1. READ THIS FIRST

1. This form is used to apply for a Special Permit to operate recreational vessels fitted with an engine. Conditions apply.
2. You must be a minimum of 12 years of age but not yet 16 to apply for a Special Permit. This form must be completed and signed personally by the applicant. In addition to the applicant, the applicant’s parent (or guardian) must also sign this application. A Special Permit cannot be applied for without the signature (consent) of a parent or guardian.
4. The issue of a Special Permit is subject to the applicant:
   - satisfactorily passing a written examination on boating rules and safety as contained in the current version of the South Australian Recreational Boating Safety Handbook, available from any Customer Service Centre; and
   - satisfactorily passing a practical examination in the operation of a recreational vessel fitted with an engine, conducted by an authorised officer.
5. The written examination result is valid to undertake a practical examination for a period of 6 months only. The practical test must be completed within this 6 month period and this form lodged with a Customer Service Centre not more than 7 months from the date of satisfactorily passing the written examination. A Special Permit when issued expires when the holder attains the age of 16 years.
6. Payment – Cheques should be made payable to “Department of Planning, Transport and Infrastructure” and marked “Not Negotiable”. Credit card payment by MasterCard or Visa is also accepted at a Service SA Customer Service Centres.
7. The information provided on this form is protected according to the South Australian Government’s Information Privacy Principles, but may be subject to access under the Freedom of Information Act 1991. The Act gives a person the right to be given access to information held by the Government in accordance with the Act.

2. ABOUT YOU

Given Names
Surname
Date of Birth
/Male Female
Residential Address (Street Number and Name)
Suburb State Post Code
Postal Address (If different from above)
Suburb State Post Code

3. MEDICAL DETAILS

Please answer all questions below:

Do you wear glasses or contact lenses other than to read? Yes No
Do you or have you at any time suffered from any of: Epilepsy/ Cardiac Disease/ Diabetes/ Frequent Fainting or giddy attacks? 
Do you suffer from any permanent disability or other disabilities? 
If you answered ‘yes’ to any of the questions above or have a condition not referred to above, please provide details

Office Use Only – On Issue
Evidence of Age and Identity Sighted
Permit No. Issued

4. PLEASE SIGN HERE

Applicant’s signature 
Date / / 
Parent / Guardian’s signature (Please specify by circling) 
Date / / 

A person must not, in providing any information, make a statement that is false or misleading. Penalties apply.
### 5. PAYMENT OPTIONS

**Customer Service Centres** (Mon – Fri 9am – 5pm)
Visit a Service SA Customer Service Centre to pay by cash, cheque, money order, EFTPOS, Visa or MasterCard.
Payment may display as Service SA or SA Gov payment on your bank statements.
To find the nearest Service SA Centre visit www.sa.gov.au/customerservice or contact 13 10 84.

**Mail**
Post this form and payment to postal address printed on the front of this form.
Payment may be made by: Money order or cheque marked “Not Negotiable” and made payable to Department of Planning, Transport and Infrastructure.

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**OFFICE USE ONLY**

### EVIDENCE OF AGE AND IDENTITY (EOI)

<table>
<thead>
<tr>
<th>Age &amp; Identity (EOI) documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please provide details of EOI document lodged. If EOI documents include an Australian photo driver’s licence please include the State / Territory in which the licence was issued. Please record numbers of all Licences / Certificate / Passports.</td>
</tr>
</tbody>
</table>

### THEORY TEST DETAILS

<table>
<thead>
<tr>
<th>Attempt 1</th>
<th>Attempt 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt No.</td>
<td></td>
</tr>
<tr>
<td>Test Paper No.</td>
<td></td>
</tr>
<tr>
<td>All compulsory questions answered correctly?</td>
<td>Y</td>
</tr>
<tr>
<td>At least 80% of all questions correct?</td>
<td>Y</td>
</tr>
</tbody>
</table>

### EXEMPTION FROM EXAMINATION DETAILS

<table>
<thead>
<tr>
<th>Interstate Boat Operator’s Licence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licence No.</td>
</tr>
<tr>
<td>State Issued:</td>
</tr>
<tr>
<td>Expiry Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Certificate Issued:</td>
</tr>
<tr>
<td>Date Issued:</td>
</tr>
</tbody>
</table>

**Note:** Certificate must be issued within last 6 months

### EXAMINER’S CERTIFICATE – WRITTEN EXAMINATION (ONLY COMPLETE IF APPLICANT PASSES)

I certify that the applicant has passed the prescribed examination in the boating rules and safety: and that proof of age and identity, as documented above, have been sighted.

Examiner’s Signature

Date / /

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### EXAMINER’S CERTIFICATE – PRACTICAL EXAMINATION (ONLY COMPLETE IF APPLICANT PASSES)

I certify that the applicant has passed the prescribed Practical Test in the operation of a recreational vessel fitted with an engine.

Examiner’s Signature

Date / /

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To the Practical Examiner

- On Completion of the Practical Test, this application form is to be handed back to the applicant.
- If a Medical or Eyesight Certificate is required as part of this application, the certificate must be attached to this application form.