

## Application for endorsement D, F, R, T, W



Make sure you have all the relevant **What to bring** requirements from page 3 and you have **completed all questions** - if it doesn't apply to you write N/A.

Application details	1.	What type of application are you making?  ☐ Applying for an endorsement for the first time ☐ Applying to renew an endorsement ☐ Reapplying because your endorsement has been expired for more than 5 years
Driver licence number	2.	What is your New Zealand driver licence number?
Name  Your gender won't show on your driver licence. Go to www.nzta.govt.nz/gender for more information about genders recorded in the Driver Licence Register.	4.	What is your name?  Surname  Full first name  Middle names  Are the names you have shown on this application different from that shown on any of the supporting identification (including any driver licence)?  No Yes → My previous name was:  What is your gender?
Organ donation	6.	Would you be willing to donate organs in the event of your death?
Birth date	7. 8.	What is your date of birth?  Day  Month  Year  Where were you born?  Town/city  Country
Address		Where do you live?  What is your mailing address? (if different from above)
If your address is on your licence, you may need to pay to remove or change it later. For more information go to www.nzta.govt.nz/address-on-licence Giving your phone numbers and email address is optional (see page 4).	12.	Would you like your address printed on your licence?  No Yes → Physical address OR Mailing address  What are your contact phone numbers?  Other  ( )  What is your email address?  Continued on next page

