

Licence Renewal Application



To renew your licence you need to complete an application and sign the declaration. Take the form with your current licence and the required fee to a motor registry. Please call the RTA Contact Centre on 13 22 13 for further advice. TTY - 1800 331 412.

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

Name

Address

Please provide your email address if you would like to register for an online service account, go to myRTA.com for more information.

email address

Licence number

Please tick

1. 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, EDA or War Widows or a DVA letter authorising a disability person of 70% or more? *You may be entitled to a concession. If you answer yes, evidence must be produced. Pensioner eligibility must be verified electronically with Centrelink.*

No Yes

2. Will you be wearing glasses or contact lenses when you do the eyesight test?

No Yes

If you answer yes to questions 3 to 7, of if your condition has changed, you may be required to provide a completed RTA medical form. To obtain the form, contact the RTA on 13 22 13.

3. (a) Do you have an eye or vision condition that may effect your driving? e.g. double vision, visual field defects, poor night vision.

No Yes

(b) Does wearing prescription glasses or contact lenses correct or control this condition?

No Yes

4. Have you ever had any type of epilepsy?

No Yes

5. Have you ever had attacks of giddiness, blackouts, fainting or other sudden periods of unconsciousness?

No Yes

6. Do you have Diabetes? If Yes, controlled by:

Insulin Oral medication Diet (no medical required)

No Yes

7. Do you have physical, medical or mental disabilities which may affect your driving? If Yes, give details:

No Yes

8. Do you regularly use drugs (such as stimulants or drugs of addiction) other than medication, which may affect your driving? If Yes, what are they:

No Yes

9. Have you been prohibited from driving a motor vehicle in NSW or elsewhere since your previous application or is there any charge pending against you for any traffic offence? If Yes, give details:

No Yes

10 I would like to renew my licence for: 1 year 3 years 5 years

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

Provisional licence holders: **P1** 18 months **P2** 30 months

Declaration Please read carefully before you sign.

I understand that the Roads and Traffic Authority (RTA) 260 Elizabeth St Surry Hills NSW 2010 will collect and hold my 'personal information' (including any image) for this application for a NSW Drivers Licence. I must supply the information under the Road Transport (Driver Licensing) Act. Failure to supply full details and sign this declaration can result in the transaction not proceeding. The RTA may disclose my 'personal information' inside and outside NSW to driver licensing and vehicle registration agencies, for verification of a fee concession entitlement with Centrelink and DVA, law enforcement agencies, the Australian Electoral Commission, and to solicitors in regard to motor vehicle accidents. My 'personal information' will also be disclosed to verify and validate the contents of this application and any supporting documentation, for the administration of driver licensing and vehicle registration legislation and law enforcement, and for the purpose of the protection of public revenue, road safety, and inquiries relating to motor accidents. I have a right to access or correct my 'personal information' in accordance with the provisions of the relevant privacy legislation. I declare that the details in this application are true and complete.

Signature Date

Warning: A false declaration will result in prosecution.

The information given is correct at time of printing but is subject to change.

Organ donation consent - people helping people

Organ donation is optional. Your decision is confidential and will be valid until you change or withdraw it. You may do either at any time. An indication of your decision will appear on your licence and it will be recorded. You must also notify your next of kin of your decision.

Are you willing to become an organ donor? Yes No

I consent, in the event of my death, to the removal of any of my organs or tissues **OR**,

Please tick any number of boxes

The removal of the organs or tissues indicated only:

Kidneys Skin
Eye corneas Bone
Liver Heart and Lungs
Pancreas

I will advise my next of kin of this decision.

I understand that the RTA will collect and hold my 'personal information' to register my consent for organ donation. This registration of consent is voluntary. The RTA may disclose my 'personal information' inside and outside NSW to the relevant Organ Donation agencies to facilitate voluntary organ donation. I have the right to access or correct my 'personal information' in accordance with the provisions of the relevant privacy legislation. I declare that the details in this reference are true and complete.

Signature Date

Office Use Only

Stand alone or primary proof	Document number
Secondary proof	Date of issue or E/D
Eyesight test result Without <input type="checkbox"/> With <input type="checkbox"/>	Class of licence
RSO signature who does POI & eyesight test	
Hazard Perception test (1st attempt) <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Driver Qualification Test (1st attempt) Date <input type="text"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/>
Hazard Perception test (2nd attempt) <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Driver Qualification Test (2nd attempt) Date <input type="text"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/>
Photo Comparison <input type="checkbox"/> Matched <input type="checkbox"/> Mismatched <input type="checkbox"/> Faulty <input type="checkbox"/> Failed to arrive on time <input type="checkbox"/>	
Staff number	Date
RSO signature who issued licence	Staff number