



WHAT IS THIS FORM USED FOR

This application form is for:

- Primary producers, family member or employees of a primary producer who are required to drive heavy tractors or agricultural machinery and do not hold the appropriate class of licence.
- Employees of other business or organisations who are required to operate heavy special purpose vehicles in the course of their employment and do not hold the appropriate class of licence.

ELIGIBILITY

The applicant must be aged 18 years or over must have held at least a class C driver's licence for 12 months.

The application will need to be signed by the primary producer or employer.

READ THIS INFORMATION FIRST

- The applicant must complete sections 1 and 2 of this form. The primary producer or employer must complete section 3 and both must sign the relevant declaration overleaf.
- If it is the primary producer applying for a restricted licence, complete sections 1 and 2 and sign the applicant declaration overleaf.
- The Registrar of Motor Vehicles has the authority to grant a restricted licence to applicants who require such a licence for the purposes outlined above.
- The Registrar may place such conditions on any driver's licence issued as the Registrar deems appropriate.
- If approved, the applicant will be issued a new driver's licence and a fee will apply for a replacement driver's licence. The applicant will be required to surrender their existing driver's licence.

1. ABOUT THE APPLICANT (please write in BLOCK LETTERS)

SURNAME

GIVEN NAMES

CLIENT/LICENCE NUMBER

DATE OF BIRTH

/ /

☐ PRIMARY PRODUCER

☐ EMPLOYEE OF PRIMARY PRODUCER

☐ FAMILY MEMBER OF
PRIMARY PRODUCER

☐ EMPLOYEE OF OTHER (please specify)

RESIDENTIAL ADDRESS

SUBURB/TOWN

POST CODE

POSTAL ADDRESS (if different to above)

SUBURB/TOWN

POST CODE

VEHICLE DETAILS

Please provide details of special purpose vehicles to be driven, e.g. registration numbers (If known), unladen mass or Gross Vehicle Mass

☐ I AM AWARE I MAY NEED TO UNDERTAKE FURTHER TRAINING AND LICENSING FROM SAFework SA FOR HIGH-RISK
WORK VEHICLES (e.g. forklifts)

Lodge at any Service SA Centre

For further information please go to www.service.sa.gov.au ABN 92 366 288 135

Complete and sign the reverse side of this form

When complete –
OFFICIAL: Sensitive//Medical in confidence

2. MEDICAL/IMPAIRMENTS

Please tick “YES” or “NO” to questions below	YES	NO
1. Do you have any medical conditions or suffer from any illness that may impair your ability to drive? e.g. cardiovascular disease, diabetes, epilepsy, hearing disorder, neurological disorder, psychiatric disorder, sleep disorder, blackouts, vertigo, fainting or dizziness, high blood pressure, dependency on alcohol or illicit drugs (If YES, please provide details).	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you take medication for any medical condition that may affect your ability to drive? (if YES, please provide details)	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a vision or eye disorder? e.g. cataracts, glaucoma, monocular vision, diplopia etc (if YES, please provide details)	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you required to wear glasses or corrective lenses at all times while driving?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any disabilities or impairments that may affect your ability to drive? e.g. lost, or lost the use of, an arm, hand, leg or foot; disabled joint or muscular disorder (If YES, please provide details).	<input type="checkbox"/>	<input type="checkbox"/>

3. ABOUT THE PRIMARY PRODUCER/EMPLOYER (please write in BLOCK LETTERS)

SURNAME	GIVEN NAMES	CLIENT / LICENCE NUMBER
BUSINESS/COMPANY (if applicable)		ABN/ACN
BUSINESS/PROPERTY ADDRESS	SUBURB/TOWN	POST CODE
NATURE OF OPERATION (e.g. farm, mine site etc)		
IS THE VEHICLE REQUIRED TO BE DRIVEN ON THE ROAD NETWORK? (if YES, please provide details)		
<input type="checkbox"/> I CONFIRM THAT THE APPLICANT HAS BEEN APPROPRIATELY TRAINED AND BEEN DEEMED QUALIFIED IN THE OPERATION OF THE NOMINATED VEHICLE(S).		

4. DECLARATIONS

APPLICANT		
I declare that the information provided in this application is true and correct.		
SIGNATURE OF APPLICANT	DATE	/ /
PRIMARY PRODUCER/EMPLOYER		
I declare that I am a primary producer or employer, that the above applicant is a family member or employee and that the information I have provided in this application is true and correct.		
SIGNATURE OF PRIMARY PRODUCER/EMPLOYER	DATE	/ /