You must hold a full class 1 (car) licence before you can apply for any F, R, T or W endorsements.  D Dangerous goods endorsement  F Forklift endorsement  R Rollers endorsement  T Tracks endorsement  W Wheels endorsement  No disabilities that could affect your ability to drive safely include:  Alzheimers head or spinal injuries Anyputations injain blood pressure convulsions joints or limb problems diabetes mental illness diabetes mental illness diabetes endorsement  To Tracks endorsement  No Yes → Has that medical condition or disability affected your ability to drive safely in the last five years?  No Yes → You may need to provide a medical certificate. Go to the medical certificate section.  If you're under 75, and you have a medical condition or disability that has affected your ability to drive safely in the last 5 years:  If you're under 75, and you have a medical condition or disability that has affected your ability to drive safely in the last 5 years:  If you're under 75, and you have a medical condition or disability that has affected your ability to drive safely in the last 5 years:  If you're under 75, and you have a medical condition or disability that has affected your ability to drive safely in the last 5 years:  If you're under 75, and you have a medical condition or disability that has affected your ability to drive safely in the last 5 years:  If you're under 75, and you have a medical condition or disability that has affected your ability to drive safely in the last 5 years:	Endorsement type	14. What type of endorsements are you applying for?					
F Forkitt endorsement   R Rollers endorsement   R Ro							
T Tracks endorsement     W Wheels endorsement     S Do you have a medical condition or disability* that could affect your ability to drive safely?     No medical certificate     Alchiens   * head or spinal injuries remarkations * high front pressure * considered * printed lifes * injuries or hind problems * injuits or hind	F, R, T or W endorsements.	_					
W Wheels endorsement		☐ <b>R</b> Rollers endorsement					
Medical declaration		☐ <b>T</b> Tracks endorsement					
Examples of medical conditions or disability of mice safely in the disabilities that could affect your ability to drive safely in the safety includes   No   No   No   No   No   No   No   N		☐ <b>W</b> Wheels endorsement					
Ves -> Has that medical condition or disability affected your ability to drive safely in the disabilities that could affect your oblitip to drive safely in the disabilities and the safely in the disabilities and the safely in the disabilities and the safely in the disability affected your ability to drive safely in the disability affected your ability to drive safely in the disability affected your ability to drive safely in the disability affected your ability to drive safely in the disability that has affected your ability to drive safely in the last 5 years, and long the disability that has affected your ability to drive safely in the last 5 years, and long the disability drive drive safely in the last 5 years, you must provide a medical certificate with this application.    If you're 75 or over, and you have a medical certificate with this application.			ity to drive safely?				
way a section   which blood pressure   was wight blood   was wighted   was		to $\square$ Yes $\longrightarrow$ Has that medical condition or disability affected your ability	to drive safely in the				
Medical certificate The medical certificate must be issued by a New Zealand registered health practitioner, for example your doctor (GP), a registered nurse or nurse practitioner, for example your doctor (GP), a registered nurse or nurse practitioner, for example your doctor (GP), a registered nurse or nurse practitioner, or a specialist.  The medical certificate must be no more than 60 days old when you make this application.  Eyesight  16. Do you wear glasses or contact lenses for driving?  No Yes  Declaration  15 you're under 75, and you have a medical certificate with this application or disability that has affected your ability to drive safely in the last 5 years, you must provide a medical certificate with in the last 5 years, and provide this application or disability that has affected your ability to drive safely in the last 5 years, you must provide a medical certificate with this application.  Eyesight  16. Do you wear glasses or contact lenses for driving?  No Yes  Declaration  15 tate that, to my best knowledge and belief, all the information I have given for this application is correct and I am not disqualified from obtaining or holding a driver licence or licence endorsement. I further declare that the medical fitness information provided above is true and correct.  Signature of applicant  Office use only  Primary evidence of identity:  NZ photo driver licence  NZ passport  NZ photo driver licence  NZ passport  Waka Kotahi approved document  General institute of the policiable of the p	<ul> <li>amputations</li> <li>convulsions</li> <li>diabetes</li> <li>double vision</li> <li>high blood pressure</li> <li>joints or limb problem</li> <li>mental illness</li> <li>stroke.</li> </ul>	☐ <b>Yes</b> → You may need to provide a medical certificate. Go to the medical certificate					
Safely in the last 5 years:    Vee provided a medical certificate with this application	Medication and treatments can also aff your ability to drive safely.	ect					
Declaration  Office use only  Primary evidence of identity:  NZ photo driver licence  NZ passport  NZ passport  NZ photo driver licence  NZ passport  NZ photo driver licence  NZ passport  NZ passport  NZ photo driver licence  NZ passport  NZ photo driver licence of identity:  NZ photo driver licen			ted your ability to drive				
My medical condition or disability hasn't got worse since my last medical certificate.   My medical condition or disability hasn't got worse since my last medical certificate.   If you're 75 or over, and you have a medical condition or disability that has affected your ability to drive safely in the last 5 years, you must provide a medical certificate with this application.   If you're 75 or over, and you have a medical condition or disability that has affected your ability to drive safely in the last 5 years, you must provide a medical certificate with this application.      Eyesight	The medical certificate must be issued by a New Zealand registered health practitioner, for example your doctor (GP), a registered nurse or nurse practitioner, or a specialist	☐ I've provided a medical certificate with this application  OR					
State that, to my best knowledge and belief, all the information I have given for this application is correct and I am not disqualified from obtaining or holding a driver licence or licence endorsement.  I further declare that the medical fitness information provided above is true and correct.    Signature of applicant   Date	My medical condition or disability hasn't got worse since my last medical certificate.  If you're <b>75 or over</b> , and you have a medical condition or disability that <b>has</b> affected your ability						
Office use only  Primary evidence of identity:  NZ photo driver licence  NZ passport  NZ birth certificate  Waka Kotahi approved document  Other (please specify)  Agent initials  Time ID checked  Negretaria (GST included)  Date paid (GST included)  Agent bit with out lenses  Criect and I am not disqualified from obtaining or holding a driver licence or licence endorsement.  I further declare that the medical fitness information provided above is true and correct.  Signature of applicant  Date  Date  Supporting evidence of identity: (if applicable)  Issue date  Expiry date  Expiry date  Evidence of name change: (if applicable)  Supporting evidence of identity: (if applicable)  Issue date  Expiry date  Expiry date  Agent stamp  Agent stamp  Agent stamp  Agent stamp  DLR user ID  Agent initials  Time ID checked  Eyesight certificate attached  Eyesight certificate attached  Date  Input  Agent stamp  Agent stamp  Agent stamp  Agent stamp  DLR user ID  Durity  Fee paid (GST included)  Date paid	Eyesight	16. Do you wear glasses or contact lenses for driving? $\ \square$ No $\ \square$ Yes					
Primary evidence of identity:  NZ photo driver licence NZ passport NZ birth certificate Waka Kotahi approved document Other (please specify)  Reference number  Reference number  Expiry date  Evidence of name change: (if applicable)  Reference number  Evidence of name change: (if applicable)  Reference number  Agent initials  Time ID checked  Reference verified image attached  Certificate of completion of course attached  Fit with lenses  Chkd  Agent stamp  DLR user ID  Medical certificate attached  Eyesight certificate attached  Date paid	Declaration	correct and I am not disqualified from obtaining or holding a driver licence or lic I further declare that the medical fitness information provided above is true and  Signature of applicant  Date	correct.				
Primary evidence of identity:  NZ photo driver licence NZ passport NZ birth certificate Waka Kotahi approved document Other (please specify)  Reference number  Reference number  Expiry date  Evidence of name change: (if applicable)  Reference number  Evidence of name change: (if applicable)  Reference number  Agent initials  Time ID checked  Reference verified image attached  Certificate of completion of course attached  Fit with lenses  Chkd  Agent stamp  DLR user ID  Medical certificate attached  Eyesight certificate attached  Date paid	Office use only	Agent to complete this section.					
NZ passport			Issue date				
NZ birth certificate  Waka Kotahi approved document  Other (please specify)  Reference number  NZ passport  Reference of name change: (if applicable)  Input  Agent stamp  Agent stamp  Agent stamp  DLR user ID  Reference number  Paper Spiry date  Reference number  NZ passport  Paper Spiry date  Reference number  Paper Spiry date  Reference number  Paper Spiry date  Paper	☐ NZ photo driver licence —		Fxpiry date				
Waka Kotahi approved document  Other (please specify)  Reference number  Reference number  Reference number  Reference number  Reference number  Agent initials  Time ID checked  Referee-verified image attached  Certificate of completion of course attached  Fit with lenses  Chkd  Medical certificate attached  Fit without lenses  Eyesight certificate attached  Date paid  Date paid		Reference number	/ /				
document    Other (please specify)		Expiry date  Evidence of name change: (if applicable)	Issue/effective date				
Agent initials  Time ID checked  Referee-verified image attached  Certificate of completion of course attached  DLR user ID  Medical certificate attached  Eyesight certificate attached  After receipting, detach  pages 3 and 4 and give to			Expiry date				
Referee-verified image attached  Certificate of completion of course attached  DLR user ID  Medical certificate attached  Eyesight certificate attached  Date paid  Agent stamp  Agent stamp  Agent stamp	☐ Other (please specify)——	Reference number	/ /				
the applicant. \$ / /	DLR user ID  After receipting, detach	☐ Referee-verified image attached ☐ Certificate of completion of course attached ☐ Fit with lenses ☐ Medical certificate attached ☐ Fit without lenses ☐ Eyesight certificate attached ☐ Unfit	Agent stamp				
		\$ / /					



