



BIRMAN & RIDE

Extraordinary driver's licence (EDL) assessment form

Your personal details

Surname

Given names

Preferred name

Title *Mr, Ms, Mrs etc* Date of birth Occupation

Telephones Home Work Mobile

Email

We prefer to communicate with you by email. Please X here if this is not convenient for you.

Your mailing address Country Postcode State

Town/suburb Street/PO

Your physical address if different from mailing address Postcode Town/suburb

Street

Identity confirmation

We request this information to ensure that the people with whom we deal are who they say they are; and to protect our clients and the community generally against fraud.

Photo ID type Driver's licence Passport Other

Document number Country/state of issue

Personal circumstances

Whether or not you live with a partner or have dependants will influence the Court's decision to grant or refuse your EDL.

Marital status Married De facto Single Divorced/widowed

Partner's name

Title *Mr, Ms, Mrs etc* Date of birth Occupation

Dependants	Name	Relationship to you	Date of birth

Supporting your application

Whether your application is successful will depend on the particular circumstances of your case. We need the following information to assess your case and, if you instruct us to act on your behalf, to prepare an affidavit in support of your application.

If you need more space, please give us more details on a separate sheet of paper.

Details of disqualification

Has a court refused you an EDL within the last 6 months?

Yes

No

Did you lose your licence because of excessive demerit points or unpaid fines?

Yes

No

Have you attached a copy of your **State Traffic Certificate**?

Yes

No

We need this document to assess your application.

Do you have a criminal record?

Yes

No

Have you attached a copy of your **National Police Certificate**?

Yes

No

If you have a criminal record, we need this document to assess your application.

Extenuating circumstances

If any of your past traffic offences occurred in extenuating circumstances (eg. you were driving due to a medical emergency), please provide details below.

Date of offence	Extenuating circumstances

Financial circumstances

The Court will consider you and your partner's financial circumstances in deciding whether or not to grant you an EDL, especially if your EDL is for work reasons.

Household monthly income (\$)		Household monthly expenses (\$)	
Your net wages		Mortgage / rent	
Your partner's net wages		Living expenses / utilities	
Government payments		Vehicle expenses	
Investment income		Credit card / loan repayments	
Other income		Other expenses	
Total household income		Total household expenses	

Reasons for your EDL

Which areas do you need to drive in (e.g. Perth metropolitan area)?

When do you need to drive (e.g. weekdays between 9am and 5pm)?

*Answer these questions if you need an EDL for **work reasons**.*

Name of employer		Contact person	
Contact phone		Contact email	

Can you travel to your job by public transport (eg. bus, taxi)? Yes No

If not, why not?

Do you need to drive during the course of your employment? Yes No

(e.g. you are self-employed and must drive to client locations)

Which class of licence do you need (e.g. R, C, LR, HC)?

How much annual or long service leave have you accumulated, if any?

*Provide details if you need an EDL for **medical or other reasons**.*

What will happen if your application fails?

Payment method

Online assessments cost \$200 (GST inclusive). By completing the credit card section below, you authorise us to charge your credit card for \$200.

Credit card <input type="checkbox"/>			EFT <input type="checkbox"/>		
Card type:	MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>	Please transfer to the following account: Name: Birman & Ride BSB: 036-001 Account #: 196433 Reference: EDL-(Your surname)		
Card name:					
Card #:					
Expiry:	/	CCV:*			
* The CCV number is the last three digits in the second of two groups of numbers in the signature strip on the reverse side of your card.					

3 business day guarantee

We will respond to your EDL application within 3 business days of receiving your payment or your EDL assessment is free.

Signature _____ Date ____/____/____

Please tell us why you chose Birman & Ride

Referred by (name)

*We may contact this person to thank him/her for the referral. Please **X** here **if you prefer us not to.***

Yellow pages on-line Yellow pages Internet Newspaper advertisement

Other