



Licence Number (NT ONLY)

Class

Customer ID

APPLICATION FOR A NORTHERN TERRITORY DRIVER/RIDER LICENCE

1 Surname

Given Names

Date of Birth

Place of Birth

Male

☐

Female

☐

Residential Address (must be a NT address)

State	Postcode

Postal Address (if different from residential)

State	Postcode

Mobile

Telephone

Email Address

Do you want licence renewal notices posted to email address?

Yes ☐

No ☐

2 Have you ever held a NT Driver/Rider Licence of any class?

Yes ☐

No ☐

Go to 3

Licence Number

Class/es

Endorsements/Conditions

Expiry Date

3 Do you hold, or have you ever held a current or expired Driver/Rider Licence issued Interstate or Overseas?

Yes ☐

No ☐

Go to 4

Class/es

Licence Number

Where issued

Expiry Date

/	/
/	/

4 Are you, or have you ever been suspended, disqualified, cancelled, revoked or restricted in any way from holding or obtaining a driver/rider licence anywhere?

Yes ☐

No ☐

Go to 5

Where

Reason

When and Period

NOTE: Interstate or overseas authorities may be contacted to confirm licence details.

5 Are you transferring an Interstate or an Overseas driver/rider licence?

Yes ☐ No ☐

If YES, Interstate driver/rider licences must be surrendered.

6 Are you applying for a (**tick box**):

☐ LEARNER NT Licence

Class C (Car) ☐ Class R (Motorcycle) ☐

☐ PROVISIONAL NT Licence

☐ UPGRADE of existing NT Licence

Class or Endorsement

☐ APPLICATION / RENEWAL of NT Licence

Number of Years

1 ☐

2 ☐

5 ☐

10 ☐

7 Medical Self Assessment

Do you suffer from any medical, physical or psychiatric condition that may affect your ability to drive/ride or control any motor vehicle for which you are licensed?

Yes ☐ No ☐

Important Note: Where this question is answered "Yes", a medical certificate may be required. Contact Motor Vehicle Registry on 1300 654 628.

Privacy Statement

The Registrar of Motor Vehicles is required to collect information for Registrations, Licenses and Permits under section 92 of the *NT Motor Vehicles Act*. The Registrar adheres to the Department's Privacy Statement and the *Information Act*. Further information on privacy can be found at www.mvr.nt.gov.au

8 Statutory Declaration

(1) I,
(Full Name)

of
(Address)

do solemnly and sincerely declare that the information supplied to obtain a NT driver/rider licence is true and correct and I make this solemn declaration by virtue of the *Oaths, Affidavits and Declarations Act* and conscientiously believing the statements contained in this declaration to be true in every particular.

I hereby consent to the Motor Vehicle Registry using and disclosing information from my records for the purpose of verification of my driver/rider licence details and for the purpose of assessing my eligibility to hold a driver/rider licence.

Declared at: the day of
(Location) (Day) (Month) (Year)

(1) Name and address of person making the declaration.

(2) Signature of the person making the declaration.

(3) Signature of the person before whom the declaration is made.

(4) Name and contact address or telephone number of person before whom the declaration is made legibly written, typed or stamped.

(2)

(3)

(4)

NOTE: A person willfully making a false statement in a statutory declaration is liable to a penalty of 200 Penalty Units or imprisonment for 2 years, or both. Persons who by false statement or misrepresentation, obtain or attempt to obtain a licence are liable to a penalty not exceeding 15 Penalty Units or imprisonment for 6 months.

Important Information

IF YOU ARE NOT ALREADY A MOTOR VEHICLE REGISTRY (MVR) CUSTOMER, you will be required to provide Evidence of Identity and Evidence of Residency with this application.

OFFICE USE ONLY

This section is to be completed by an MVR Officer, or a Police Officer at Remote Outstations

Evidence of Identity☐ Category A☐ Category B - Document 1☐ Category B - Document 2☐ EOR☐ Override used**Parental consent**☐**DDE Course Certificate Number:****Eyesight Examination**

Left eye Right eye Both eyes Lenses Test Standard Next eye test due Testing Officer

☐☐

Private vehicle

☐

Commercial vehicle

Certificate provided:☐

Medical

☐

Eyesight assessment

☐

Rehabilitation

☐

Other (specify)

Health Professional:**Date of Report:****Interstate/Overseas Licence details**Licence
Number

Expiry Date

Classes

Origin

Interstate
Licence surrendered?

Yes

☐

No

☐**THEORY TEST**

Class	Book	Test Date	O - W	Language	PASS/FAIL	Examiner
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Oral - Written

PRACTICAL TEST

Applicants for a class "C" (Car) or class "R" (Motorcycle) Practical test must have held the pre-requisite Learner Licence for 6 consecutive months.

Class	Test Date	PASS/FAIL	Examiner	Tester No.	Education	Certificate No.
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Education: **DS**-Driving School **DT**-DTAL **IT**-Industry Training **EP**-External Provider **RT**-Rider Training METAL **PR**-Private**NT Licence details**

Class/es

Conditions/Endorsements

Renewal/Upgrade Fee

Comments:

User ID

Signature of Authorised Officer

BOOK NUMBER

NORTHERN TERRITORY ROAD LAW

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HEAVY VEHICLES

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HEAVY VEHICLES

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