# **Application for endorsement D, F, R, T, W**

What to bring (continued)



### Who should use this form?

Use	this form if you are applying for a:		<b>Evidence of name change</b> (must be original - no photocopies).	
D	Dangerous goods endorsement		If you want to change the name on your driver licence, or if the name on your identity documents isn't the same as the name of	
F	Forklift endorsement For use with special-type vehicles that are forklifts		your licence, you'll need to provide acceptable evidence of nan change. This must be one of the following that was issued in New Zealand:	
R	Rollers endorsement For use with special-type vehicles that run on rollers		<ul><li>☐ your marriage or civil union certificate</li><li>☐ your copy of particulars of marriage or civil union</li></ul>	
т	Tracks endorsement		your dissolution of marriage or civil union order	
•	For use with special-type vehicles that run on self-laying		a certificate of annulment	
	tracks			
W	Wheels endorsement		a deed poll certificate, change of name certificate, or birth certificate showing both names	
	For use with special-type vehicles that run on wheels and are not forklifts		a statutory declaration issued by Births, Deaths and Marriages confirming the name change.	
	What to bring		<b>Note:</b> if your evidence of identity and name change documents don't provide a clear link to the name currently on your driver licence, you may be required to provide additional documentation.	
□ \	Our completed application form.			
	Medical certificate completed by a registered health		<b>EFTPOS, credit card or cash for paying the fee.</b> To check the amount you'll pay go to	
	<b>practitioner</b> (if applicable, see medical certificate section on page 2).		www.nzta.govt.nz/licence-fees or call us on 0800 822 422.	
_	four glasses or contact lenses if you wear them for driving.			
	Certificate of completion of course (your D endorsement certificate must be no more than 60 days old).			
	Evidence of identity (must be original - no photocopies). You must provide either:		Where to apply	
	your New Zealand photo driver licence (can be current or expired up to 2 years), or		ke your completed form and all <b>original</b> documents to any driver ensing agent. Go to www.nzta.govt.nz/agent to find an agent in	
	$\square$ your current New Zealand passport, or	your area.		
	your current overseas driver licence and your current overseas passport, or	che	customer services representative will process your application, eck your identification, may take your photograph and a sample	
	your New Zealand birth certificate (issued on or after 1 January 1998) and a student ID card, Kiwi Access or 18+ card, power bill or bank statement*, or	_	nature for your licence as well as check your eyesight.  u must pay the appropriate fee when you make your application	
	another combination of acceptable evidence of identity documents* detailed on <i>Identification for driver licensing</i> (Factsheet 20) or at www.nzta.govt.nz/identification			
	*If neither document has a photo, you'll also need to provide a verified image (see Factsheet 20 for more information).			

