STATUTORY INSTRUMENTS.

S.I. No. 656 of 2016

ROAD TRAFFIC (LICENSING OF DRIVERS) (AMENDMENT) (NO. 2) REGULATIONS 2016
S.I. No. 656 of 2016

ROAD TRAFFIC (LICENSING OF DRIVERS) (AMENDMENT) (NO. 2)
REGULATIONS 2016

I, SHANE ROSS, Minister for Transport, Tourism and Sport, in exercise of the powers conferred on me by sections 5(1) and 42 (substituted by section 10 of the Road Traffic Act 2006 (No. 23 of 2006) and as amended by section 12(2) of the Roads Act 2007 (No. 34 of 2007)) of the Road Traffic Act 1961 (No. 24 of 1961) and the National Roads and Road Traffic (Transfer of Departmental Administration and Ministerial Functions) Order 2002 (S.I. No. 298 of 2002) (as adapted by the Transport (Alteration of Name of Department and Title of Minister) Order 2011 (S.I. No. 141 of 2011)), hereby make the following regulations:

1. (1) These Regulations may be cited as the Road Traffic (Licensing of Drivers) (Amendment) (No. 2) Regulations 2016.

   (2) These Regulations come into operation on 1 January 2017.

2. In these Regulations—


   “Regulations of 2013” means the Road Traffic (Licensing of Drivers) (Amendment) (No. 3) Regulations 2013 (S.I. No. 420 of 2013).

3. The Regulations of 2006 are amended in Schedule 1—

   (i) by substituting for form D302, the form set out in Schedule 1, and

   (ii) by substituting for forms D201, D401, D501 (substituted by Regulation 3 (o) of the Regulations of 2013), the forms set out in Schedule 2.

Notice of the making of this Statutory Instrument was published in “Iris Oifigiúil” of 6th January, 2017.
D302 — Certificate of competency

DEIMHNIÚ INNIÚLACHTA


Name of Applicant: Ailinn an Iarrataise

Address: Seachtain

Driver Number: Uimhir Tiomnaí

Ordinary Signature of Applicant: Ghealladh Shínesí an Iarrataise

I hereby certify that the applicant for a Certificate of Competency named above has been tested in accordance with the provisions of the Road Traffic Licensing of Drivers Regulations 2006, (as amended), and that the applicant is competent to drive vehicles of the category marked below.

Deimhniún féidhme go ndéanann sfir t-íarratasóir ar Deimhniú Inniúlachta atá aistealach chuas a thástóidh de ní fhóilteacha na Rialacháin um Threacht ar gheimhriú. (Tiomnaí)

Categories: [A1, A2, A, B, C1, C, D1, D, BE, C1E, CE, D1E, DE, W]

The following vehicle restriction(s) shall apply: [ ]

The applicant has signed this certificate in my presence in the space reserved for that purpose. Skíthigh an t-íarratasóir an deimhniú seo i mao bhí sé a rian ag an teller chaoi sin.

Driver Tested: Tábhacht

Date: Déartha

IMPORTANT NOTICE

This certificate ceases to be valid unless within two years after the date of issue, it is submitted to the appropriate licensing authority with an application for a full driving licence, without prejudice to any overriding legislation.

FÓRSA TÁDAIRIACHDACH

Scáfraigh an deimhniú seo de bhreith ball mura ndéanfar, leiséit an bhí i bhfad a bhrí sin, é a chur faoi léiríodh d'earraí seanchlochcháin a bheith in diffrentíosareachtaí an cheisteachtaí tiomnaí iomlán, gan dochar d'oonnachtailseachta shíoradhach.
D. 201 — Application for learner permit

Application Form for a Learner Permit D201

Part 1: Personal Details

1. Have you previously held a learner permit and/or driving licence in Ireland?*
   - Yes □ No □
   - If yes, which one? Learner Permit □ Driving Licence □

2. Title
   - Mr □ Mrs □ Miss □ Ms □ Other (please specify)

3. First name(s)*
4. Surname*
5. Full name

6. If your surname has changed since your last learner permit issued please indicate the reason
   - Marriage/Civil partnership □ Deed Poll □ Use of Irish name □ Divorce/Separation □

Previous names

7. Address 1*
8. Address 2
9. Town*
10. County/City*
11. Date of birth*
   - Day □ Month □ Year □

12. Gender* Male □ Female □
13. PPSN* □

14. Place of birth
15. Mobile no.* □
16. Email address*

(The NDLS will use these contact details to contact you in the event of issues with your application, dispatch of your licence and future renewal reminders.)

