



This form will be required to be completed if the General Practitioner is recommending you may meet the criteria for a conditional authority. This information is being collected in order to determine your fitness to drive a public passenger vehicle in accordance with the provisions of the *Passenger Transport Act 1990 and Regulation*. If NSW Transport and Infrastructure cannot attest to you being a fit and proper person to hold an authority, the authority may be suspended, varied or cancelled or your application for authorisation may be refused. You have a right to request access to the information collected by contacting the appropriate NSW Transport and Infrastructure office. NSW Transport and Infrastructure may disclose any health information received to another medical practitioner.

PART 1 – Driver Details - To be completed if a specialist referral is required.

Family Name (surname)		Given Name (first name)		<input type="checkbox"/> Male
				<input type="checkbox"/> Female
Address			Date of Birth	
Authority Number:	Authority Type <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Motor Cycle <input type="checkbox"/> Private Hire Vehicle <input type="checkbox"/> 4WD	Driver Licence Number	Contact Phone Number	
DRIVER/APPLICANT DECLARATION				
I consent to my medical practitioner providing my health information to NSW Transport and Infrastructure, or to a medical practitioner nominated by NSW Transport and Infrastructure. Further, I give authority to NSW Transport and Infrastructure to obtain details of any matter which may assist in determining whether I meet the medical criteria outlined in the publication <i>Assessing Fitness to Drive (Commercial and Private Vehicle Drivers) 2003</i> .				
Driver/Applicant signature:				Date:

PART 2 – Referring Doctor’s details – To be completed by the referring doctor.

Name of Medical Practitioner	Date	Telephone	Fax
Practice Address			Signature
Reason for Referral (patient condition/s)			

PART 3 – Specialist Report – To be completed by the Specialist Medical Practitioner

Name of Specialist Medical Practitioner	Speciality	Qualifications
Practice Address Provider Number	Telephone	Fax
Specialist Opinion – Note: Please refer to the relevant section of the national standard applied to commercial drivers (available on the website www.austroads.com.au) and frame your opinion in terms of the criteria detailed.		
Tick if continued overleaf <input type="checkbox"/>		

Specialist Advice

- The above driver (applicant) meets the criteria for a conditional driver authority**
 I recommend future review Yearly
 In Months, or Years
- The above driver (applicant) does not meet the criteria for a conditional driver authority**

Specialist’s Signature	Date	Provider number
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Specialist's Opinion (continued)

Specialists Signature

Date



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