

To save time please fill in this form before attending a service centre or registry.

- To renew your driver 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 service centre or registry. You may be eligible to renew your driver licence online. For more information, visit [service.nsw.gov.au](http://service.nsw.gov.au).
- If you hold a Mobility Parking Scheme card you may have to supply a NSW Fitness to Drive Medical Assessment before your licence is renewed. This will not be necessary if your licence is already subject to medical review by Roads and Maritime Services.
- If you apply for a new or existing NSW Photo Card at the same time as your licence renewal, it may be issued at a lower fee. If you apply at any other time, you will be required to pay a higher fee. Visit our website at [rms.nsw.gov.au](http://rms.nsw.gov.au) for more information.

Call us on 13 77 88 for further advice. **Hearing or speech impaired?** Call us on the National Relay Service: TTY users phone 13 36 77 then ask for 13 77 88. Speak and Listen users phone 1300 555 727 and ask for 13 77 88.

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

NSW licence number	NSW Photo Card number (if applicable)
--------------------	--

**What type of licence are you renewing?**

- Driver licence**    1 yr     3 yrs     5 yrs     10 yrs\*
- Provisional licence holders can renew for:**    P1 (18 months)     P2 (36 months)     Note: (P2 rider 30 months)
- Combined licence: (Driver & Boat/PWC)**    1 yr     3 yrs     5 yrs     10 yrs\*

**\*Only eligible unrestricted class C and R licence holders may be issued a 10 year licence**

**APPLICANT DETAILS - PLEASE USE BLOCK DETAILS**

FAMILY NAME		GIVEN NAME(S)	
RESIDENTIAL ADDRESS			POST CODE
MAILING ADDRESS (if different from residential address)			POST CODE
MOBILE NUMBER	EMAIL ADDRESS	DRIVER LICENCE NUMBER	
<b>Can you produce your NSW Licence/Photo Card</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>You must produce your proof of identity documents</b>			

**1. Do you hold or have you ever held another licence to drive or ride in NSW or a NSW PC in the name shown above or another name?**  
**No**  **Go to 2**    **Yes**  **Give details below** - (Details are not required if it is the same licence/customer number as above)

NSW LICENCE/CUSTOMER/PC NUMBER	EXPIRY DATE Day / Month / Year	OTHER NAME (IF APPLICABLE)
--------------------------------	-----------------------------------	----------------------------

**2. Do you have a current:**

- NSW Pensioner Concession Card (PCC)
- Centrelink Confirmation of Concession Card Entitlement from stamped PCC
- DVA letter or statement certifying a disability pension of 70 per cent or more
- Centrelink letter confirming Carer Allowance (for Photo Cards only)
- NSW Seniors Card (for Photo Cards only)
- Department of Veterans' Affairs (DVA) Gold Card endorsed 'TPI' or 'EDA' or 'War Widow' or 'War Widower'
- A current intermediate pension or an assessment at 50 or more impairment points

**No**  **Go to 3**    **Yes**  You may be entitled to a concession. If you answer yes, evidence should be produced. Pensioner eligibility must be verified electronically with Centrelink.

**3. Combined Licence Options**

I want to renew my licences separately  **Go to Q4**

I want to renew my licences as a combined driver & boat/PWC licence. I understand that the expiry dates will be aligned and that additional fees apply.  Boat/PWC licence number (Bring your boat licence with you)

**4. Would you like a NSW Photo Card issued with your NSW driver licence?** (Fees may apply. Additional application form not required)

**No**  **Yes**  5 yr  10 yr  (21 years or older)

**5. Are you an Aboriginal person or Torres Strait Islander?**  
*Answering this question is voluntary. We may use this information to develop driver licensing and vehicle registration services for Aboriginal people. We will not disclose this information without your consent unless authorised by law.*

**No**  **Yes**

6. Since last obtaining your licence, have you been prohibited or refused from driving a motor vehicle/vessel or riding a motorcycle in NSW or elsewhere?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	▶ Give details
---	-----------------------------	------------------------------	----------------

7. Since last obtaining your licence, have you been disqualified, cancelled, suspended or is there a charge pending against you or is your licence subject to an appeal for driving, riding or maritime boating offences?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	▶ Give details
---	-----------------------------	------------------------------	----------------