October 2015
**Part 2: Learner Permit Details**  
(See Part 2 of accompanying guidance notes)  
*Mandatory field*

13 (a). Application type:  
- First time learner permit application  
- Renewal of learner permit.  
  Please see option 3 of checklist.  
- Add/remove a category.  
  Please see option 3 of checklist.  
- Personal detail change.  
  Please see option 5 of checklist.  
- Have a full licence and applying for a learner permit in a different category  
  Please see option 7 of checklist.  
- Other (Reason):  ____________

13 (b). If your application relates to the requirement to sit a driving test/driver training following a period of disqualification please provide period of disqualification.  
Details of any condition relating to the disqualification.  ____________

14. * Please indicate here the category or categories that you wish to apply for.  
For a definition of the categories please refer to page 4 of the guidance note.

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Required</th>
<th>Notes</th>
<th>Group 2</th>
<th>Required</th>
<th>Notes</th>
<th>Group 2</th>
<th>Required</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Categories</td>
<td>please tick</td>
<td></td>
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<td>please tick</td>
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<td>Categories</td>
<td>please tick</td>
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<tr>
<td>AM</td>
<td>B</td>
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<td>C</td>
<td>DE</td>
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<td></td>
<td></td>
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<tr>
<td>A1</td>
<td>BE</td>
<td></td>
<td>CE</td>
<td></td>
<td></td>
<td>D1</td>
<td></td>
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</tr>
<tr>
<td>A2</td>
<td>W</td>
<td></td>
<td>C1</td>
<td></td>
<td></td>
<td>D1E</td>
<td></td>
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</tr>
<tr>
<td>A</td>
<td></td>
<td></td>
<td>C1E</td>
<td></td>
<td></td>
<td>D1E</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. * On receipt of this learner permit, will you hold a licence issued by another country?  
- Yes □ No □

If Yes, please provide details below:
- Issuing country  ____________
- Driving licence no.  ____________

16. If your learner permit was lost or stolen please sign the declaration below and get the declaration witnessed and stamped at your local Garda Station. Please note if you find or get your old learner permit back after applying for a replacement, the old permit will no longer be valid.

I declare my learner permit lost/stolen. (circle as appropriate)  ____________

Signature of Applicant  ____________

I certify that the applicant has declared his/her learner permit lost/stolen.  ____________

Name of Garda  ____________

Signature of Garda  ____________

**Part 3: Organ Donation**  
(See Part 3 of accompanying guidance notes)

17. Place an X in the box provided if you would like code 315 to appear on your learner permit indicating your wish to become an organ donor. □
### Part 4: Driver Fitness

**Mandatory Field**

If you answer "No" to any of the questions below or to question 35, you must also be required to submit a medical report dated within one month of application date.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you need to wear glasses or lenses for driving?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(If yes Code 01 will be added to your licence)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If in the past you answered &quot;Yes&quot; to this question and are now answering &quot;No&quot; you must provide a current eyesight report with your application.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health and Fitness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had, or do you currently suffer from, any of the following conditions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. * Diabetes treated by insulin or managed by tablets which carry a risk of inducing hypoglycaemia e.g. sulphfonylureas. (Ask your doctor whether you are on sulphfonylureas or other medications which carry a risk of inducing hypoglycaemia.) No need to tell us if managed by diet alone or only by medications which do not carry a risk of inducing hypoglycaemia.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>20. * Epilepsy</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>21. * Stroke or TIA* with any associated symptoms lasting longer than one month*</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>22. * Fits or blackouts</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>23. * Any type of brain surgery, brain abscess or severe head injury involving inpatient treatment or brain tumour or spinal injury or spinal tumour</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>24. * An implanted cardiac pacemaker</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>25. * An implanted cardiac defibrillator (ICD)*</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>26. * Repeated attacks of sudden disabling dizziness</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>27. * Any other chronic neurological condition such as multiple sclerosis, motor neurone disease or Huntington's disease</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

1. A transient ischemic attack (TIA) is an event with stroke symptoms that last less than 24 hours before disappearing (sometimes called a mini-stroke). While TIAS generally do not cause permanent brain damage, they are a serious warning sign of stroke.
2. An implantable cardioverter defibrillator (ICD) is an electronic device which monitors your heart continuously. It is programmed to detect abnormal heart rhythms or arrhythmias.
3. If in doubt, please consult your family doctor.

