

## Client Consent for Third Party Access to Licensing Information

When blank, this form is classed as OFFICIAL, when completed, this form is classed as OFFICIAL SENSITIVE

CLIENT DETAILS									
SURNAME				GIVEN NAMES					
ALIAS - ALSO KNOWN AS									
ADDR	ESS								
SUBURB/TOWN								POSTCODE	
			ABORIGINAL / TORRES STRAIT  Yes No	BORIGINAL / TORRES STRAIT ISLANDER  Yes No			GENDER  Male Fema	ale	
CLI	ENT CONSEN	Т							
I consent to have information recorded against my name by the Department of Trans regaining a driver's licence. All the information I have provided on this form is true an of signing.  SIGNATURE									
REQUIRED INFORMATION									
ID SIGHTED  DOCUMENT TYPE (Do not send any copies of bank cards/states)  Yes No  LICENCE NUMBER (if known)  LICENCE ISSUED BY ANOTHER STATE, TERRITORY OR CO									
THEORY TEST REQUIRED FOR:									
	First issue driver's licence				Online check showing as not current - unsure on requirements				
	Regain driver's licence			Other*					
	Additional driver's licence class  Extraordinary licence			*If other, provide additional information below (requests cannot be for general status checks or eligibility for driving lessons/practical driving assessments (PDA):					
TUI									
THIRD PARTY (PERSON AUTHORISED TO ACCESS SURNAME					GIVEN NAMES				
ORGA	NISATION NAME								
PHONE NUMBER				FAX NUMBER / EMAIL ADDRESS					
			e purpose of assisting the cli and the abovementioned org			r regain a drive	er's licence in accorda	nce with the formal	
SIGNATURE				DATE					
OF	FICE USE ONL	.Y							
CSO NAME				CSO SIGNATURE					
BRANCH / AGENCY			DATE						

DISCLAIMER: The information provided on this document is only current as at the time and date of completion. The status may change pending notification of any outstanding traffic infringements, licence suspension orders issued by the Fines Enforcement Registry or Court imposed disqualification from WA police.