



Licence Number (NT ONLY)	Class	Customer ID

## APPLICATION FOR A NORTHERN TERRITORY DRIVER / RIDER LICENCE

**1 Surname**

**Given Name(s)**

Have you been known by another name? Yes  No

If YES, please list names below.

<b>Date of Birth</b>	<b>Place of Birth / Town &amp; Country</b>	<b>Male</b>	<b>Female</b>	<b>Indeterminate / Intersex</b>
<input style="width: 60%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Residential Address (must be a NT address)**

State	Postcode

**Postal Address (if different from residential)**

State	Postcode

**Mobile**

**Telephone**

**Email Address**

Do you want your courtesy renewal notice sent via? (tick one) Email  Posted

Do you want to receive courtesy SMS reminders? Yes  No

**2 Have you previously held or do you hold an NT Driver/Rider Licence of any class? Yes  No**

<b>Licence Number</b>	<b>Class(es)</b>	<b>Conditions</b>	<b>Expiry Date</b>
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>

**3 Are you applying for a Learner Licence? Yes  No**

If YES, which learner class are you applying for? Class C  Class R

**4 Are you transferring an interstate driver licence to the NT? Yes  No**

Interstate Licence surrendered? Yes  No

<b>Licence Number</b>	<b>Class(es)</b>	<b>Conditions</b>	<b>State / Territory</b>	<b>Expiry Date</b>
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>

**5 Are you transferring an overseas driver licence to the NT? Yes  No**

<b>Licence Number</b>	<b>Class(es)</b>	<b>Conditions</b>	<b>Country</b>	<b>Expiry Date</b>
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>

**6 Do you have any medical condition that may affect your ability to safely drive / ride or control a motor vehicle?**

**NOTE: Where this question is answered "Yes", a medical certificate may be required.** Yes  No

7 Are you currently suspended, cancelled or disqualified from driving a motor vehicle in the NT, interstate or overseas? Yes  No

Please provide detail:

Have you previously been suspended, cancelled or disqualified from driving a motor vehicle in the NT, interstate or overseas? Yes  No

Please provide detail:

Do you have any pending suspensions, cancellations or disqualifications that are about to commence in the NT, interstate or overseas? Yes  No

Please provide detail:

**Privacy Statement**

The Registrar of Motor Vehicles is required to collect information for Registrations, Licenses and Permits under section 92 of the *NT Motor Vehicles Act*. The Registrar adheres to the Department's Privacy Statement and the *Information Act*.

**8 Statutory Declaration**

(1) I, ..... (Full Name)

of ..... (Address)

do solemnly and sincerely declare that the information supplied to obtain a NT driver/rider licence is true and correct and I make this solemn declaration by virtue of the *Oaths, Affidavits and Declarations Act* conscientiously believing the statements contained in this declaration to be true in every particular.

I hereby consent to the Motor Vehicle Registry using and disclosing information from my records for the purpose of verification of my driver/rider licence details and for the purpose of assessing my eligibility to hold a driver/rider licence.

Declared at: ..... the ..... day of ..... (Location) (Day) (Month) (Year)

- (1) Name and address of person making the declaration. (2) .....
- (2) Signature of the person making the declaration. (3) .....
- (3) Signature of the person before whom the declaration is made. (4) .....
- (4) Name and contact address or telephone number of person before whom the declaration is made legibly written, typed or stamped. (4) .....

**NOTE:** Under the *Oaths, Affidavits and Declarations Act* a person willfully making a false statement, or altering a statement, in a statutory declaration is liable to a penalty of up to 400 Penalty Units or imprisonment for 4 years, or both.

Under the *Motor Vehicles Act* persons who by false statement or misrepresentation, obtain or attempt to obtain a licence are liable to a penalty not exceeding 15 Penalty Units or imprisonment for 6 months.

**OFFICE USE ONLY**

*This section is to be completed by an MVR Officer, or a Police Officer at Remote Outstations*

**Eyesight Test Results**

Left Eye:	Right Eye:	Lenses
<input type="text" value="6 /"/>	<input type="text" value="6 /"/>	<input type="text" value="Yes / No"/>

**Evidence of Identity**

<input type="checkbox"/> Category A	<input type="checkbox"/> Category B - Document 1	<input type="checkbox"/> Category B - Document 2
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> EOR	<input type="checkbox"/> Override used	<b>USER ID</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>