A numeric code on your learner permit may indicate certain restrictions or conditions that affect your learner permit (including those related to a disability or illness). Information about codes will be on the explanatory letter issued with your learner permit and on our website at www.nds.ie. Where you need the explanation on your vehicle or medical/fitness grounds, or an existing explanation is being modified, you should contact the NTS before you re-exam.

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### Part 5: Declaration by Applicant

**Mandatory Field**

I hereby declare that:

Ireland is my normal place of residence. I am not currently disqualified (with the exception of a penalty point disqualification or those referred to in question 13 (b) from holding a learner permit or driving licence in Ireland or in the EU. The address given is my normal residence. The accompanying supporting documents relate to me.

The information I have given in this application is correct.

THIS DECLARATION MUST BE SIGNED AND DATED BY THE PERSON TO WHOM THE LEARNER PERMIT IS TO BE ISSUED

Applicant’s signature: [ ]

Day: [ ]
Month: [ ]
Year: [ ]

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Page 3

October 2016
Application Checklist for Learner Permit

You must apply in person at any NDLs centre. You may book an appointment at www.ndls.ie

For all applications for learner permit you must supply:

- Application form for learner permit D201 (fully completed)
- Current/ most recent learner permit
- If you do not have your most recent learner permit you must present a completed test licence declaration and photographic ID (see page 2 of guidance notes)
- NDLs medical form (dated within 1 month) if required (see page 3 of guidance notes)
- Evidence of CPC if required (see page 3 of guidance notes)
- Evidence of PPSN (list 3 on page 2 of guidance notes)
- If the address has changed since your last learner permit was issued, you must provide evidence of new address (see list 2 on guidance notes, must be dated within 6 months)
- Photographic ID (list 1 on page 2 of guidance notes)
- Evidence of residency entitlement (listed 4 on page 2 of guidance notes)
- Relevant THB (see page 1 of guidance notes)
- Your photograph and signature will be captured at the NDLs office

The following additional information is required when applying for:

**Option 1 - First time learner permit**

- Theory test pass certificate dated within 2 years
- NDLs Eyesight Report form D502 (fully completed) dated within 1 month
- Evidence of address dated within 6 months. (Please see list 2 on page 2 of guidance notes)

**Option 2 - Renewal of a learner permit**

- If applying for a third or subsequent learner permit documentary evidence must be submitted that you have either sat a driving test (statement of driving test outcome) or an acknowledgement of a forthcoming test

**Option 3 - Adding a Category to your Learner Permit**

- A theory test pass certificate if applicable dated within 2 years
- Current Learner Permit
- A completed NDLs medical form, if applicable. (dated within 1 month)

**Option 4 - Replace a lost or stolen learner permit**

- A completed lost licence declaration (see question 12 of application form)
- Photographic ID. (see list 1 on page 2 of guidance notes)

**Option 5 - Personal Details Change**

- Evidence of name change if name is changing (refer to www.ndls.ie or page 3 of guidance notes)
- Evidence of new address (dated within 6 months)
- If address is changing (listed 2 on page 2 of guidance notes)
- A completed NDLs medical form (dated within one month)
- If your medical details have changed (see list 3 of guidance notes)

**Option 6 - Replace a damaged learner permit**

- Photographic ID. (see list 1 on page 2 of guidance notes)
- Damaged Driving licence

**Option 7 - Already hold a full driving licence and are applying for a learner permit in a different category**

- A theory test pass certificate (if applicable) dated within 2 years
- Current Learner Permit
- Current Full licence

THE NDLS CENTRES ARE OPEN MONDAY TO FRIDAY 9.00AM - 5.00PM (EXCLUDING LUNCHTIME) AND SATURDAY FROM 9.00AM - 2.00PM. VISIT WWW.NDLS.IE FOR THE Map AND ADDRESS OF YOUR NEAREST CENTRE OR DOWNLOAD OUR NDLS CENTRE APP:
D. 401 — Application for driving licence

