitution, medical
Name of organisation (e.g. business, ir reatment provider)	istitution, medicat
reatment provider)	istitution, medicat
	istitution, medical
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reatment provider) Organisation's address	Postcode
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Organisation's address Mobile/telephone number	Postcode
reatment provider) Organisation's address	Postcode preferably on information rms the applicant's
Organisation's address Mobile/telephone number You must provide a signed statement (organisation letterhead) verifying the provided by the applicant which confincircumstances. Supporting person declaration give permission for TMR to contact menformation considered necessary for t	Postcode Epreferably on information rms the applicant's erfor any further he purposes of this tion that TMR may as
Organisation's address Mobile/telephone number You must provide a signed statement (organisation letterhead) verifying the provided by the applicant which confincircumstances. Supporting person declaration give permission for TMR to contact menformation considered necessary for tapplication. undertake to give any further information.	Postcode Epreferably on information rms the applicant's error any further he purposes of this error that TMR may as error this application and that, to the bes

10. Declaration

I declare that the information and statements I have provided in this application are complete, true and correct in every detail

I authorise TMR to make any enquiries considered necessary for the purpose of this application.

Applicant's signature	Date

It is an offence to give false or misleading information under the Transport Operations (Road Use Management) Act. **Maximum penalty may exceed \$8200.**

Privacy Statement: TMR provides this form under the Transport Operations (Road Use Management) Act so that you may apply for a learner or provisional licence if you consider you have a special need for the licence. The information collected on this form is accessible by authorised departmental persons and some of this information may be disclosed to the Queensland Police Service and interstate driver licensing authorities. TMR will not disclose

your personal details to any other third parties without your consent unless authorised or required by law.