



## WHAT THIS FORM IS USED FOR

This application form is for a South Australian licence holder who:

- Requires a higher class of licence to operate heavy vehicles for agricultural and harvesting purposes, but does not qualify for the appropriate class of licence due to age or driving experience.
- Is required to operate heavy vehicles for employment purposes within specific worksite areas but does not hold the appropriate class of licence.

Information provided on this form will be considered by the Service SA Customer Service Centre Manager before making a decision.

## WHAT APPLICANTS WILL NEED

- For a Primary Producer, Immediate family or employee of a Primary Producer applicant must be aged 18 years or over and must have held a C class driver's licence for 12 months.
- For employees for worksite purposes applicant must be:
  - 18 years of age and held a C class licence for at least 12 months for the issue of a restricted HR class.
  - 19 year of age and held a C class licence for at least two years for the issue of a restricted HC class.

## READ THIS INFORMATION FIRST

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 class of licence or learner's permit issued may be HR or HC, depending on what vehicles the applicant will be required to drive. If full road use is required, the applicant will need to successfully pass a practical driving test for the relevant class of licence. The Registrar may place conditions on any learner's permit or driver's licence issued.

If you are required to drive within the Adelaide metropolitan area your application may be subject to further assessment by the Registrar. NOTE: For the issue of a restricted class HR licence the applicant can choose to complete a Vehicle on Road Test or Competency Based Training and Assessment (CBT&A) course with an Authorised Examiner. For the issue of a restricted class HC licence the applicant must complete a CBT&A course with an Authorised Examiner. The applicant can apply to have the licence restriction removed after 12 months.

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

SURNAME		GIVEN NAMES	
CLIENT/LICENCE NUMBER	LICENCE CLASS	DATE OF BIRTH	
RESIDENTIAL ADDRESS (eg Number / Street or Section Number / Hundred)	Suburb / Town	Post Code	
POSTAL ADDRESS (If different to above)	Suburb / Town	Post Code	

## RESTRICTED LICENCE REQUIRED FOR CLASS

AGRICULTURAL/HARVESTING LICENCE  
(LEARNER'S PERMIT REQUIRED)

- ☐ PRIMARY PRODUCER    ☐ EMPLOYEE  
☐ IMMEDIATE FAMILY MEMBER OF PRIMARY PRODUCER

Relationship \_\_\_\_\_

I hereby apply for the issue of a learner's permit to allow me to drive a heavy vehicle to deliver produce or goods (associated with the operation of the farm) to and from the locations specified on the reverse of the form.

WORKSITE LICENCE FOR USE ON ROAD  
RELATED AREAS

- ☐ WORKSITE LICENCE

I hereby apply for a condition to be added to my licence for the purpose of driving heavy vehicles in the course of my employment within a worksite area that may include roads or road related areas (specified on the reverse of this form).

## MEDICAL CONDITIONS / IMPAIRMENTS Please tick "YES" or "No" to questions below.

If you answer "YES" please attach an extra sheet with the necessary detail.

Do you have, or have you ever had any medical condition or suffered from any illness that may impair your competence to drive? E.g. cardiovascular disease, diabetes, epilepsy, hearing disorder, neurological disorder, psychiatric disorder, sleep disorder, blackouts, vertigo, frequent fainting or dizziness, high blood pressure, use of or dependency on alcohol or illicit drugs. If you answer YES, please provide details.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Do you take medication for any medical condition that may affect your driving?

If you answer YES, please provide details.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Do you have a vision or eye condition? E.g. cataracts, glaucoma, monocular vision, diplopia etc.,

If you answer YES, please provide details.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Are you REQUIRED to wear glasses or corrective lenses at all times while driving?

If you answer YES, please provide details.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Do you have any disabilities or impairment that may affect your driving? E.g. disabled arm, hand, leg or foot; loss of an arm, hand, leg or foot; disabled joint; muscular disorder; or arthritis. If you answer YES, please provide details.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Sign the declaration on the reverse

**1A. PRIMARY PRODUCER/FAMILY MEMBER OF PRIMARY PRODUCER/EMPLOYEES**

I require the higher class of licence to operate the following type of vehicle/s... (complete details of vehicles to be used below, including truck/trailer combinations).

VEHICLE TYPE

TRAILER TYPE (IF APPLICABLE)

for the following reasons (eg transport of grain/delivery of wine grapes/delivery of goods associated with the operation of the farm etc)

... for delivery of produce from the following property

LOCATION OF PROPERTY

Suburb / Town

Post Code

eg Section Number / Hundred

... to the following locations (eg Tumby Bay silos etc).

DESTINATION OF PRODUCE  
TO BE TRANSPORTED

**1B. WORKSITE LICENCE**

I require the higher class of licence to operate the following type of vehicle/s... (complete details of vehicles to be used below, including truck/trailer combinations).

VEHICLE TYPE

TRAILER TYPE (IF APPLICABLE)

... at the following location.

Suburb / Town

Post Code

WORKSITE ADDRESS AND DESCRIPTION  
(area where vehicles will be driven)

☐ I CONFIRM I HAVE BEEN APPROPRIATELY TRAINED AND HAVE BEEN DEEMED QUALIFIED IN THE OPERATION OF THE NOMINATED VEHICLE(S).

**2. ABOUT THE PRIMARY PRODUCER/EMPLOYER (please write in BLOCK LETTERS)  
(not required if applicant is primary producer)**

SURNAME

GIVEN NAMES

RESIDENTIAL ADDRESS

Suburb / Town

Post Code

(eg Number / Street or Section Number / Hundred)

CLIENT/LICENCE NUMBER

RELATIONSHIP TO APPLICANT

BUSINESS NAME &amp; ACN/ABN

**3. DECLARATIONS – it is an offence, punishable by imprisonment to make a false or misleading statement in this application.****APPLICANT**

I understand that the Registrar may impose certain conditions on a restricted licence issued to me if this application is successful. These restrictions may include the authority to drive only in specific localities, authority to drive only vehicles of a specified class, size or type, or a vehicle fitted with specific equipment, or any other condition the Registrar thinks necessary for the purpose of preventing accident or injury.

I declare that the information I have provided in this application is true and correct, and that I undertake to comply with the conditions of the restricted licence, if granted.

Signature of applicant

Date

**PRIMARY PRODUCER/Employer**

I declare that I am a Primary Producer or employer, that the above applicant is an immediate family member or employee, that the information I have provided in this application is true and correct, and the applicant named on this form is obtaining a driver's licence of a higher class for the reasons mentioned above. I understand that the delivery destinations mentioned above must be approved by the Registrar of Motor Vehicles.

Signature of Primary Producer/Employer

Date

OFFICE USE ONLY: APPROVED ☐ NOT APPROVED ☐ MANAGER'S SIGNATURE

DATE / /

CSC STAMP