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Please complete this form if you are coming from interstate to enable VicRoads to seek relevant information regarding prior offences and orders.

Please email the completed form to drs@roads.vic.gov.au or mail it to:

Driver Relicensing Services GPO Box 1644 Melbourne VIC 3001

Your personal details

Surname						
Given name(s)						
Victorian address		Postcode				
Contact phone number (mobile preferred)	Email					
I			[inser	t nam	ne],	
born//	[insert current / pr	evious interstate lice	nce nu	ımber]	
consent to (please tick the relevant interstate authority):						
Australian Capital Territory - Road Transport Authority						
New South Wales - Roads and Maritime Services						
Northern Territory - Northern Territory Government						
Queensland - Department of Transport and Main Roads						
South Australia - Registrar of Motor Vehicles						
□ Tasmania - Department of State Growth						
Western Australia - Department of Transport and/or Western Australia Police: Info	rmation Release Centre					
providing VicRoads with information regarding:						
 my drink driving history, including any offences or infringements; 						
 any alcohol interlock order made against my licence, or drink driving education ord including the end date of any such orders; and 	ders imposed on me,					
 any other information required to obtain a Victorian licence; 						
within the last 10 years.						

Signature

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Date

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