### Application Form for a Driving Licence D401

#### Part 1: Personal Details

1. Have you previously held a learner permit and/or driving licence in Ireland? *
   - Yes [ ]
   - No [ ]

2. Title
   - Mr [ ]
   - Mrs [ ]
   - Miss [ ]
   - Ms [ ]
   - Other [ ]

3. First name(s)*

4. Surname *

5. Full name

6. If your surname has changed since your last licence issued please indicate the reason
   - Marriage/Civil partnership [ ]
   - Deed Poll [ ]
   - Use of Irish name [ ]
   - Divorce/Separation [ ]

7. Address line 1 *

8. Address line 2 *

9. Town *

10. County/City *

11. Date of birth *
   - Day [ ]
   - Month [ ]
   - Year [ ]

12. Gender *
   - Male [ ]
   - Female [ ]

13. PPIN* (Original proof of PPIN must also be provided. See list 3 on page 2 of the guidance notes)

14. Place of birth *

15. Mobile no.*
   - [ ]

16. Email address *

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The NDLS will use these contact details to contact you in the event of issues with your application, dispatch of your licence and future renewal reminders.

October 2016
**Part 2: Licence Details** *(See Part 2 of accompanying guidance notes)*

**Mandatory Field**

<table>
<thead>
<tr>
<th>Application type*:</th>
<th>Renewal of driving licence.</th>
<th>First time driving licence.</th>
<th>Add/remove a category.</th>
<th>Please see option 1 of checklist.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal detail change.</td>
<td>Replace a lost or stolen licence.</td>
<td>Replace a damaged licence.</td>
<td>Please see option 4 of checklist.</td>
<td></td>
</tr>
<tr>
<td>Exchange of foreign licence.</td>
<td>Other Reason:</td>
<td></td>
<td>Please see option 7 of checklist.</td>
<td></td>
</tr>
</tbody>
</table>

*Please indicate here the category or categories that you wish to apply for.*

For a definition of the categories please refer to page 4 of the guidance note

<table>
<thead>
<tr>
<th>Group 1 Categories</th>
<th>Required please tick</th>
<th>Notes</th>
<th>Group 2 Categories</th>
<th>Required please tick</th>
<th>Notes</th>
<th>Group 2 Categories</th>
<th>Required please tick</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
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<td>C</td>
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</tbody>
</table>

15*. On receipt of this driving licence, will you hold a licence issued by another country? Yes [ ] No [ ]

If "Yes", please provide details below:

Issuing country:

Driving licence no.:

16. If your licence was lost or stolen please sign the declaration below and get the declaration witnessed and stamped at your local Garda Station. Please note if you find or get your old licence back after applying for a replacement, the old licence will no longer be valid.

I declare my licence lost/stolen (circled as appropriate)

Signature of Applicant:

I certify that the applicant has declared his/her licence lost/stolen.

Name of Garda:

Signature of Garda:

**Part 3: Exchanging a Licence** *(See Part 3 of accompanying guidance notes)*

17. Did you obtain your current full foreign licence by exchanging a licence from another country? Yes [ ] No [ ]

If "Yes", please state the country where the original licence was obtained:

18. Is the licence you are exchanging, suspended, withdrawn, cancelled or are you disqualified? Yes [ ] No [ ]

(If yes, refer to Q18 on page 1 of guidance notes and www.nds.ie for further information)

19. I took up normal residence in Ireland on:

**Part 4: Organ Donation** *(See Part 4 of accompanying guidance notes)*

20. Place an X in the box provided if you would like code 315 to appear on your driving licence indicating your wish to become an organ donor.

October 2015
Part 5: Driver Fitness (See Part 5 of accompanying guidance notes) *Mandatory Field

If you answer ‘Yes’ to any of the questions below 21 to 42 or 43, you will also be required to submit a medical report dated within one month of application date

21. *Do you need to wear glasses or lenses for driving? (If yes, Code 02 will be added to your licence)
   - Yes
   - No

22. *Diabetes treated by insulin or managed by tablets which carry a risk of inducing hypoglycaemia e.g. sulphonylureas. (Ask your doctor whether you are on sulphonylureas or other medications which carry a risk of inducing hypoglycaemia.) No need to tell us if managed by diet alone or only by medications which do not carry a risk of inducing hypoglycaemia. (Yes) No

23. *Epilepsy
   - Yes
   - No

24. *Stroke or TIA with any associated symptoms lasting longer than one month
   - Yes
   - No

25. *Fits or blackouts
   - Yes
   - No

26. *Any type of brain surgery, brain abscess or severe head injury involving in-patient treatment or brain tumour or spinal injury or spinal tumour
   - Yes
   - No

