



Instructions to applicant

- STEP 1** Arrange an appointment with your medical practitioner for a medical consultation about alcohol consumption.
- STEP 2** Complete Section 1 (Personal details) and Section 2 (Applicant's declaration) below. You must sign Section 2.
- STEP 3** You must take this certificate with you to your medical practitioner. Your medical practitioner must complete and sign both Section 3 (Medical practitioner's certification) and Section 4 (Medical practitioner's declaration).
Medical practitioners may visit www.rms.nsw.gov.au/interlock for further information about this medical consultation.
- STEP 4** You must take the completed certificate (and any other form required by Roads and Maritime Services as part of your application for an interlock driver licence) to a Service NSW centre or a motor registry to apply for an interlock driver licence.

All sections of this certificate must be completed or your interlock driver licence will not be issued.

1. Personal details

NSW licence/customer number:

This is located at the top left of the letter you received from Roads and Maritime about the Mandatory Alcohol Interlock Program.

Interlock Participant Number:

Shown on the letter titled 'Advice of disqualification and mandatory interlock order' received by the applicant from Roads and Maritime.

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Last name:

Given names:

NSW residential address and postcode:

Mailing address, if different to residential address:

Date of birth:

day	month	year

Gender:

Male
 Female

2. Applicant's declaration

I _____
of _____

declare that the details I have provided in this certificate are true and complete.

I understand that my personal information is being collected as a requirement of my application for an interlock driver licence. I must supply the information under the *Road Transport (Driver Licensing) Regulation 2017*. Failure to supply full details and sign this declaration may result in my application for an interlock driver licence not proceeding.

I consent to my information being used as specified in the Privacy declaration below.

Applicant's signature:

Date:

day	month	year

3. Medical practitioner's certification

I hereby certify that (applicant's name):

was seen by me today (date):

day	month	year

and has undergone a consultation to discuss alcohol consumption.

Medical practitioner's name:

Address and postcode:

Contact phone number:

4. Medical practitioner's declaration

I _____
of _____

declare that the details I have provided in this certificate are true and complete.

I understand that my personal information is being collected to confirm that the applicant has undergone a medical consultation to discuss the risks of alcohol consumption. Failure to supply full details and sign this declaration may result in the applicant's application for an interlock driver licence not proceeding.

I consent to my information being used as specified in the Privacy declaration below.

Medical practitioner's signature:

Date:

day	month	year

Medical practitioner's stamp:

Provider number:

PRIVACY DECLARATION

The personal information provided by you is collected and held by Roads and Maritime Services, 20-44 Ennis Road, Milsons Point NSW 2061.

The personal information held by Roads and Maritime is recorded in the NSW driver licence register. It may be disclosed to Transport for NSW, accredited interlock service providers and persons who provide services to accredited interlock service providers. The personal information may be used to verify the contents of the application, for the administration of driver licensing and vehicle registration legislation, and to research and evaluate the Mandatory Alcohol Interlock Program.

You have the right to access or correct your personal information in accordance with relevant privacy legislation. Information about how you can access your personal information is available at www.rms.nsw.gov.au