

## L2P Driver Mentor Program Driving History & Licence Check Form

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### Motor vehicle/cycle licence details

1. Do you hold a current drivers licence? Yes / No

2. If "yes", state your full name  
as it appears on your licence:

\_\_\_\_\_

3. Date of birth:

\_\_\_\_\_

4. Licence number:

\_\_\_\_\_

5. State/Country of Issue:

\_\_\_\_\_

6. Expiry date:

\_\_\_\_\_

7. Restrictions/Conditions:

\_\_\_\_\_

### Driving offences

8. Have you received any demerit points against a current motor vehicle/cycle licence in the last ten years? Yes / No

Date	Location of offence	Penalty
Eg: July 2010	Victoria	Texting while driving, 3 points and fine

9. Have you ever had your licence suspended, cancelled, been found guilty or received a court imposed penalty in relation to a driving/traffic offence?

a. in the last 10 years? Yes / No

b. more than 10 years ago? Yes / No

If "yes", state when and where the offence(s) occurred and the penalty imposed:

Date	Location of offence	Penalty
Eg: January 2002	Victoria	3 month licence suspension

10. Do you have a motor vehicle/cycle licence that has a potential cancellation or suspension pending, or are you in dispute regarding a motor vehicle/cycle licence cancellation or suspension? Yes / No

If "yes", state when and where the offence(s) occurred and the penalty imposed:

Details
Eg: I am disputing a speeding fine that I received in March 2016. If I am unsuccessful, my licence will be suspended as I have no demerit points left.

**Licence Check**

I.....(full name) of.....

(current residential address) hereby consent to the Transport Accident Commission (TAC) requesting from the relevant Licence Regulator providing to the TAC, a copy of my complete driving history record for the purpose of confirming whether I hold a current and valid driver's licence which has not been under cancellation or suspension, for the purpose of participating in the L2P Program.

Signed by:

In the presence of:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name of Applicant (Print)

\_\_\_\_\_  
Name of Witness (Print)

Copy of licence supplied to agency for verification.  
(Photocopy of front and back of licence).

Please Email the completed form to: [l2p@casey.vic.gov.au](mailto:l2p@casey.vic.gov.au)