27. *An implanted cardiac pacemaker
   - Yes
   - No

28. *An implanted cardiac defibrillator (ICD)*
   - Yes
   - No

29. *Repeated attacks of sudden disabling dizziness
   - Yes
   - No

30. *Any other chronic neurological condition such as multiple sclerosis, motor neurone disease or Huntington’s disease
   - Yes
   - No

31. *A serious problem with memory or periods of confusion*
   - Yes
   - No

32. *Persistent alcohol misuse or dependency*
   - Yes
   - No

33. *Persistent drug misuse or dependency*
   - Yes
   - No

34. *Serious psychiatric illness or mental health problems*
   - Yes
   - No

35. *Parkinson’s disease*
   - Yes
   - No

36. *Sleep Apnoea syndrome*
   - Yes
   - No

37. *Narcolepsy*
   - Yes
   - No

38. *Any condition affecting your peripheral vision*
   - Yes
   - No

39. *Total loss of sight in one eye*
   - Yes
   - No

40. *Any condition affecting both eyes or the remaining eye if you only have one eye (not including colour blindness or short or long sight)*
   - Yes
   - No

41. *A serious hearing deficiency which has worsened since your last application/renewal*
   - Yes
   - No

42. *Severe learning disability*
   - Yes
   - No

43. *(a) Any persistent problems with arms or legs which restricts your driving to an automatic vehicle*
   - Yes
   - No

43. *(b) Any persistent problems with arms or legs which restricts your driving to an adapted vehicle*
   - Yes
   - No

43. *(c) If you have ticked yes to 44(a) or 44(b) has your condition deteriorated since your last application/renewal?
   - Yes
   - No

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Part 6: Declaration by Applicant (See Part 6 of accompanying guidance notes) *Mandatory Field

44. I hereby declare that: Ireland is my normal place of residence; I am not currently disqualified (with the exception of a penalty point disqualification) from holding a learner permit or driving licence in Ireland, the E.U. or a recognised state. The address given is my normal residence. The accompanying supporting documents relate to me. The information I have given in this application is correct.

THIS DECLARATION MUST BE SIGNED BY THE PERSON TO WHOM THE DRIVING LICENCE IS TO BE ISSUED

Applicant’s signature: __________________________

Day: ___ Month: ___ Year: ___

Information contained in this form may be subject to disclosure under Section 36 of the Freedom of Information Acts 1997 (as amended) and/or regulations made thereunder. All documents recorded with the Data Protection Commissioner. Any disclosure of any information contained in this application may be subject to a period of at least 20 years.

October 2016
# Application Checklist for Driving Licence

You must apply in person at any NDLS centre. You may book an appointment at www.ndls.ie.

### Option 1 - For all applications for driving licences you must supply:
- Application form for Driving Licence Dept (fully completed)
- Current/ most recent driving licence / Learner permit
- If you do not have your most recent licence you must present a completed lost licence declaration (question 16 on page 1)
- NDLS medical form (dated within 1 month) if required (see page 3 of guidance notes)
- Evidence of IIBT if required (see page 3 of guidance notes)
- Evidence of CPC if required (see page 3 of guidance notes)
- Evidence of PPSN (see page 3 of guidance notes)
- If the address has changed since your last learner permit/ driving licence was issued, you must provide evidence of new address (see list 2 on page 2 of guidance notes, must be dated within 6 months)
- Photographic ID (see list 1 on page 2 of guidance notes)
- Evidence of residency entitlement (see list 4 on page 2 of guidance notes)
- Relevant fee (see page 3 of guidance notes)
- Your photograph and signature will be captured at the NDLS office.

### The following additional information is required when applying for:

#### Option 2 - Applying for your first driving licence
- Cert if Competency (dated within 2 years)
- Current Learner Permit

#### Option 3 - Adding a Category
- Cert of Competency (dated within 2 years)
- Current Learner Permit
- Current Full licence

#### Option 4 - Change of personal details:
- Evidence of name change if name is changing (page 1, Q8 of guidance notes)
- Evidence of new address (dated within 6 months) if address is changing (see list 2 on guidance notes)
- A completed NDLS medical form (dated within one month) if your medical details have changed (see page 3 of guidance notes)

#### Option 5 - Replace a lost or stolen licence
- A completed lost licence declaration (see question 16 of application form)

