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PERTH: FRIDAY, 14th DECEMBER.

[1956.

Department of Local Government,

Perth, 11th December, 1956.

L.G. 730/53.

IT is hereby notified, for general information, that the Minister for Traffic (Hon. Herbert Ernst Graham), acting under the provisions of subsection (2) of section 74 of the Traffic Act, 1919-1955, has approved of the forms set out hereunder being used in substitution for the forms for application for license to drive a motor vehicle, for application for "addition" to motor's driver's license, for application for license to act as a driver and/or conductor of a motor passenger vehicle, and for application for an extraordinary license to drive a motor vehicle, set out in the *Government Gazette* of the 16th May, 1952.

GEO. S. LINDSAY,

Secretary for Local Government.

Form (a).
Traffic Act, 1919-1955.

APPLICATION FOR A LICENSE TO DRIVE A MOTOR VEHICLE.

I HEREBY apply for a License to drive a Motor.....and a I furnish the following particulars:—

No.	Questions.	Answers of Applicant. (To be completed by Applicant.)
1.	What is your full name? (State Mr., Mrs., or Miss)	Surname Christian Names..... (Full name to be Block Letters.)
2.	What is your permanent residence? (in full)	
3.	What is your temporary residence?	
4.	What is your occupation?	
5.	Where were you born?	
6.	What is your Date of Birth? What is your age?	Date of Birth.....Age.....
7.	What is your Description?	Height.....feet.....inches Eyes (colour) Hair (colour) Complexion
8.	Have you previously held a Motor Driver's License in this State? If so, when was it first issued and where?	
9.	Have you previously held a Motor Driver's License anywhere? If so, where?	
10.	Have you ever applied for and been refused a License anywhere?	
11.	Have you ever been disqualified from holding or obtaining a license anywhere?	
12.	Has your Driver's License ever been cancelled or suspended anywhere?	
13.	Have you any convictions recorded against you either in W.A. or else- where, in connection with Traffic, or for any offence? If so, give par- ticulars.	
14.	Is your eye sight defective? If so, give particulars	
15.	Is your hearing defective? If so, give particulars	
16.	Have you any disability of hand, arm, foot or leg? If so, give par- ticulars	
17.	Do you suffer from attacks of faint- ing or giddiness?	
18.	Do you suffer from epilepsy or fits?	
19.	Do you suffer from diabetes?	
20.	Are you receiving insulin treat- ment?	
21.	Do you suffer from any complaint or disease which necessitates the taking of any drug? If so, give particulars	
22.	Have you any other Physical or Mental disability or infirmity which could affect your efficiency in driv- ing a motor vehicle? If so, give particulars	

I,....., of....., certify that all the particulars contained in this application are true and correct and that I suffer from no physical disability which would affect my efficiency in controlling a Motor.....

Penalty for False and Misleading Information, £25.

Date of Application..... Signature.....

Reverse Side of Form (a).

REPORT ON RESULT OF TEST OF APPLICANT.

(For Office purposes only.) To be filled in by Testing Members of the Force.

Test.	Result. (Classification.)		Remarks.
	(without glasses)	(with glasses)	
A. Eyesight acuity test	R. Eye..... L. Eye.....	R. Eye..... L. Eye.....	
B. Hearing test			
C. Traffic Regulation knowledge test			
D. Starting engine and driving forward operating all gears satisfactorily			
E. Turning vehicle in narrow street to proceed in opposite direction			
F. Reversing vehicle (other than motor cycle) in a confined space			
G. If driving a motor cycle and side car, making both left and right turns			
H. Road positioning at all times whether driving forward or in reverse			
I. Giving codified signals wherever required by Regulations			
J. Having control of and being able to stop vehicle quickly in case of emergency			
K. Stop and restart on a slope			
L. Park vehicle correctly, shift to neutral, apply hand brake, stop motor			
M. Any further test considered necessary by Examiner (Give particulars.)			

N.B.—Classification: Poor, Fair, Very Fair, Good. One classification of Poor or two of Fair will fail applicant for License.

I have tested the applicant and certify that he is fit to drive a Motor.....

Class..... Time..... Date.....

Signature..... Rank..... No.....

Conditions License is issued under (if any).....

The Officer in Charge, Police Traffic Department, Perth.

License Number..... Issued.

Date of Issue...../...../19.....

Date of Expiry...../...../19.....

Place of Issue.....

Form (b).

APPLICATION FOR "ADDITION" TO MOTOR DRIVER'S LICENSE.

NAME IN FULL (Block Letters).....

Address....., hereby apply for an addition of a motor.....to my License No.....

Condition of Eyesight—

Right Eye: Without glasses..... With glasses.....

Left Eye: Without glasses..... With glasses.....

I....., of....., certify that the particulars contained in this application are true and correct and that I suffer from no physical disability which would affect my efficiency in controlling a motor.....

Date of application..... Signature.....

I have tested this applicant and certify that he is capable of driving a motor.....

Signature.....

Station.....

Class.....

Added to M.D.L. No.....

Date..... Signature.....

Form (c).

Traffic Act, 1919-1955.

APPLICATION FOR LICENSE TO ACT AS DRIVER AND/OR CONDUCTOR OF A MOTOR PASSENGER VEHICLE.

I HEREBY apply for a Conductor's and/or Driver's License for a Motor Passenger Vehicle, namely, Taxi Car-Omnibus.

