



DRIVER DECLARATION

Section 1 COMPANY DETAILS

Company / Policyholder name: _____
 Address: _____
 State: _____ Postcode: _____ Phone number: _____

Section 2 DRIVER DETAILS

Driver's name: _____
 Address: _____
 Date of birth: _____ / _____ / _____
 State: _____ Postcode: _____ Phone number: _____
 How long have you held a heavy vehicles?driver's licence?
 _____ years _____ months

Section 3 LICENCE DETAILS

Licence Category	Licence Number	Years Held	Expiry Date
Heavy Vehicle Licence			
Forklift Licence			
Dangerous Goods Licence			

Section 4 DRIVING EXPERIENCE

Please tick the licence category of the vehicle you will be driving in this job, and fill in how many years' experience you have driving this type of vehicle and the average distance travelled per journey.

<input type="checkbox"/> MC	_____ years	<input type="checkbox"/> 200 kms	<input type="checkbox"/> 450 kms	<input type="checkbox"/> 850kms	<input type="checkbox"/> Over 850 kms
<input type="checkbox"/> HC	_____ years	<input type="checkbox"/> 200 kms	<input type="checkbox"/> 450 kms	<input type="checkbox"/> 850kms	<input type="checkbox"/> Over 850 kms
<input type="checkbox"/> HR	_____ years	<input type="checkbox"/> 200 kms	<input type="checkbox"/> 450 kms	<input type="checkbox"/> 850kms	<input type="checkbox"/> Over 850 kms
<input type="checkbox"/> MR	_____ years	<input type="checkbox"/> 200 kms	<input type="checkbox"/> 450 kms	<input type="checkbox"/> 850kms	<input type="checkbox"/> Over 850 kms
<input type="checkbox"/> LR	_____ years	<input type="checkbox"/> 200 kms	<input type="checkbox"/> 450 kms	<input type="checkbox"/> 850kms	<input type="checkbox"/> Over 850 kms

How many average km's do you expect to travel per journey in this job?

200 kms 450 kms 850kms Over 850 kms

What kind of freight will you be carrying?

What will be the primary route/s? _____

Section 5 HEALTH

Have you had a medical examination in the last 12 months? yes no
 If no, when was your last medical examination? _____ years/months ago

If yes, were you declared fit to drive? yes no

Did you test positive to diabetes, sleep apnea or another significant medical condition which is reasonably likely to impact your driving capability if not satisfactorily managed? yes no

If yes, is the condition managed to the satisfaction of the medical practitioner, enabling you to drive a heavy vehicle? yes No



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Section 6 DRIVING HISTORY IN LAST 10 YEARS

Have you ever been convicted for:

Driving under the influence of alcohol? yes no

If yes, what kind of vehicle were you driving? truck car

Driving under the influence of drugs? yes no

If yes, what kind of vehicle were you driving? truck car

Driving dangerously, at fault, negligently or without due care? yes no

Speeding at 15 - 30 km/hr or more over the posted limit in the last 2 Years? yes no

Have you ever had your licence endorsed, suspended or cancelled? yes no

Have you held a different interstate licence, other than the licence number stated on this form, within the last 5 years? yes no

Have you ever been convicted of a criminal offence in the past 10 years (5yrs if juvenile)? yes no

Have you ever been convicted of a drug offence in the past 10 years (5yrs if juvenile)? yes no

If you answered yes to any of these questions, then please attach a **full driver licence history print out** from your state Transport Authority or a **criminal history print out** from the relevant authority. Please note on the driving history if the infringement was incurred in a vehicle over 2 tonnes or under 2 tonnes carrying capacity or in a Car. Please note we cannot process this form without this print out.

Section 7 ACCIDENT HISTORY IN LAST 5 YEARS

Have you ever been in an accident? yes no

If yes, what kind of vehicle were you driving? truck car

Were you found by police and investigators to be at fault? yes no

Was it a: single-vehicle accident multi-vehicle accident

If you answered yes, please provide the following:

Date of Accident	Description	Approx. cost of damage	Vehicle Type i.e. truck or car	Who was at fault?
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

If there is not enough space provided, please attach a signed and dated declaration to this document.



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Section 8 TRAINING HISTORY

Please provide details of any training you have completed, or are currently completing:

Course	(Please include date)		(Please tick)	
	Completed	Currently completing	Company funded	Personally funded

Section 9 RECENT EMPLOYMENT HISTORY

Please provide details for the last four years:

Company name: _____
 Address: _____
 State: _____ Postcode _____ Phone number: _____
 Contact person: _____ Title: _____
 Start date ____/____/____ Finish date ____/____/____
 Type of freight carried: _____

Type of vehicle driven MC HC HR MR LR C Other
 Average kms travelled per week: _____

Company name: _____
 Address: _____
 State: _____ Postcode _____ Phone number: _____
 Contact person: _____ Title: _____
 Start date ____/____/____ Finish date ____/____/____
 Type of freight carried: _____

Type of vehicle driven MC HC HR MR LR C Other
 Average kms travelled per week: _____

Company name: _____
 Address: _____
 State: _____ Postcode _____ Phone number: _____
 Contact person: _____ Title: _____
 Start date ____/____/____ Finish date ____/____/____
 Type of freight carried: _____

Type of vehicle driven MC HC HR MR LR C Other
 Average kms travelled per week: _____

If there is not enough space provided, please photocopy this page and attach to this document.