#### Option 6 - Replace a damaged licence
- Photographic ID (see list 1 on page 2 of guidance notes)
- Damaged Driving licence

#### Option 7 - Exchange a foreign licence from EU/EEA or a recognised state
- Evidence of residency entitlement (see list 4 on page 2 of guidance notes)
- Your current full licence (please note, if your licence does not have a category start date you will need to provide an original letter of entitlement/ driver statement from your relevant authority)
- If you do not have your licence you will need to present an original letter of entitlement/ statement from the appropriate licensing authority and complete the lost licence declaration (see question 16 on application form)
- If your licence is from an EU/EEA member state and is expired for less than 10 years, it must be accompanied by an original letter of entitlement/ driver statement from your relevant authority
- If your licence is from a recognised state and is expired for less than one year, it must be accompanied by an original letter of entitlement/ driver statement from your relevant authority
- If your licence is from a recognised state you must present an eyesight report form Eye2
- Certified translations are required for all Letter of Entitlement/Driver statements which are not in English or Irish.

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**THE NDLS CENTRES ARE OPEN MONDAY TO FRIDAY 9.00AM – 5.00PM (INCLUDING LUNCHTIME) AND SATURDAY FROM 9.00AM – 2.00PM. VISIT WWW.NDLS.IE FOR THE AMP AND ADDRESS OF YOUR NEAREST CENTRE OR DOWNLOAD OUR NDLS CENTRE APP:**

Available on the [App Store](#) [Google play](#)
Driving Licence Medical Report Form

Part 2 (continued) to be completed by Medical Practitioner

2. Special licence requirements including exception cases for epilepsy

a) Epilepsy:

If your patient has had an epileptic seizure within the last 12 months, have they been declared fit to drive a group 1 vehicle (See below for vehicle categories) by a consultant neurologist under the exceptional case criteria for epilepsy shown below:

Exceptional case criteria include: First seizure, provoked seizure only in preceding year, seizure not affecting consciousness or driving ability, seizure in preceding year only on medically supervised withdrawal of anti-epileptic medication, or seizure exclusively while asleep and the first such sleep seizure was a minimum of 12 months previous.

b) Restricted licence recommendation

If none are to be applied mark - Not Applicable

- Limited to day-time driving (one hour after sunrise and one hour before sunset)
- Limited to journeys within a radius of 30 km from holder's place of residence.
- Limited to journeys with a speed not greater than 80 km/h

Signature of Medical Practitioner ____________________________ Date: ____ / ____ / ____

Vehicles are classed as Group 1 and Group 2. If you are applying for a vehicle in both Groups, please tick Group 1 and 2. Where an applicant meets the medical criteria for Group 2 vehicles, they will automatically meet the criteria for Group 1 vehicles.

<table>
<thead>
<tr>
<th>Group 1 Vehicles and Licence Category</th>
<th>Group 2 Vehicles and Licence Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>C</td>
</tr>
<tr>
<td>A</td>
<td>C1</td>
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EXPLANATORY NOTES

1. To complete your medical examination you must go to your doctor, have your medical examination and sign this form in the presence of the doctor. When the form is completed by your doctor you must submit it to the National Driver Licence Service with your licence permit/driving licence application within one month of the date of the medical examination.

2. For medical fitness standards, vehicles are classed as being in Group 1 or Group 2. The graphic above describes which vehicles are in Group 1 and in Group 2. Further information on each licence category can be found on the licence application form. A higher standard of medical fitness is required of those drivers who hold licences for Group 2 vehicles. Please note that Group standards apply to all categories of vehicles within that Group. Individual categories should not be marked on the table above.

3. A person driving a Group 2 category vehicle must be certified as medically fit at least every five years.

4. Applicants over 70 years of age can only be certified as being fit to drive for either one or three years.

5. Where appropriate the doctor may engage the services of other medical and driving professionals (e.g., consultant, occupational therapist, optometrist, on-road driving assessor) to inform their completion of this form.

6. Please have your doctor initial any alteration or change made in completing this form. This is important in assessing the validity of the document presented.
GIVEN under my Official Seal,
23 December 2016.

SHANE ROSS,
Minister for Transport, Tourism and Sport.
EXPLANATORY NOTE

(This note is not part of the Instrument and does not purport to be a legal interpretation.)

These Regulations amend the Licensing of Drivers regulations by updating forms for a certificate of competency, application for a learner permit, application for a driving licence, and for a medical report.