

# APPLICATION FOR DANGEROUS GOODS DRIVER LICENCE

Form DG1/07-2017

Tax invoice

Dangerous Goods (Road and Rail Transport) Act 2008



ABN 43 692 285 758

(complete all boxes on this page then go to page 3)

Last name:

First name:  Other names (if any):

Residential address:  Postcode:   
Only NSW residents may apply (see note 3 in General Information)

Postal address (if different):  Postcode:

Daytime contact telephone number and/or mobile number:  /

Driver licence number:  Licence Class:  Issuing State:

Date of Birth:  Email address:

Correspondence, including renewal notices, will be sent electronically if you provide an email address

Existing current dangerous goods driver licence number (if renewing):

**Driving History** - You are required to provide records of your driving history covering *at least the last 5 years*, from each licensing authority that issued you with a driving licence during that time, including overseas (copy of o/s photo licence should be supplied).

Have you held a driving licence (other than the one detailed above) issued in another State or Territory during the last 5 years?

NO  YES  If yes, State/Territory of issue:  (driving histories to be provided)

Have you had any driving licence disqualified, cancelled or suspended during the last 5 years?

NO  YES  If yes, you may have an unsatisfactory driving history (see note 10 under General Information).

**Please note: holders of a Provisional driver licence (P Plates) are NOT ELIGIBLE for a NSW Dangerous Goods Driver Licence**

### Declaration

- a) The attached record/s of my driving history are copies that have been issued and **certified** by the driving licensing authorities.
- b) I consent to the Environment Protection Authority (EPA) having access to the records relating to my driving history held by NSW Roads and Maritime Services and other driving licence authorities for the purposes of this application or in relation to any dangerous goods licence subsequently granted to me by the EPA.
- c) I consent to the EPA contacting the reporting medical practitioner in regard to **information** supplied on the Medical Assessment Certificate.
- d) I declare that the details shown in this application are true and correct and that I have read and understood the General Information section of this form.

Signed:  Date:

### CERTIFICATION OF TRAINING - TO BE COMPLETED BY THE RELEVANT REGISTERED TRAINING ORGANISATION

I certify that the TLILIC3013A (prior to 28Aug17) or TLILIC0001 Course in Transport of Dangerous Goods by Road is listed on this RTO's scope of registration and that this applicant has successfully completed the mandatory assessment instrument (MAI).

Name of RTO:.....

Course conducted by: ..... Course held at:.....

Date(s) of course: .....

...../...../.....  
Signature of person authorized to sign on behalf of the RTO Date

Office use only File ref no:  
**DGD**

# Medical Fitness to Drive Assessment

## Guidelines for completing form

### Applicant must:

- complete Section 1 of the attached Health Assessment Report;
- make an appointment with a registered medical practitioner of his/her choice;
- take spectacles, hearing aids, etc to the examination;
- take all current medication, or a complete list of such medication, to the examination; and
- take photo identification to the examination.

### Examining medical practitioner must:

- read Part A and the Commercial Standards sections of Part B of the document "Assessing Fitness to Drive" (for guidelines go to [www.austroads.com.au](http://www.austroads.com.au));
- review completed Section 1 of the attached Health Assessment Report with the applicant;
- complete Section 2;
- keep both Sections on the applicant's medical record; and
- complete the Medical Certificate below.

## Applicant Personal Details

Family Name:			
Given Names:			
Date of Birth:		Male / Female (circle)	
Driver Licence No:		Class:	

## Medical Certificate – to be completed by registered medical practitioner

Were you familiar with the patient's medical history prior to this examination?  YES  NO

Medical practitioner please note: Tick only ONE box below and do not add any comments

I certify that I have examined this person in accordance with the National Medical Standards for Commercial vehicle drivers as set out in *Assessing Fitness to Drive* (current edition) and I have sighted the applicant's photo identification. In my opinion, the person who is the subject of this certificate:

- Meets the relevant medical criteria for an **unconditional** commercial licence and requires no further medical review (*Note: a medical review is required every 5 years on renewal of a dangerous goods driver licence*)
- Meets the relevant medical criteria for a **conditional** commercial licence, however a periodic medical review is not required for at least 5 years (*see last paragraph of note 7 under General Information*)
- Meets the relevant medical criteria for a **conditional** commercial licence and a periodic medical review is required annually
- Does **not** meet the medical criteria for an unconditional commercial licence or a conditional commercial licence.

