



Department of Justice

Worksafe Tasmania

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Service Tasmania Office Use Only

Product Code WSA5A

Photo Captured

Copy of driver licence (front & back)

Driver licence history attached

Medical section completed

Copy of training certificate attached

Fee collected - \$89.00

DGI APPLICATION FOR A DANGEROUS GOODS DRIVER LICENCE

Licence Type (tick one)

☐ New licence to transport dangerous goods

☐ Renewal of licence to transport dangerous goods

Dangerous Goods Driver Licence Number

Expiry Date

Surname

Given Names

Address

Suburb

Postcode

Postal Address

Suburb

Postcode

Date of Birth

Drivers Licence Number *(not provisional or learners)*

Driver Licence Expiry Date

Email

Mobile Phone

Applicant Suitability Statement

Have you incurred any penalties or demerit points for driving offences or infringements in the last five years?

Yes

No

Date of Offence	Driving/Demerit Offence Committed	Were you transporting Dangerous Goods?	Who was the owner of the vehicle?

If you have you been convicted of any criminal or police related offences in the past 5 years provide details.

Are you currently under investigation or pending hearing before a court or Competent Authority? If yes, provide details

Applicant Declaration

I (full name) _____ declare that the information supplied in this application is true and correct to the best of my knowledge; and authorise Service Tasmania to produce a 5 year statement of my driver licence details to accompany this application; and authorise Worksafe Tasmania to have:

- ☐ access to entries about me in the driving licence register of any State or Territory
- ☐ access to any record for any driving, criminal or police related offences held by the appropriate authority of the State or Territory
- ☐ access to the medical practitioner named on the medical assessment for further information relevant to my fitness to drive

Signature of Applicant _____

Date _____

Witness Signature _____

Witness Name _____

CHECKLIST - The following **MUST** be included when submitting application at Service Tasmania

All sections on this application fully completed

Copy of your drivers licence - front and back

Copy of your certificate(s) relating to the approved training courses completed (no more than 6 months old)

Declaration signed and witnessed

Payment of the prescribed fee

A 5 year statement of licence driving details (Service Tasmania will provide this)

Please note: Failure to provide the required documentation may delay the processing of your application or result in your application being rejected

Personal Information Statement

Personal information we collect from you will be used by the Delegate of the Competent Authority for dangerous goods licensing purposes and may be used for other purposes permitted by the Dangerous Goods (Road and Rail) Act 2010 and associated laws. Failure to provide this information may result in your application being denied or records not being properly maintained. Your personal information may be disclosed to contractors and agents of Worksafe Tasmania, law enforcement agencies, courts and other public sector bodies or organisations authorised to collect it. This information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by you on request to this Department. You may be charged a fee for this service.

MEDICAL FITNESS TO DRIVE ASSESSMENT

To be completed by medical practitioner and returned with application to Worksafe Tasmania

Were you familiar with the applicant's medical history prior to the examination? Yes No

In my opinion the applicant, (Insert Full Name)

Meets the relevant medical criteria for an **unconditional** licence and requires no further assessments.

(Please note a person is not fit to hold an unconditional licence if their uncorrected visual acuity is worse than 6/9 in the better eye or worse than 6/18 in either eye. If visual aids are required this does not meet the criteria for an unconditional licence but they may be considered for a conditional licence.)

Does not meet the criteria for a licence

(Record which criteria are not met and other relevant medical information)

Does not meet the criteria for an unconditional licence but may be considered for a **conditional** licence.

(Complete all relevant details below)

Driver requires visual aids to drive: Yes No

Driver requires hearing aids to drive: Yes No

Other

Driver requires periodic medical review: Yes *(provide details below)* No

3 months 6 months annually 2 yearly Other

Provide all relevant medical information and criteria for the **conditional** licence

Attach supporting documentation to this medical assessment and include the opinion of an appropriate specialist (if applicable).

I certify that I have examined the applicant in accordance with the medical standards as required in "Assessing Fitness to Drive for Commercial and Private Vehicle Drivers"

Reporting Practitioners Details (please print)

Medical Practice Name

Provider Number

Medical Practice Address

Phone

Email

Date of Examination

Medical Practitioner Signature

Applicant Information

All applicants must undergo a medical fitness test no more than 6 months prior to making application. Payment for any medical costs is the responsibility of the applicant.

When making an appointment with your medical practitioner, you should advise the receptionist as it may take longer than a routine consultation.

If you wear spectacles, hearing aids etc, then you should bring them to the examination. You must also make the doctor aware of any medical condition which might impair your ability to work effectively as the driver of a vehicle transporting dangerous goods.

If you meet the medical criteria for an unconditional licence, this will be sufficient medical evidence.

If you do not meet the medical criteria for an unconditional licence your Doctor may recommend conditions and restrictions for a conditional licence.

You may need a report from a medical specialist to support these recommendations. If you are referred to a specialist you must obtain supporting information, and include this with your application.

Withdrawal of Licence - If WorkSafe Tasmania does not issue you a licence on the basis of this medical report, you may apply again when you can provide medical evidence that indicates you have met the national medical standards. You also have the right to appeal.

Medical Practitioner Information

The examination must be conducted in accordance with the national medical standards for commercial vehicle drivers described in *Assessing Fitness to Drive - Medical Standards* published by Austroads and the National Road Transport Commission. This publication is available from your State or Territory Driver Licensing Authority or on the Internet at www.austroads.com.au

You may extend the examination where a medical examination or procedure is considered clinically appropriate, but you must advise the applicant of any extra cost.

The following is to be completed:

DG1 Form GF131 - Page 3 Medical Assessment of the Application for a Dangerous Goods Driver Licence. Original to be provided to applicant, and a copy kept on the applicant's medical record. Complete ALL details.

DG2 Form : Questionnaire/Medical Examination for a Dangerous Goods Licence. Original to be retained on the applicant's medical record. Do not send to Worksafe Tasmania.

If the applicant does not meet the medical criteria for an unconditional licence, you may consider conditions/restrictions for a conditional licence (e.g. corrective lenses, hearing aids, regular medical assessment, no night driving, restricted driving times, additional mirrors).

The opinion of a medical specialist is generally required to support recommendations made for a conditional licence. If required the applicant should be referred to the appropriate specialist for review.

A specialist report should include the applicant's details, specialist details, and an assessment of the applicant with a finding in regard to a conditional licence.

Only information relevant to the applicant's fitness to drive should be forwarded to WorkSafe Tasmania