Government of **Western Australia**
Department of **Transport**

E114

Heavy PDA Customer Eligibility

When blank, this form is classed as OFFICIAL, when completed, this form is classed as OFFICIAL SENSITIVE

Requirements:

- Complete the health and medical section.
- Conduct the eyesight test per the Department's requirements.
- Verify acceptable forms of identification (Proof of Identity).
- Sign the camera acknowledgement section.
- Complete eligibility check through the Licence Assessment Provider System (LAPS).

LICENCE CLASS REQUIRED

☐	HR - Heavy Rigid
☐	HC - Heavy Combination
☐	MC - Multi Combination

APPLICANT DETAILS

WA DRIVER'S LICENCE NUMBER

FAMILY NAME

FIRST NAME

OTHER NAME/S

DATE OF BIRTH

RESIDENTIAL ADDRESS

SUBURB

STATE W A POST CODE

HEALTH AND MEDICAL QUESTIONS

The *Road Traffic (Authorisation to Drive) Regulations 2014* requires you to declare any permanent, long-term mental or physical condition (which may include a dependence on drugs or alcohol) that is likely to, or treatment for which is likely to, impair your ability to control a heavy commercial vehicle.

Do you suffer from any mental or physical condition(s) that may impair your ability to control a heavy commercial vehicle?

☐ NO

☐ YES

DECLARATION

I declare that the information on this form is true and correct. I understand that under the *Road Traffic (Administration) Act 2008*, it is an offence to provide false or misleading information.

Sign this section in the presence of a DoT agent.

APPLICANT SIGNATURE

AGENT FULL NAME

AGENT SIGNATURE

DATE / /

CAMERA ACKNOWLEDGEMENT

I acknowledge that by choosing to do my heavy Practical Driving Assessment (PDA) through an authorised provider (agent of DoT) I will be video/audio and GPS recorded during the assessment. For further information on the use of recording equipment, please contact DoT or visit www.transport.wa.gov.au

Sign this section in the presence of a DoT agent.

APPLICANT SIGNATURE

AGENT FULL NAME

AGENT SIGNATURE

DATE / /

AGENT USE ONLY

EYESIGHT RESULTS

Heavy commercial eyesight standards must be met to ensure that the applicant has adequate vision to allow them to drive safely. To meet the minimum eyesight standard for a HR, HC and/or MC class of licence, the applicant must obtain at least 6/9 in the better eye, and at least 6/18 in the worst eye with or without visual aids.

EYESIGHT TEST RESULTS					
LEFT EYE	6/	RIGHT EYE	6/	BOTH EYES	6/

TESTED WITH VISUAL AIDS ☐ YES ☐ NO

VISUAL AIDS TO BE WORN WHEN DRIVING ☐ YES ☐ NO

If the applicant does not meet the eyesight requirements as outlined above, do not proceed. Contact Business and Systems Support for assistance.

HAS BUSINESS AND SYSTEMS SUPPORT BEEN CONTACTED? ☐ YES ☐ NO

HEALTH AND MEDICAL CONDITIONS

Has the applicant declared any mental or physical condition(s) that may impair their ability to control a heavy commercial vehicle? ☐ YES ☐ NO

If the applicant has declared a mental or physical condition(s), DO NOT proceed. Contact Business and Systems Support for assistance.

HAS BUSINESS AND SYSTEMS SUPPORT BEEN CONTACTED? ☐ YES ☐ NO

PROOF OF IDENTITY (POI) DOCUMENTS

All identification documents must be ORIGINAL (photocopies must not be accepted). Where an applicant provides a debit/credit card as secondary ID, please DO NOT photocopy. Record what type of card you have sighted in the boxes below.

PRIMARY POI

COPY OF ORIGINAL DOCUMENT ATTACHED? ☐ YES ☐ NO

SECONDARY POI

COPY OF ORIGINAL DOCUMENT ATTACHED? ☐ YES ☐ NO

I have checked that the applicant has met the proof of identity requirements and completed the health and medical section. I have completed the eyesight test and verified the applicant's signature.

AGENT NAME

AGENT SIGNATURE

DATE

☐☐ / ☐☐ / ☐☐☐☐

CHECKLIST - TICK ALL RELEVANT BOXES

- ☐ Health and Medical section complete
- ☐ If applicant declares a medical condition, have you contacted Business and Systems Support?
- ☐ Eyesight test completed
- ☐ If applicant did not meet the eyesight requirements, have you contacted Business and Systems Support?
- ☐ Proof of identity verified
- ☐ Camera acknowledgement signed
- ☐ Eligibility check completed through LAPS

DOT OFFICE USE ONLY

OPERATOR FULL NAME

SITE

OPERATOR SIGNATURE

DATE

☐☐ / ☐☐ / ☐☐☐☐