Signature of reporting medical practitioner:

Practice Address:

Telephone No:

Fax:

Date of examination:

STAMP name of registered medical practitioner below

## GENERAL INFORMATION

### 1 Do you need a licence?

A person must have a dangerous goods driver licence if transporting:

- dangerous goods that are in a receptacle with a capacity of more than 500L, or
- more than 500kg of dangerous goods in a single receptacle, or
- in the case of intermediate bulk containers (IBCs), where the total capacity of all IBCs is more than 3,000L or where any IBC is filled or emptied while on a vehicle

### 2 Suitability of applicant

The EPA will issue a dangerous goods driver licence only to an applicant who has completed the mandatory assessment, who is medically fit and who has a satisfactory driving history.

**Please note that holders of a Provisional driver licence (P plates) are NOT ELIGIBLE for a NSW dangerous goods driver licence.**

### 3 Applicant must be a NSW resident

States and Territories can only issue licences to persons who reside in that State or Territory. Proof of residency may be required in the form of rental agreement, rate notice or utility bill.

### 4 Evidence of training

The applicant must have successfully completed the TLILIC3013A\* or TLILIC0001 mandatory assessment, conducted by an RTO not more than 6 months before the day when the licence application is received by the EPA. A person authorised by the RTO must sign the certificate on the front of this application form.

\*course undertaken prior to 28 August 2017, which will be accepted by the EPA for applications received in following six months. ASQA will not recognise TLILIC3013A beyond 27/08/17.

### 5 Licence renewals

You may renew your NSW dangerous goods licence by completing this application and supplying the required evidence of training, medical fitness and satisfactory driving history.

### 6 Medical examination

A satisfactory health assessment certificate is required as part of the application. A registered medical practitioner must complete a medical assessment certificate. Payment for the medical examination is the responsibility of the applicant and is not usually covered by a rebate under Medicare.

### 7 Medical assessment certificate

An acceptable medical assessment certificate is one of the following:

- The medical assessment certificate which is part of this application form;
- The Medical Report form of NSW Roads & Maritime Services
- The Public Passenger Vehicle Driver Medical Assessment Certificate of the NSW Ministry of Transport; or
- The Medical Certificate of the TruckSafe Accreditation Program of the Australian Trucking Association.

**The medical assessment certificate is acceptable only if it was issued not more than 6 months before the day when the new licence application is received by the EPA, and in the case of medical renewal within 6 months of the licence expiry date.**

Note that if the medical assessment certificate indicates that the driver meets the criteria for a conditional licence but no medical review is required, the EPA will issue a standard 5 year dangerous goods driver licence.

### 8 Proof of identity

The applicant must provide:

- a legible copy of his/her current vehicle driving licence (front and back), and
- 2 recent passport sized colour photographs – see [www.passports.gov.au](http://www.passports.gov.au) for guidelines.

### 9 Driving history

An applicant is required to have a satisfactory driving history. The EPA requires a copy, issued and **certified** by the appropriate authority, of each applicant's driving history covering at least the last 5 years. Drivers who have held a licence in Western Australia during that period should also include a National Police Certificate as part of their complete driving history. Where a licence has been held overseas during that period a certified copy of the photo licence (front and back) should be provided along with a National Police Certificate.

The driving history must have been issued not more than 6 months before the day when the licence application is received by the EPA. Each driving licence authority can provide a copy of a driver's driving history in some form. In NSW, the authority is NSW Roads & Maritime Services (formerly the RTA).

**Please note that EPA does not accept uncertified driving records downloaded from the RMS website for dangerous goods driver licensing purposes.**

### 10 What is an unsatisfactory driving history?

The EPA will not grant a dangerous goods driver licence unless the applicant's driving history is satisfactory. The following are considered to be an unsatisfactory driving history and the applicant will NOT generally be granted a dangerous goods driver licence:

- Any driver who has had any driving licence (issued in NSW or elsewhere) suspended or cancelled or who has been disqualified from driving, (apart from a loss of licence relating to the non-payment of fines) **more than once** during the last 5 years; or
- Any driver who has had any such driving licence suspended or cancelled or if they have been disqualified from driving once during the last 5 years, as a result of a traffic conviction (in a court of law) such as:
  - Dangerous driving;
  - Negligent driving;
  - Drug and or alcohol related offences; or
  - Any other offence which the EPA considers to be relevant.

