



- 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 NSW Centre. You may be eligible to renew your driver licence online. For more information, visit 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 Transport for NSW.
- 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 roads-maritime.transport.nsw.gov.au for more information.

Call us on 13 22 13 for further advice. **Hearing or speech impaired?** Call us on the National Relay Service: TTY users phone 13 22 13 then ask for 13 22 13. 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 <i>(if applicable)</i>
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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 <i>(if different from residential address)</i>			POST CODE
MOBILE NUMBER	EMAIL ADDRESS	DRIVER LICENCE NUMBER	
Can you produce your NSW Licence/Photo Card Yes <input type="checkbox"/> No <input type="checkbox"/> You must produce your proof of identity documents			

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 <i>(IF APPLICABLE)</i>
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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 Services Australia - 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
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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
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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 NSW Centre or call us on 13 22 13 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"/>
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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"/>
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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
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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
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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"/>
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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"/>	

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

16. Declaration and Signature <ul style="list-style-type: none"> I declare that the contents of this Application are true and correct 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 	Signature	Date
		Day / Month / Year

Personal Information Collection Notice

Transport for NSW is committed to protecting your privacy and ensuring your personal and health information is managed according to law. Find out why we collect your personal information, including how we use and manage it, by reading our privacy statement at www.transport.nsw.gov.au/privacy-statement or phone 13 22 13 to request a copy.

Office Use Only BUNDLE A mailing address checked on DRIVES (if applicable) <input type="checkbox"/>			
Proof of Identity record Stand alone or primary proof	Document number	Secondary proof	Date of issue or E/D Day / Month / Year
Eyesight test/Medical report Pass without glasses or contacts <input type="checkbox"/> Pass with glasses or contacts <input type="checkbox"/>		Eyesight/Medical report Private <input type="checkbox"/> Commercial <input type="checkbox"/>	
Hazard Perception test (1st attempt) Date / / Passed <input type="checkbox"/> Failed <input type="checkbox"/>	(2nd attempt) Date / / Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Driver qualification test (1st attempt) Date / / Passed <input type="checkbox"/> Failed <input type="checkbox"/>	(2nd attempt) Date / / Passed <input type="checkbox"/> Failed <input type="checkbox"/>
NSW Photo Card NSW Photo Card issued <input type="checkbox"/>		Combined licence GLS opt in and fee paid <input type="checkbox"/> GLS opt out, DRIVES updated <input type="checkbox"/>	
PHOTO COMPARISON 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