



Special Need – Provisional Licence Application (Tenure Rule)

Transport Operations (Road Use Management) Act 1995

This form is to be used if you meet **all** of the following criteria:

- a. you are at least 17 years of age
- b. you currently hold a class C learner licence
- c. you have not held your learner licence for at least 12 months during the five year period immediately before making this application
- d. you wish to claim a special need for a class C provisional licence.

To be eligible, you **must** meet **all** of the following requirements:

- 1. You need to drive for at least one of the following reasons:
 - a. to, or from, your place of employment
 - b. in the course of your employment
 - c. to, or from, an educational institution that you are attending
 - d. to get medical treatment for yourself or a member of your family.

and

- 2. You must prove that there is no other transport reasonably available to you for the reason you consider you need to drive.

and

- 3. You must prove that a refusal to grant the licence would cause severe hardship for you or your family because you have taken on a role of special responsibility. Note: Severe hardship is different to hardship. Inconvenience does not constitute severe hardship.

and

- 4. You must include details of the supporting person/s in section 9. Acceptable supporting persons are your employer, person in charge of your educational institution or a doctor only. The supporting person must verify the details in your application by providing a separate signed statement which contains specific information which confirms your circumstances and special need for a licence.
Note: You must provide a statement from each supporting person for each of the grounds that you need to drive. For example, if you need to drive to work and school, you need to provide signed statements from both your employer and the school principal.

Additional information

Once you have completed this application form, lodge it, along with the required supporting documentation at your nearest Department of Transport and Main Roads Customer Service Centre or driver licence issuing centre. You will also need to present evidence of your identity.

The lodgement of this application does not guarantee it will be approved. Your application will be assessed and responded to in writing within 28 days. Your traffic history will also be considered.

If you do not complete all required sections of this form, or provide the required supporting statements, your application cannot be approved.

1. Class C learner licence details

Licence number

2. Applicant's details

Family name

Given name/s

Residential address

Postcode

Postal address (if same as residential, write 'as above')

Postcode

Date of birth

Mobile/telephone number

Email address

3. Why do you need to drive a motor vehicle?

Please select **all** applicable circumstances and complete **all** of the applicable sections.

- to get to, or from, my place of employment > **Complete 4**
- in the course of my employment > **Complete 5**
- to get to, or from, an educational institution I attend > **Complete 6**
- to get medical treatment for myself or a member of my family > **Complete 7**

If you do not need to drive a motor vehicle for any of the above purposes, you do not have a special need for the licence.

4. Employment travel details

Employer's name

Employer's address

Postcode

What are your start and finish times?

(Please give an example of a typical working week)

From am/pm	To am/pm	Day/s of the week

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How do you currently travel to and from your place of employment? Why is this no longer an option? What other means of transport are available to you? (e.g. public transport, riding a bicycle or transport from a friend or family member)

How many kilometres do you travel one way to get to your place of employment? kms

5. Driving as part of your employment

Employer's name

Employer's address
 Postcode

Why does your employer require you to have your licence?

What are your driving hours? (Please give an example of a typical working week)

From am/pm	To am/pm	Day/s of the week

What other means of transport are available to you to allow you to travel as part of your employment? (e.g. public transport or transport from a colleague). Why is this no longer an option?

6. Educational institution travel details

Educational institution's name

Educational institution's address
 Postcode

What are your daily attendance hours? (Please give an example of a typical week)

From am/pm	To am/pm	Day/s of the week

How do you currently travel to and from your educational institution? Why is this no longer an option? What other means of transport are available to you? (e.g. public transport, riding a bicycle or transport from a friend or family member)

How many kilometres do you travel one way to get to your educational institution? kms

7. Medical treatment travel details

Do you need the medical treatment?

No Yes

Does your family member need the medical treatment?

No

Yes What is their relationship to you?

What is the address where medical treatment is needed?

How often is treatment needed? (daily, weekly, etc.)

What are the usual times of treatment? (Please give an example of a typical week)

From am/pm	To am/pm	Day/s of the week

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You must provide a signed statement (preferably on organisation letterhead) verifying the information provided by the applicant which confirms the applicant's circumstances.

Supporting person declaration

I give permission for TMR to contact me for any further information considered necessary for the purposes of this application.

I undertake to give any further information that TMR may ask for to verify any statements made by me in this application.

I declare that I support this application and that, to the best of my knowledge, the information given by the applicant is complete, true and correct.

Supporting person's signature

Date

Third supporting person's details (if applicable)

Type of supporting person

- Employer (if you completed Q4 and/or Q5)
- Person in charge of your educational institution (if you completed Q6)
- Doctor (if you completed Q7)

Supporting person's name

Supporting person's title (e.g. manager, registrar, doctor)

Name of organisation (e.g. business, institution, medical treatment provider)

Organisation's address

Postcode

Mobile/telephone number

You must provide a signed statement (preferably on organisation letterhead) verifying the information provided by the applicant which confirms the applicant's circumstances.

Supporting person declaration

I give permission for TMR to contact me for any further information considered necessary for the purposes of this application.

I undertake to give any further information that TMR may ask for to verify any statements made by me in this application.

I declare that I support this application and that, to the best of my knowledge, the information given by the applicant is complete, true and correct.

Supporting person's signature

Date

10. Declaration

I declare that the information and statements I have provided in this application are complete, true and correct in every detail.

I authorise TMR to make any enquiries considered necessary for the purpose of this application.

Applicant's signature

Date

It is an offence to give false or misleading information under the Transport Operations (Road Use Management) Act.

Maximum penalty may exceed \$8200.

Privacy Statement: TMR provides this form under the Transport Operations (Road Use Management) Act so that you may apply for a learner or provisional licence if you consider you have a special need for the licence. The information collected on this form is accessible by authorised departmental persons and some of this information may be disclosed to the Queensland Police Service and interstate driver licensing authorities. TMR will not disclose your personal details to any other third parties without your consent unless authorised or required by law.

Decision

Do you approve this application claiming a special need for a provisional licence?

No Yes

Reasons for the decision

Delegated person's name

Designation or position title

Signature

Date