



WHAT IS THIS FORM USED FOR

This application form is for family members or employees of a primary producer who require a restricted licence to drive heavy tractors or agricultural machinery 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.

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.
- 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

/ /

FAMILY MEMBER OF PRIMARY PRODUCER (please tick)

EMPLOYEE OF PRIMARY PRODUCER (please tick)

RESIDENTIAL ADDRESS

SUBURB/TOWN

POST CODE

POSTAL ADDRESS (if different to above)

SUBURB/TOWN

POST CODE

VEHICLE DETAILS

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

Complete and sign the reverse side of this form

Lodge at any Service SA Centre

For Service SA locations visit www.sa.gov.au/customerservice

Telephone Enquiries: 13 10 84 **Post to:** Service SA, Customer Service Section, GPO Box 1533, Adelaide SA 5001

ABN 92 366 288 135

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 below)
-
2. Do you take medication for any medical condition that may affect your ability to drive? (if YES, please provide details)
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3. Do you have a vision or eye disorder? e.g. cataracts, glaucoma, monocular vision, diplopia etc (if YES, please provide details)
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4. Are you required to wear glasses or corrective lenses at all times while driving?
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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 below).
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3. ABOUT THE PRIMARY PRODUCER/EMPLOYER (please write in BLOCK LETTERS)

SURNAME	GIVEN NAMES	CLIENT / LICENCE NUMBER
BUSINESS/COMPANY (if applicable)		
BUSINESS/PROPERTY ADDRESS	SUBURB/TOWN	POST CODE
NATURE OF FARMING OPERATION		

4. DECLARATIONS

APPLICANT

I declare that the information provided in this application is true and correct.

SIGNATURE OF APPLICANT

DATE / /

PRIMARY PRODUCER

I declare that I am a primary producer and the information I have provided in this application is true and correct.

SIGNATURE OF PRIMARY PRODUCER

DATE / /