If you consider that you might not be eligible to obtain a dangerous goods driver licence, for example because of a driving licence cancellation, suspension or disqualification during the last 5 years period, you should contact the EPA **before you undertake the training course.**

### 11 Licence application fee

**The application fee for a new licence or a renewal is \$57\*.**

Payment may be made by cheque or money order made payable to the EPA or by. Credit card (VISA and Mastercard cards only). **Please note: a merchant card payment fee of 0.4% applies\*.**

The fees set out in this application are GST exempt by the Federal Treasurer's determination under Division 81 of A New Tax System (Goods and Services) Act 1999.

## 12 Training course fee

The provider of the dangerous goods training course will charge a fee for the course. The course fee is set by the provider and is separate from the EPA dangerous goods driver licence application fee.

## 13 Duration of licence

Dangerous goods driver licences are normally issued for a period of 5 years. Some may be issued for 1 year, depending on the medical assessment or driving history submitted.

## 14 Issuing of licences

The EPA does not provide a service for the issue of licences over the counter and cannot guarantee the immediate issue of any driver licence. The EPA aims to issue a licence within 20 working days of receipt of all information required for the licence application.

## 15 Personal information and privacy

The details that you provide on this application form are required by law.

Details of all licence applications including personal information such as your name and date of birth are collected and held by the EPA and some details are made available to the public, along with licence details, via the public register (see note 18).

You can ask the EPA to remove or not place personal information on the public register. However, for this to occur the EPA must be satisfied that the safety or well being of any person would be affected by not suppressing the information and that suppression would, on balance, be in the public interest. You can forward reasons why your personal information should not be included on the public register to the Head Regulatory and Compliance Support, Environment Protection Authority, PO Box A290, Sydney South 1232.

The information received by EPA in this application is maintained in accordance with the Government Information (Public Access) Act 2009 (GIPA Act). You have the right to access the information EPA is holding about you. You can also require EPA to make appropriate amendments (whether by way of corrections, deletions or additions) to ensure that the personal information is accurate, relevant, up-to-date, complete and not misleading. Contact a Right to Information Officer, Environment Protection Authority, PO Box A290, Sydney South 1232 (02 9995 6080 or 02 9995 6497) for assistance.

## 16 Sending the application

Forward the complete licence application to:  
Chemicals and Radiation Licensing Unit  
Environment Protection Authority  
PO Box A290  
SYDNEY SOUTH NSW 1232

Note: Some trainers will collect all the information required, as well as the EPA licence application fee, and forward the complete application to the EPA on behalf of the applicant.

## 17 Contact us

Email: [d.goods@epa.nsw.gov.au](mailto:d.goods@epa.nsw.gov.au)  
Telephone: 131 555 (from NSW only)  
02 9995 5555  
Fax: 02 9995 5922

## 18 Web site/public register

To access further information regarding dangerous goods transport, to download forms, or for a link to the public register of licences visit: [www.epa.nsw.gov.au/dangerousgoods](http://www.epa.nsw.gov.au/dangerousgoods)

### BEFORE SENDING THIS APPLICATION

Please ensure that the following have been completed or are attached to the application:

- All applicant details on page 1;
- The RTO certification on page 1;
- The Medical Assessment Certificate on page 3 (or other acceptable assessment certificate) – see note 7;
- A legible copy of your driving licence (front and back);
- Where an interstate dangerous goods driver licence has been held, a legible copy of that licence;
- Two passport sized colour photos (please print name on reverse side and do not staple through face);
- Driving history report or reports covering at least the last 5 years – see note 9;
- Where an overseas driver licence has been held during the last five years, a legible copy of that photo licence (front and back) and a National Police Certificate; and
- WA drivers should include a National Police Certificate as part of their complete driving history
- The licence application fee – see note 11.

If you fail to provide the required information or attachments, your licence application will not be able to be properly assessed by the EPA and may be returned to you for amendment or your application refused.