Receipt			Agent stamp and initials
Tax invoice when receipted			
Waka Kotahi NZ Transport Agency GST Reg. No. 89-364-086	Fee paid (GST included)  Date paid  Date paid	/	

page 3 04/24

#### **Eyesight**

You must prove that your eyesight is up to standard. You can:

- pass an eyesight screening check at a driver licensing agent, or
- present a satisfactory eyesight certificate or medical certificate (no more than 60 days old).

The certificate must be issued by a New Zealand registered optometrist or health practitioner (see page 2). If you don't pass the eyesight check at an agent, you'll need to provide a certificate instead.

If you have sight in only one eye, or have only one eye (monocular vision) you'll need to present an eyesight certificate.

#### Responsibilities

Driver licences make our roads safer for everyone and prove drivers are qualified and legally entitled to be behind the wheel. You must always carry your licence with you when you drive.

Your address will be recorded on the database and you should notify Waka Kotahi NZ Transport Agency if you change your address.

If your old driver licence is replaced by a new version, you must surrender the old version under s30 of the Land Transport Act 1998.

#### **More information**

The information on this form is a general guide only. It doesn't replace legal advice, and your exact requirements will depend on legislation.

If you want more information go to www.nzta.govt.nz/licence or call us on 0800 822 422.

#### **Email address**

Giving us your email is optional. By giving us your email, you agree that Waka Kotahi may communicate with you by that email address. This includes application updates, asking for feedback, reminders and formal notices. For a full list of how we might use your email go to www.nzta.govt.nz/email-use or ask the agent. We recommend using an email address that's unique to you, so only you can see information we send you.

#### Warning

It's an offence to supply false or misleading information and may lead to further court action. The consequences can include losing your licence again and/or paying a fine.

If you don't supply all relevant information, your application may be delayed or declined.

#### **Privacy information**

The information requested is required for Waka Kotahi (and its agents) to process your application for a driver licence, to produce your photo driver licence card, and to maintain the Driver Licence Register. Collection of this information is required by part 3 of the Land Transport (Driver Licensing) Rule 1999.

Your photo will also be captured for the purpose of printing it on your driver licence card, and to enable the Department of Internal Affairs, Department of Corrections, Ministry of Justice, Ministry of Business, Innovation and Employment (Immigration), New Zealand Customs Service, and the New Zealand Police to use it for the purposes of identity verification and law enforcement under s200 of the Land Transport Act 1998, or for one of the purposes outlined in part 7 of the Privacy Act 2020. Your photo may therefore be disclosed to one of these agencies, for one of these purposes.

Waka Kotahi (and its agents) will hold, store, use, and disclose any personal information collected on this form in accordance with the Land Transport Act 1998 and the Privacy Act 2020 (part 7, in particular, which authorises the disclosure of this information in certain circumstances). Waka Kotahi (and its agents) may also use some of these particulars to provide you with information relating to driver licensing and driving, or to contact you for feedback on our services.

To assist in keeping the Electoral Roll up-to-date, the Electoral Enrolment Centre operates an authorised information matching programme with Waka Kotahi under s263B of the Electoral Act 1993.

To keep the Driver Licence Register up-to-date Waka Kotahi also operates an authorised information matching programme with Births, Deaths and Marriages. Please refer to the Privacy section of our website for more information.

You are entitled to access, and request the correction of, any readily retrievable personal information held about you by Waka Kotahi. You can do so by writing to us at Private Bag 11777, Palmerston North 4442 or by emailing us at info@nzta.govt.nz