Name in full (in block letters).....

Permanent Address

I was born at.....on the....., and my age is.....

Occupation..... Height:.....ft..... in.

Condition of Eyesight—

Right Eye: Without glasses..... With glasses.....

Left Eye: Without glasses..... With glasses.....

Eyes..... Hair.....

Date Medical Certificate last produced..... Complexion.....

Motor Driver's License No.....

Name and address of present employer (if any).....

Names and addresses of Employers for the past three years.....

Has your Driver's or Conductor's License ever been cancelled or suspended?

If so, when and where?.....

Have you ever been disqualified from holding a Driver's License?.....

If so, when, where and for what period?.....

Have you ever applied for and been refused a license to drive and/or conduct a Motor Passenger Vehicle?.....

If so, when and where?.....

Have you ever been convicted of any offence, traffic or otherwise, anywhere?

If yes, state particulars in each case.....

Period during which applicant has been driving any motor vehicle for self or other person.....

Names and addresses of two reputable citizens who have known applicant personally and observed his conduct during the last twelve months

I,....., of....., certify that the particulars contained in this application are true and correct and that I suffer from no physical disability which would affect my efficiency in controlling a Motor Passenger Vehicle.

Penalty for False or Misleading Information, £25.

Date of Application..... Signature.....

Police report to be submitted with each application regarding character, personal appearance, temperament, record (if any), and interviewing referee.

License No.....

Issued at.....on.....

Signature

No.....

File No. /

Form (g).

Traffic Act, 1919-1955.

APPLICATION FOR AN EXTRAORDINARY LICENSE TO
DRIVE A MOTOR VEHICLE.I HEREBY apply for an Extraordinary License to drive a Motor.....
and I furnish the following particulars:—

No.	Questions.	Answers of Applicant. (To be completed by Applicant.)
1.	What is your full name? (State Mr., Mrs., or Miss)	Surname Christian Names..... (Full name to be in Block Letters.)
2.	What is your permanent residence? (In full.)	
3.	What is your temporary residence?	
4.	What is your occupation?	
5.	Where were you born?	Date of Birth.....Age.....
6.	What is your Date of Birth? What is your age?	
7.	What is your Description?	Height.....feet.....inches Eyes (colour) Hair (colour) Complexion
8.	Have you previously held a Motor Driver's License in this State? If so, when was it first issued and where?	
9.	Have you previously held a Motor Driver's License anywhere? If so, where?	
10.	Have you ever applied for and been refused a license anywhere?	
11.	Have you ever been disqualified from holding or obtaining a license anywhere?	
12.	Has your Driver's License ever been cancelled or suspended anywhere?	
13.	Have you any convictions recorded against you either in W.A. or else- where, in connection with Traffic, or for any offence? If so, give par- ticulars	
14.	Is your eye sight defective? If so, give particulars	
15.	Is your hearing defective? If so, give particulars	
16.	Have you any disability of hand, arm, foot or leg? If so, give parti- culars	
17.	Do you suffer from attacks of faint- ing or giddiness?	
18.	Do you suffer from epilepsy or fits?	
19.	Do you suffer from diabetes?	
20.	Are you receiving insulin treat- ment?	
21.	Do you suffer from any complaint or disease which necessitates the taking of any drug? If so, give par- ticulars	
22.	Have you any other Physical or Mental disability or infirmity which could effect your efficiency in driv- ing a motor vehicle? If so, give particulars	
23.	Why are unable to obtain an ordi- nary license?	

I hereby certify that all the particulars contained in this application are true and correct.

Penalty for False or Misleading Information, £25.

Date of Application..... Signature.....

Reverse Side of Form (g).

REPORT ON RESULT OF TEST OF APPLICANT.

(For Office purposes only.) To be filled in by Testing Members of Force.

Test.	Result. (Classification.)		Remarks.
	(without glasses)	(with glasses)	
A. Eyesight acuity test	R. Eye..... L. Eye.....	R. Eye..... L. Eye.....	
B. Hearing Test			
C. Traffic Regulation knowledge test			
D. Starting engine and driving forward operating all gears satisfactorily			
E. Turning vehicle in narrow street to proceed in opposite direction			
F. Reversing vehicle (other than motor cycle) in a confined space			
G. If driving a motor cycle and side car, making both left and right turns			
H. Road positioning at all times whether driving forward or in reverse			
I. Giving codified signals wherever required by Regulations			
J. Having control of and being able to stop vehicle quickly in case of emergency			
K. Stop and restart on a slope			
L. Park vehicle correctly, shift to neutral, apply hand brake, stop motor			
M. Any further test considered necessary by Examiner (Give particulars.)			

N.B.—Classification: Poor, Fair, Very Fair, Good. One classification of Poor or two of Fair will fail applicant for License.

I have tested the applicant and certify that he is fit to drive a Motor.....

Class..... Time..... Date.....

Signature..... Rank..... No.....

Conditions License is issued under.....

Vehicle..... No.....

Equipment or appliances to be fitted (if any).....

(If applicable) Vehicle..... No.....

The Officer in Charge, Police Traffic Department, Perth.

Extraordinary License No..... issued.

Issued at Perth on...../...../19.....

Date of Expiry...../...../19.....

File No...../..... Recorded by.....

Const. No.....

Conditions endorsed.....