**Please Note: If you answer Yes to any question from 8 - 12 for the first time, your licence may not proceed until a satisfactory NSW Fitness to Drive medical Assessment form has been received. Visit a service centre or call us on 13 77 88 to obtain a medical assessment form. If you provided a medical assessment a further assessment may not be required.**

8. Do you have Diabetes?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	▶ controlled by:	Insulin <input type="checkbox"/>
				Oral medication <input type="checkbox"/>
				Diet (medical not required) <input type="checkbox"/>

9. Do you have Epilepsy?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
--------------------------	-----------------------------	------------------------------

10. Have you had attacks of giddiness, blackouts, fainting or other sudden periods of unconsciousness in the last 5 years?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
--	-----------------------------	------------------------------

11. Do you have any medical, physical or mental disabilities which may affect your driving?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	▶ 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 <input type="checkbox"/>	Yes <input type="checkbox"/>	▶ Give details
--	-----------------------------	------------------------------	----------------

13. Will you be wearing glasses or contact lenses when driving or doing the eyesight test?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	▶ contact lenses <input type="checkbox"/>	glasses <input type="checkbox"/>
--	-----------------------------	------------------------------	---	----------------------------------

14. Do you have any eye or vision condition that may affect your driving? e.g. monocular vision, double vision, visual field defects, poor night vision.	No <input type="checkbox"/>	▶ Go to 16
	Yes <input type="checkbox"/>	▶ Go to 15

15. Does wearing prescription glasses or contact lenses correct or control this condition?	No <input type="checkbox"/>	▶ Provide an eyesight report from an optometrist or doctor.
	Yes <input type="checkbox"/>	

**16. Privacy Statement**

We are collecting your personal and health information in connection with your application for the issue or renewal of a driver, boat driver or personal watercraft (PWC) licence, combined licence or Photo Card and we may retain and use it for driver licensing, motor vehicle, road safety, and marine legislation purposes. You are required to provide this information under the *Road Transport Act 2013* and we may refuse your application if you do not provide it. We may disclose your health information to assess your application or to verify it. We may disclose your personal information in order to assess your application or verify the information you provide. We may also disclose your personal information in respect of inquiries about motor accidents or marine accidents, and to other agencies responsible for driver licensing, vehicle registration, marine management or vessel registration and licensing. Other than described in this Statement we will not disclose your personal or health information without your consent unless authorised by law. Your personal and health information will be held by Roads and Maritime Services and generally you can contact us at [www.rms.gov.au](http://www.rms.gov.au) to access or correct it.

<b>17. Declaration and Signature</b>	Signature	Date
<ul style="list-style-type: none"> <li>I declare that the contents of this Application are true and correct</li> <li>I acknowledge that it is an offence under the Road Transport Act 2013 to seek to obtain or renew a driver licence by false statement or dishonest means</li> </ul>		Day / Month / Year

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

<b>Office Use Only BUNDLE A</b> mailing address checked on DRIVES (if applicable) <input type="checkbox"/>
--

<b>Proof of Identity record</b> Stand alone or primary proof	Document number	Secondary proof	Date of issue or E/D Day / Month / Year
---	-----------------	-----------------	--

<b>Eyesight test/Medical report</b> Pass without glasses or contacts <input type="checkbox"/> Pass with glasses or contacts <input type="checkbox"/>	<b>Eyesight/Medical report</b> Private <input type="checkbox"/> Commercial <input type="checkbox"/>
---	--

<b>Hazard Perception test (1st attempt)</b> Date / / Passed <input type="checkbox"/> Failed <input type="checkbox"/>	<b>(2nd attempt)</b> Date / / Passed <input type="checkbox"/> Failed <input type="checkbox"/>	<b>Driver qualification test (1st attempt)</b> Date / / Passed <input type="checkbox"/> Failed <input type="checkbox"/>	<b>(2nd attempt)</b> Date / / Passed <input type="checkbox"/> Failed <input type="checkbox"/>
--	---	---	---

<b>NSW Photo Card</b> NSW Photo Card issued <input type="checkbox"/>	<b>Combined licence</b> GLS opt in and fee paid <input type="checkbox"/> GLS opt out, DRIVES updated <input type="checkbox"/>
--	---

<b>PHOTO COMPARISON</b> No stored image or not requested <input type="checkbox"/> Matched <input type="checkbox"/> Mismatched <input type="checkbox"/>
--

Customer Service representative signature	Staff number	Date Day / Month / Year
---	--------------	----------------------------