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| Use this form to apply for a temporary traffic management ID card. The card is valid for 3-year period from the statement of attainment date of issue.  All applicants must complete training with a NT approved training provider. If you have completed training prior to February 2024 the below qualifications are accepted.   * Level 1 – Workzone Traffic Management Plan Designer (WZ1) * Level 2 – Workzone Traffic Controller (WZ2) * Level 3 – Workzone Traffic Supervisor (WZ3) * Level 4 – Escorting Mobile Works (WZ4).   After this date, applicants must have completed the following training to be eligible to apply.   * Traffic Management Designer – Category 1 and/or 2 * Traffic Controller - Category 1 and/or 2 * Traffic Management Implementer - level 1 and/or 2 * Short Term Low Impact   Please note, due to current transition arrangements in place, upon renewal you will need to complete the new national traffic management training to be eligible.  See the [temporary traffic management training and certification](https://nt.gov.au/driving/management/temporary-traffic-management/temporary-traffic-management-training) for further information on licence requirements and the prescribed fee. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Application type** (select one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New | | | Yes / No | | | | | Interstate Transfer | | | | | | Yes / No | | Renewal | | | | | | Yes / No | | | | | | | | Replacement | | | | | | | Yes / No | | |
| 1. **Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | |  | | | | | | | | | | | | | | | | | Date of birth | | | | | | | | |  | | | | | | | |
| Given names | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | | | |  | | | | | | | | | | | | | State | | | | |  | | | | | | | Postcode | | | | | | |  | |
| Is your postal address the same as above? If no, complete below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | | | |  | | | | | | | | | | | | | State | | | |  | | | | | | | | Postcode | | | | | | |  | |
| Contact details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone number | | | | | |  | | | | | | | | | | | Mobile number | | | | | | | | |  | | | | | | | | | | | | | |
| Email address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Driver licence details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licence number | | | | | |  | | | | | | | | | | | | State issued | | | | | | | |  | | | | | | | | | | | | | |
| 1. **Replacement details** (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lost | | Yes / No | | | | | | | Stolen | | | Yes / No | | | | Destroyed | | | | | | Yes / No | | | | | | | | Name change | | | | | | | | | Yes / No |
| Please described below how the card was lost, stolen or destroyed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Licence type** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | Select applicable | | | | | | | | Select applicable | | | | | | | Select applicable | | | |
| **Practitioner** | Traffic Controller | | | | | | | | | | | | | | | | | | | Yes / No | | | | | | | | TC1 | | | | | | | TC2 | | | | |
| Traffic Management Implementer | | | | | | | | | | | | | | | | | | | Yes / No | | | | | | | | TMI1 | | | | | | | TMI2 | | | | |
| Traffic Management Designer | | | | | | | | | | | | | | | | | | | Yes / No | | | | | | | | TMD1 | | | | | | | TMD2 | | | | |
| Short Term Low Impact (STLI) | | | | | | | | | | | | | | | | | | | Yes / No | | | | | | | | STLI | | | | | | | | | | | |
| **Non-Practitioner** | Non-Practitioner – Traffic controller | | | | | | | | | | | | | | | | | | | Yes / No | | | | | | | | TC1-NP | | | | | | | TC2-NP | | | | |
| Non-Practitioner - Traffic Management Implementer | | | | | | | | | | | | | | | | | | | Yes / No | | | | | | | | TMI1-NP | | | | | | | TMI2-NP | | | | |
| Non-Practitioner - Traffic Management Designer | | | | | | | | | | | | | | | | | | | Yes / No | | | | | | | | TMD1-NP | | | | | | | TMD2-NP | | | | |
| **Existing WZTM** | Level 1 - Workzone Traffic Management Plan Designer (WZ1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | |
| Level 2 – Workzone Traffic Controller (WZ2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | |
| Level 3 – Workzone Traffic Supervisor (WZ3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | |
| Level 4 – Escorting Mobile Works (WZ4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | |
| 1. **Consent for document verification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We will verify your identity against existing government records using the ID Match Document Verification Service. This service encrypts your information during verification. You can find out more about the service on the ID Match website - <https://www.idmatch.gov.au> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I confirm that I am authorised to provide the personal details presented and I consent to the document details I’ve provided as evidence of identity to be checked with the relevant government agency via the Document Verification Service. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | | |
| 1. **Applicant declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, (full name) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Of (address) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Solemnly and sincerely declare that:   * All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the *Oaths, Affidavits and Declarations Act 2010*; and * I have read and understood the information contained in this application; and * The declaration is true and correct; and * I know that it is an offence to make a declaration that is false in any material particular. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This declaration was made at (location) | | | | | | | | | | | | |  | | | | | | | | | | | | | | On (date) | | | | | | |  | | | | | |
| Applicant signature | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note:** Under the *Oaths, Affidavits and Declarations Act 2010* a person wilfully making a false statement or altering a statement, in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Receiving licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive your licence? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Post | | | | | Yes / No | | | | | | Collection | | | | Yes / No | | | | | | | | | | | | | | | | | | | | | | | | |
| **Checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The below requirements must be lodged with the application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prescribed application fee. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | | |
| Applicant declaration completed and signed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | | |
| A legible copy of your Australian driver’s licence attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | | |
| Evidence of statement of attainment that includes the course code and/or NT Workzone Traffic Management ID Card attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | | |
| Section 4 complete (replacement only). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | | |
| **Disclaimer statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Northern Territory Information Act 2002*.  You have been asked to provide personal information necessary for us to meet your application requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete, and we will be unable to process it.  The information you provide will be accessible to Department of Logistics and Infrastructure and Department of Trade, Business and Asian Relations and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless, authorised or required by law to do so you have given us consent to share your personal information for a specific purpose.  You may request access to the personal information we hold about you. If you want more information about the Northern Territory’s privacy laws, please refer to the *Northern Territory Information Act 2002*, or the Office of the Information Commissioner NT. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lodgement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete applications can be lodged in person, email or via post at a Territory Business Centre below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Darwin** | | | | | | Darwin Corporate Park, Ground Floor, Building 3, 631 Stuart Highway | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Katherine** | | | | | | Big Rivers Government Centre, 5 First Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tennant Creek** | | | | | | Barkly Business Hub, 63 Haddock Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Alice Springs** | | | | | | Ground Floor, The Green Well Building, 50 Bath Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1800 193 111 | | | | | | | | | | [territorybusinesscentre@nt.gov.au](mailto:territorybusinesscentre@nt.gov.au) | | | | | | | | | | | | | | | GPO Box 9800 Darwin NT 0801 | | | | | | | | | | | | | | |
| **Payment details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A fee is payable on lodgement of this application form. Payment can be made by:   * Cash (in person only); or * Cheque (made out to Receiver of Territory Monies); or * Credit card (Visa or MasterCard accepted in person or over the phone). Note: A staff member from the Territory Business Centre will contact you via phone for payment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |