

# Licence Renewal Application

To save time please fill in this form before attending a motor registry



Transport  
Roads & Maritime  
Services

- To renew your licence you need to complete this application and sign the declaration. Take the completed form with your current licence and the required fee to a motor registry.
- If you are a temporary overseas visitor with a 'Q' condition code on your licence, you can only renew for a 12 month period. See the Roads and Maritime Services (RMS) website at [www.rms.nsw.gov.au](http://www.rms.nsw.gov.au) or the brochure 'Guide for International Drivers'.
- If you hold a Mobility Parking Scheme card you may have to supply a medical report before your licence is renewed. This will not be necessary if your licence is already subject to medical review by RMS.

Call the RMS Contact Centre on 13 22 13 for further advice. NRS 1300 555 727 or [relayservice.com.au](http://relayservice.com.au) (for the hearing impaired).

**Note:** You are not entitled to a NSW licence if you have permanently moved interstate or overseas.

## 1. Personal details

Name

Address

  

**Please provide your email address if you would like to register for an online service account, go to [myRTA.com](http://myRTA.com) for more information.**

email address

Licence number

## 2. Do you have a current NSW Pensioner Concession Card (PCC) or a Centrelink Confirmation of Concession Card Entitlement form stamped PCC or a Department of Veterans' Affairs (DVA) Gold card endorsed 'TPI' or 'EDA' or 'War Widow' or 'War Widower' or a DVA letter or statement certifying a disability person of 70% or more, or an intermediate pension or an assessment at 50 or more impairment points?

You may be entitled to a concession. If you answer yes, evidence should be produced. Pensioner eligibility must be verified electronically with Centrelink.

No ☐

Yes ☐

## 3. Are you an Aboriginal person or Torres Strait Islander?

This question is optional. Do not tick either box if you do not wish to answer it.

Answering this question is voluntary. RMS may use this information to develop driver licensing and vehicle registration services for indigenous people. RMS will not disclose this information without your consent unless authorised by law.

No ☐

Yes ☐

## 4. Have you ever held another NSW licence to drive or ride or a NSW Photo Card/Proof of Age Card in NSW in the above name or in another name? (Details are not required if it has the same licence/customer number as above)

No ☐

Yes ☐ Give details

Previous licence/Customer no.

Class of licence

Expiry date

Other name

## 5. Have you ever been disqualified, prohibited or refused from driving a motor vehicle or riding a motorcycle in NSW or elsewhere?

No ☐

Yes ☐ Give details

## 6. Do you have a disqualification, cancellation, suspension or pending charge against you in NSW or elsewhere or is your licence subject to an appeal for driving or riding offences?

No ☐

Yes ☐ Give details

### PLEASE NOTE

If you answer Yes to any question from 7(a) and (b) to 12 for the first time, your licence renewal may not proceed until a satisfactory medical report has been received. To obtain a medical report, please attend your local Motor Registry or telephone the RMS Contact Centre on 132213. If however you have recently provided RMS with a medical report, a further report may not be required. You can discuss your circumstances with Motor Registry or Contact Centre staff.

## 7. Do you have Diabetes?

No ☐

Yes ☐ Controlled by:

(a) Insulin ☐ (b) Oral medication (eg tablets) ☐ (c) Diet (medical not required) ☐

## 8. Have you ever had any type of epilepsy?

No ☐

Yes ☐

## 9. Have you had attacks of giddiness, blackouts, fainting or other sudden periods of unconsciousness in the last 5 years?

No ☐

Yes ☐

## 10. Do you have any medical or mental disabilities which may affect your driving?

No ☐

Yes ☐ Give details

## 11. Do you have a physical disability that may affect your driving?

No ☐

Yes ☐ Give details

**12. Do you regularly use drugs (such as stimulants or drugs of addiction) other than prescription medication, which may affect your driving?**

No ☐

Yes ☐ Give details

**13. Will you be wearing glasses or contact lenses when driving or doing the eyesight test?**

No ☐

Yes ☐ contact lenses ☐ or glasses ☐

**14. Do you have an eye or vision condition that may affect your driving?** eg double vision, visual field defects, poor night vision.