## Health Assessment Report Section 1 - Patient Questionnaire

Please answer the questions by ticking the correct box. If you are not sure, leave the question blank and ask your medical practitioner what it means. The medical practitioner may ask you additional questions during the examination.

**This report is NOT to be returned to the EPA with the completed application form.**

	No	Yes		No	Yes
1. Are you currently being treated by a medical practitioner for any illness or injury?	<input type="checkbox"/>	<input type="checkbox"/>	3.20 Have you ever had any other serious injury, illness, operation or been in hospital for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you receiving any medical treatment or taking any medication (either prescribed treatment or otherwise)? <i>Please take any medication with you to show the doctor</i>	<input type="checkbox"/>	<input type="checkbox"/>	4.1 Have you ever had, or been told by a medical practitioner that you have had a sleep disorder, sleep apnoea, or narcolepsy?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had, or been told by a medical practitioner that you had any of the following?	<b>No</b>	<b>Yes</b>	4.2 Has anyone noticed that your breathing stops or is disrupted by episodes of choking during sleep?	<input type="checkbox"/>	<input type="checkbox"/>
3.1 High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	4.3 How likely are you to doze off or fall sleep in the following situations, in contrast to feeling just tired?		
3.2 Heart disease	<input type="checkbox"/>	<input type="checkbox"/>			
3.3 Chest pain, Angina	<input type="checkbox"/>	<input type="checkbox"/>			
3.4 Any condition requiring heart surgery	<input type="checkbox"/>	<input type="checkbox"/>			
3.5 Palpitations/Irregular heartbeat	<input type="checkbox"/>	<input type="checkbox"/>			
3.6 Abnormal shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>			
3.7 Head injury, Spinal injury	<input type="checkbox"/>	<input type="checkbox"/>			
3.8 Seizures, Fits	<input type="checkbox"/>	<input type="checkbox"/>			
3.9 Convulsions, Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>			
3.10 Blackouts, Fainting	<input type="checkbox"/>	<input type="checkbox"/>			
3.11 Stroke	<input type="checkbox"/>	<input type="checkbox"/>			
3.12 Dizziness, Vertigo	<input type="checkbox"/>	<input type="checkbox"/>			
3.13 Problems with balance	<input type="checkbox"/>	<input type="checkbox"/>			
3.14 Double vision, difficulty seeing	<input type="checkbox"/>	<input type="checkbox"/>			
3.15 Colour blindness	<input type="checkbox"/>	<input type="checkbox"/>			
3.16 Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>			
3.17 Diabetes	<input type="checkbox"/>	<input type="checkbox"/>			
3.18 Neck, back or limb disorders	<input type="checkbox"/>	<input type="checkbox"/>			
3.19 Hearing loss or deafness or had an ear operation or use of hearing aid	<input type="checkbox"/>	<input type="checkbox"/>			
3.20 Do you have difficulty hearing people on the telephone (including if using a hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>			
3.21 Have you ever had, or been told by a medical practitioner that you have a psychiatric illness, or nervous disorder?	<input type="checkbox"/>	<input type="checkbox"/>			

  

Use the following scale to choose the most appropriate number for each situation below:

0 would never doze off  
 1 slight chance of dozing  
 2 moderate chance of dozing  
 3 high chance of dozing

It is important that you put a number (0 to 3) in each of the 8 boxes.

<u>Situation</u>	<u>Chance of dozing (0-3)</u>
Sitting and reading.....	<input type="checkbox"/>
Watching TV.....	<input type="checkbox"/>
Sitting inactive in a public place .....	<input type="checkbox"/>
As a passenger in a car for an hour without a break .....	<input type="checkbox"/>
Lying down to rest in the afternoon ..	<input type="checkbox"/>
Sitting and talking to someone.....	<input type="checkbox"/>
Sitting quietly after a lunch without alcohol.....	<input type="checkbox"/>
In a car, while stopped for few minutes in the traffic.....	<input type="checkbox"/>