No ☐ Now go to 16

Yes ☐ Now go to 15

**15. Does wearing prescription glasses or contact lenses correct or control this condition?**

No ☐ Provide an eyesight report from an optometrist or doctor.

Yes ☐

**16. I would like to renew my licence for:**

**Note:** a five year licence will be issued to eligible pensioners, unless they are the holder of a provisional licence.

1 year ☐ 3 years ☐ 5 years ☐

Provisional licence holders can renew for:

**P1 (18 months)** ☐ **P2 (30 months)** ☐

**17. Privacy Statement and Declaration**

Please read carefully before you sign. If you do not tell the truth you could be fined. Any licence you hold could be cancelled

Roads and Maritime Services (RMS) is collecting your personal information for your application for a driver licence and may retain and use it for driver licensing, motor vehicle and road transport or safety purposes.

RMS is entitled to obtain your personal and health information under the *Road Transport (Driver Licensing) Act 1998* and may refuse your application if you do not provide it. RMS may disclose your personal information; to other driver licensing and vehicle registration agencies; to assess your application or verify the information you provide and for inquiries about motor accidents.

Additionally, where you provide personal information concerning the registration of a vehicle we may disclose that; to confirm any compulsory insurance is current; to anyone proposing to acquire an interest in your vehicle; in respect of inquiries relating to stolen or abandoned vehicles and to any joint registered operator of your vehicle.

RMS may disclose your health information to assess your application or to verify it. Otherwise RMS will not disclose your personal or health information without your consent unless authorised by law.

Your personal and health information will be held by RMS at 101 Miller Street, North Sydney NSW 2060 and you can contact RMS to request to access or correct it. You declare that the information on this form is true and complete.

Under the *Road Transport (Driver Licensing) Act 1998* it is an offence for anyone to attempt to obtain or renew a driver licence by false statement or dishonest means.

Signature

Date

Day	/	Month	/	Year
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**18. Organ donation consent - people helping people**

Organ donation is voluntary. If you consent to be an organ donor your decision will be shown on your driver licence but you should also advise your next of kin and the Australian Organ Donor Register at Medicare. You can cancel or change that decision at any time by contacting any RMS motor registry. RMS may use this information in relation to organ donation and disclose it to health and organ donation organisations. Otherwise RMS will not disclose your personal information without your consent unless authorised by law.

**Are you willing to become an organ donor?**

**Yes** ☐ I consent, in the event of my death, to the removal of any of my organs or tissues and will advise my next of kin of this decision.

**OR** ☐ I consent in the event of my death, to removal of the organs or tissues indicated only, and will advise my next of kin of this decision

Kidneys ☐ Eye corneas ☐ Liver ☐

Pancreas ☐ Skin ☐ Bone ☐

Heart and Lungs ☐

**No** ☐ I wish to register my decision not to be an organ and/or tissue donor.

Signature

Date

Day	/	Month	/	Year
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**Office use only**

Stand alone or primary proof

Document number

Secondary proof

Date of issue or E/D

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**Eyesight test / Medical report**

Pass <b>Without</b> glasses or contacts <input type="checkbox"/>	Pass <b>With</b> glasses or contacts <input type="checkbox"/>
Eyesight report <input type="checkbox"/>	Medical report <input type="checkbox"/> Class of licence

**Hazard Perception test (1st attempt) (2nd attempt)**

Date / /	Date / /
Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Passed <input type="checkbox"/> Failed <input type="checkbox"/>

**Driver Qualification test (1st attempt) (2nd attempt)**

Date / /	Date / /
Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Passed <input type="checkbox"/> Failed <input type="checkbox"/>

**Photo Comparison**

No stored image or not requested <input type="checkbox"/>	Matched <input type="checkbox"/>	Mismatched <input type="checkbox"/>
Faulty <input type="checkbox"/>	Failed to arrive on time <input type="checkbox"/>	

**CSO signature**

Date

Day	/	Month	/	Year
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Staff number