Part 5 questions – please tick the answer that is correct for you

- 5.1 How often do you have a drink containing alcohol?  
 Never (if never, go to question 6)  
 Monthly  
 2-4 times a month  
 2-3 times a week  
 5 or more times a week
- 5.2 How many drinks containing alcohol do you have on a typical day when you are drinking?  
 1 or 2     3 to 5     5 to 6  
 7 to 9     10 or more
- 5.3 How often do you have six or more drinks on one occasion?  
 Never     Less than monthly  
 Monthly     Weekly  
 Daily or almost daily
- 5.4 How often during the last year have you found that you were not able to stop drinking once you had started?  
 Never     Less than monthly  
 Monthly     Weekly  
 Daily or almost daily
- 5.5 How often during the last year have you failed to do what was normally expected from you because of drinking?  
 Never     Less than monthly  
 Monthly     Weekly  
 Daily or almost daily
- 5.6 How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?  
 Never     Less than monthly  
 Monthly     Weekly  
 Daily or almost daily
- 5.7 How often during the last year have you had a feeling of guilt or remorse after drinking?  
 Never     Less than monthly  
 Monthly     Weekly  
 Daily or almost daily

- 5.8 How often during the last year have you been unable to remember what happened the night before because you had been drinking?  
 Never     Less than monthly  
 Monthly     Weekly  
 Daily or almost daily
- 5.9 Have you or someone else been injured as a result of your drinking?  
 No  
 Yes, but not in the last year  
 Yes, during the last year
- 5.10 Has a relative, friend, doctor or other health worker been concerned about your drinking or suggested you cut down?  
 No  
 Yes, but not in the last year  
 Yes, during the last year

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| 6. Do you use illicit drugs?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you use any drugs or medications not prescribed for you by a medical practitioner? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you been in a vehicle crash since your last licence examination?                 | <input type="checkbox"/> | <input type="checkbox"/> |

**Applicant’s Declaration (in presence of medical practitioner)**

I, .....  
 (Print Name)

I certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature:.....

Date:...../...../.....

**IMPORTANT**

**For privacy reasons the completed Patient’s Questionnaire must NOT be returned to the EPA.** Medical information relevant to driver licensing should be included on the Medical Certificate

## Health Assessment Report Section 2 - Medical Practitioner to Complete

Applicant name: .....

Applicant address: .....

For privacy reasons this report is for medical review purposes only and is to be kept by the medical practitioner for record purposes. This report is **not** to be returned to the EPA with the completed application form.

**1. Cardiovascular System:**

1.1 Blood Pressure (repeat if necessary)  
 Systolic  mm Hg  mm Hg  
 Diastolic  mm Hg  mm Hg

1.2 Pulse Rate:  
 Regular  Irregular

1.3 Heart Sounds:  
 Normal  Abnormal

1.4 Peripheral Pulses:  
 Normal  Abnormal

2. Chest/Lungs:  
 Normal  Abnormal

3. Abdomen (liver):  
 Normal  Abnormal

4. Neurological/Locomotor:  
 4.1 Cervical spine rotation  
 Normal  Abnormal

4.2 Back Movement  
 Normal  Abnormal

4.3 Upper Limbs  
 (a) Appearance  
 Normal  Abnormal   
 (b) Joint Movements  
 Normal  Abnormal

4.4 Lower Limbs  
 (a) Appearance  
 Normal  Abnormal   
 (b) Joint Movements  
 Normal  Abnormal

4.5 Reflexes  
 Normal  Abnormal

4.6 Romberg's signs\*:  
 Normal  Abnormal

(\*A pass requires the ability to maintain balance while standing with shoes off, feet together side by side, eyes closed and arms by sides, for thirty seconds)

**5. Vision:**

5.1 Visual Acuity

Uncorrected		Corrected	
R	L	R	L
6/	6/	6/	6/

Are contact lenses worn?

No  Yes

5.2: Visual Fields (Confrontation to each eye):  
 Normal  Abnormal

6. Hearing: Normal  Abnormal

**7. Urinalysis**

7.1 Protein Normal  Abnormal   
 7.2 Glucose Normal  Abnormal

**8. Neuropsychological Assessment**

*Where clinically indicated apply the Mini Mental State Questionnaire or General Health Questionnaire or equivalent*

Score

**Relevant Clinical Findings**

*Note comments on any relevant findings detected in the questionnaire or examination, making reference to the requirements of the standards outlined in the AFTD publication.*

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*Note: The medical practitioner may extend the examination where considered clinically appropriate, but must advise the applicant of any extra cost. The medical practitioner may also refer the applicant to a specialist for further examination.*

Sign:

Date: