



STATUTORY INSTRUMENTS.

S.I. No. 656 of 2016

ROAD TRAFFIC (LICENSING OF DRIVERS) (AMENDMENT) (NO. 2)
REGULATIONS 2016

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ROAD TRAFFIC (LICENSING OF DRIVERS) (AMENDMENT) (NO. 2)
REGULATIONS 2016

I, SHANE ROSS, Minister for Transport, Tourism and Sport, in exercise of the powers conferred on me by sections 5(1) and 42 (substituted by section 10 of the Road Traffic Act 2006 (No. 23 of 2006) and as amended by section 12(2) of the Roads Act 2007 (No. 34 of 2007)) of the Road Traffic Act 1961 (No. 24 of 1961) and the National Roads and Road Traffic (Transfer of Departmental Administration and Ministerial Functions) Order 2002 (S.I. No. 298 of 2002) (as adapted by the Transport (Alteration of Name of Department and Title of Minister) Order 2011 (S.I. No. 141 of 2011)), hereby make the following regulations:

1. (1) These Regulations may be cited as the Road Traffic (Licensing of Drivers) (Amendment) (No. 2) Regulations 2016.

(2) These Regulations come into operation on 1 January 2017.

2. In these Regulations—

“Regulations of 2006” means the Road Traffic (Licensing of Drivers) Regulations 2006 (S.I. No. 537 of 2006).

“Regulations of 2013” means the Road Traffic (Licensing of Drivers) (Amendment) (No. 3) Regulations 2013 (S.I. No. 420 of 2013).

3. The Regulations of 2006 are amended in Schedule 1—

(i) by substituting for form D302, the form set out in Schedule 1, and

(ii) by substituting for forms D201, D401, D501 (substituted by Regulation 3 (o) of the Regulations of 2013), the forms set out in Schedule 2.

*Notice of the making of this Statutory Instrument was published in
“Iris Oifigiúil” of 6th January, 2017.*

SCHEDULE 2

D. 201 — Application for learner permit

Application Form for a Learner Permit D201



Please read accompanying guidance notes before completing this form. **Please complete this form in block capitals using a black ballpoint pen. Please place an X in the appropriate boxes e.g.** Please do not photocopy this form as it may reduce its quality and result in your application being delayed or rejected.



Part 1: Personal Details (See Part 1 of accompanying guidance notes)

*Mandatory field

1. Have you previously held a learner permit and/or driving licence in Ireland?*

Yes No

If yes, which one? Learner Permit Driving Licence

Driver number* (if known)

(You will find this on Field 5 of the paper licence or Field 4d on a plastic card licence.)

2. Title Mr Mrs Miss Ms Other (please specify)

3. First name(s)*

4. Surname*

As it appears on your birth certificate

5. Full name

6. If your surname has changed since your last learner permit issued please indicate the reason

Marriage/Civil partnership Deed Poll Use of Irish name Divorce/Separation

Previous names

7. Address 1*

Address 2

Town*

County/City* Eircode Official Use

8. Date of birth*

Day Month Year

If aged 70 or over, or if your current learner permit expires on the eve of your 70th birthday a valid medical report will be required.

9. Gender* Male Female

10. PPSN*

Original proof PPSN must also be provided. See list 3 on page 2 of the Guidance Notes.

11. Place of birth*

If born in Republic of Ireland, please state county. If born outside the Republic of Ireland, please state Country.

12. Mobile no.* Landline

Email address*

(The NDLS will use these contact details to contact you in the event of issues with your application, dispatch of your licence and future renewal reminders.)

Part 2: Learner Permit Details (See Part 2 of accompanying guidance notes) *Mandatory field

- 13 (a).** Application type*:
- First time learner permit application Please see option 1 of checklist
 - Renewal of Learner permit. Please see option 2 of checklist
 - Add/remove a category. Please see option 3 of checklist
 - Replace a lost or stolen learner permit Please see option 4 of checklist
 - Personal detail change. Please see option 5 of checklist
 - Replace a damaged permit Please see option 6 of checklist
 - Have a full licence and applying for a learner permit in a different category Please see option 7 of checklist
 - Other(Reason): _____

13(b). If your application relates to the requirement to sit a driving test/driver training following a period of disqualification please provide period of disqualification From To

Details of any condition relating to the disqualification. _____

14.* Please indicate here the category or categories that you wish to apply for.
For a definition of the categories please refer to page 4 of the guidance notes

Group 1 Categories	Required please tick	Notes	Group 1 Categories	Required please tick	Group 2 Categories	Required please tick	Notes	Group 2 Categories	Required please tick
AM		Please refer to accompanying guidance notes in relation to application requirements	B		C		Please note. All applications for group 2 categories must be accompanied by a completed medical report dated within one month of application. Please also refer to the accompanying guidance notes in relation to CPC requirements.	D	
A1			BE		CE			DE	
A2			W		C1			D1	
A					C1E			D1E	

15.* On receipt of this learner permit, will you hold a licence issued by another country? Yes No

If 'Yes', please provide details below:

Issuing country

Driving licence no.

16. If your learner permit was lost or stolen please sign the declaration below and get the declaration witnessed and stamped at your local Garda Station. Please note if you find or get your old learner permit back after applying for a replacement, the old permit will no longer be valid.

I declare my learner permit lost/stolen. (circle as appropriate)

Signature of Applicant

I certify that the applicant has declared his/her learner permit lost/stolen.

Name of Garda

Signature of Garda



Part 3: Organ Donation (See Part 3 of accompanying guidance notes)

17. Place an X in the box provided if you would like code 115 to appear on your learner permit indicating your wish to become an organ donor.

Part 4: Driver Fitness (See Part 4 of accompanying guidance notes)	Mandatory field
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If you answer 'Yes' to any of the questions below 18 to 39 or 40(c), you will also be required to submit a medical report dated within one month of application date

- | | |
|--|--|
| <p>18.* Do you need to wear glasses or lenses for driving? (If yes Code 01 will be added to your licence) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If in the past you answered 'Yes' to this question and are now answering 'No' you must provide a current eyesight report with your application.</p> <p>Health and Fitness</p> <p>Have you ever had, or do you currently suffer from, any of the following conditions?</p> <p>19.* Diabetes treated by insulin or managed by tablets which carry a risk of inducing hypoglycaemia eg. sulphonylureas. (Ask your doctor whether you are on sulphonylureas or other medications which carry a risk of inducing hypoglycaemia.) No need to tell us if managed by diet alone or only by medications which do not carry a risk of inducing hypoglycaemia. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>20.* Epilepsy Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>21.* Stroke or TIAs¹ with any associated symptoms lasting longer than one month Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>22.* Fits or blackouts Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>23.* Any type of brain surgery, brain abscess or severe head injury involving in-patient treatment or brain tumour or spinal injury or spinal tumour Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>24.* An Implanted cardiac pacemaker Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>25.* An Implanted cardiac defibrillator (ICD)² Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>26.* Repeated attacks of sudden disabling dizziness Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>27.* Any other chronic neurological condition such as multiple sclerosis, motor neurone disease or huntington's disease Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>28.* A serious problem with memory or periods of confusion³ Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>29.* Persistent alcohol misuse or dependency Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>30.* Persistent drug misuse or dependency Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>31.* Serious psychiatric illness or mental health problems³ Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>32.* Parkinson's disease Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>33.* Sleep Apnoea syndrome Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>34.* Narcolepsy Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>35.* Any condition affecting your peripheral vision Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>36.* Total loss of sight in one eye Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>37.* Any condition affecting both eyes, or the remaining eye if you only have one eye (not including colour blindness or short or long sight) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>38.* A serious hearing deficiency which has worsened since your last application/renewal Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>39.* Severe learning disability⁴ Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>40.* (a) Any persistent problems with arms or legs which restricts your driving to an automatic vehicle Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>40.* (b) Any persistent problems with arms or legs which restricts your driving to an adapted vehicle Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>40.* (c) If you have ticked yes to 40(a) or 40(b) has your condition deteriorated since your last application/renewal. Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
|--|--|

¹A transient ischaemic attack (TIA) is an event with stroke symptoms that lasts less than 24 hours before disappearing (sometimes called a mini-stroke). While TIAs generally do not cause permanent brain damage, they are a serious warning sign of stroke.

²An Implantable Cardioverter Defibrillator (ICD) is an electronic device which monitors your heart continuously. The ICD is programmed to detect abnormally fast or slow heart rhythms.

³If in doubt, please consult your family doctor.

⁴A numeric code on your learner permit may indicate certain restrictions or conditions that affects your learner permit including those related to a disability or illness. Information about codes will be on the explanatory letter issued with your learner permit and on our website at www.ndls.ie. Where you need an adaption to your vehicle on medical/disability grounds, or an existing adaption is being modified, you should contact the NDLS as a new code may be needed on your learner permit.

Part 5: Declaration by Applicant (See Part 5 of accompanying guidance notes)	Mandatory field
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41.* I hereby declare that:

Ireland is my normal place of residence. I am not currently disqualified (with the exception of a penalty point disqualification or those referred to in question 13(b)) from holding a learner permit or driving licence in Ireland or in the EU. The address given is my normal residence. The accompanying supporting documents relate to me. The information I have given in this application is correct.

THIS DECLARATION MUST BE SIGNED AND DATED BY THE PERSON TO WHOM THE LEARNER PERMIT IS TO BE ISSUED

Applicant's signature

<input style="width: 20px; height: 20px;" type="text"/>			
Day	Month	Year	

(Please write legibly within the box)

Information contained in this form may be subject to disclosure under Section 50 of the Finance Act, 1991 (No. 13 of 1991) as amended by Section 16 of the Finance Act, 1994 (No. 13 of 1994) and regulations made thereunder. Use of disclosure is regulated with the Data Protection Commissioner. An electronic version of all information contained in this application may be retained for a period of at least 20 years. Public Service Identity data collected on this form, provided by you may be used to maintain/authenticate your Public Service Identity, under Section 260(1) of the Social Welfare Consolidation Act, 2005, (as amended). Only your Public Service Identity data may be shared with other public bodies under this provision.

Application Checklist for Learner Permit

You must apply in person at any NDLS centre. You may book an appointment at www.ndls.ie

For all applications for Learner permit you must supply;

- Application form for Learner permit D201 (fully completed)
- Current/ most recent Learner permit
- If you do not have your most recent learner permit you must present a completed lost licence declaration and photographic ID (question 16 on D201)
- NDLS medical form (dated within 1 month) if required (see page 3 of guidance notes)
- Evidence of CPC if required (see page 3 of guidance notes)
- Evidence of PPSN (list 3 on page 2 of guidance notes)
- If the address has changed since your last learner permit was issued, you must provide evidence of new address (see list 2 on guidance notes, must be dated within 6 months)
- Photographic ID (list 1 on page 2 of guidance notes)
- Evidence of residency entitlement (see list 4 on page 2 on guidance notes)
- Relevant fee (see page 1 of guidance notes)
- Your Photograph and signature will be captured at the NDLS office

The following additional information is required when applying for;

Option 1 – First time Learner permit

- Theory test pass certificate (dated within 2 years)
- NDLS Eyesight Report form D502 (Fully completed) (dated within 1 month)
- Evidence of address dated within 6 months. (Please see list 2 on page 2 of guidance notes.)

Option 2 - Renewal of a Learner permit

- If applying for a third or subsequent Learner permit documentary evidence must be submitted that you have either sat a driving test (statement of driving test outcome) or an acknowledgement of a forthcoming test

Option 3 - Adding a Category to your Learner Permit

- A theory test pass certificate if applicable (dated within 2 years)
- Current Learner Permit
- A completed NDLS medical form, if applicable. (dated within 1 month)

Option 4 - Replace a lost or stolen Learner permit

- A completed lost licence declaration (see question 17 of application form)
- Photographic ID. (see list 1 on page 2 of guidance notes)

Option 5 - Personal Details Change

- Evidence of name change if name is changing (refer to www.ndls.ie or page 1 of guidance notes)
- Evidence of new address (dated within 6 months) if address is changing (see list 2 on page 2 on guidance notes)
- A completed NDLS medical form (dated within one month) if your medical details have changed (see 3 of guidance notes)

Option 6 - Replace a damaged learner permit

- Photographic ID (see list 1 on page 2 on guidance notes)
- Damaged Driving licence

Option 7 - Already hold a full driving licence and are applying for a Learner permit in a different category

- A theory test pass certificate (if applicable) (dated within 2 years)
- Current Learner Permit
- Current Full licence

THE NDLS CENTRES ARE OPEN MONDAY TO FRIDAY 9.00AM – 5.00PM (INCLUDING LUNCHTIME) AND SATURDAY FROM 9.00AM – 2.00PM. VISIT WWW.NDLS.IE FOR THE MAP AND ADDRESS OF YOUR NEAREST CENTRE OR DOWNLOAD OUR NDLS CENTRE APP:



D. 401 — Application for driving licence

Application Form for a Driving Licence D401



Please read accompanying guidance notes before completing this form. Please complete this form in block capitals using a black ballpoint pen. Please place an X in the appropriate boxes e.g. Please do not photocopy this form as it may reduce its quality and result in your application being delayed or rejected.

Part 1: Personal Details (See Part 1 of accompanying guidance notes)		*Mandatory Field
1. Have you previously held a learner permit and/or driving licence in Ireland?*	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, which one?	Learner Permit <input type="checkbox"/> Driving Licence <input type="checkbox"/>	
Driver number* (if known)	<input type="text"/> <small>(You will find this on Field 5 of the paper licence or Field 4d on a plastic card licence.)</small>	
2. Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify) <input type="text"/>	
3. First name(s)*	<input type="text"/>	
4. Surname *	<input type="text"/> <small>As it appears on your birth certificate</small>	
5. Full name	<input type="text"/>	
6. If your surname has changed since your last licence issued please indicate the reason	Marriage/Civil partnership <input type="checkbox"/> Deed Poll <input type="checkbox"/> Use of Irish name <input type="checkbox"/> Divorce/Separation <input type="checkbox"/>	
Previous names	<input type="text"/>	
7. Address line 1*	<input type="text"/>	
Address line 2	<input type="text"/>	
Town*	<input type="text"/>	
County/City*	<input type="text"/> Eircode <input type="text"/> Official Use <input type="checkbox"/>	
8. Date of birth*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Day Month Year</small> <small>If aged 70 or over or if your current licence expires on the eve of your 70th Birthday a valid medical report will be required.</small>	
9. Gender*	Male <input type="checkbox"/> Female <input type="checkbox"/>	
10. PPSN*	<input type="text"/> <input type="text"/> <small>Original proof of PPSN must also be provided. See list 3 on page 2 of the guidance notes.</small>	
11. Place of birth*	<input type="text"/>	
12. Mobile no.*	<input type="text"/> Landline <input type="text"/>	
Email address*	<input type="text"/>	

The NDLS will use these contact details to contact you in the event of issues with your application, dispatch of your licence and future renewal reminders.

October 2016

Part 2: Licence Details (See Part 2 of accompanying guidance notes) *Mandatory field

13. Application type*:
 Renewal of driving licence. First time driving licence. Add/remove a category.
Please see option 1 of checklist. Please see option 2 of checklist.
 Personal detail change. Replace a lost or stolen licence. Replace a damaged licence.
Please see option 4 of checklist. Please see option 5 of checklist.
 Exchange of foreign licence. Other(Reason):- _____
Please see option 7 of checklist.

14. *Please indicate here the category or categories that you wish to apply for.
For a definition of the categories please refer to page 4 of the guidance note

Group 1 Categories	Required please tick	Notes	Group 1 Categories	Required please tick	Group 2 Categories	Required please tick	Notes	Group 2 Categories	Required please tick
AM		Please refer to accompanying guidance notes in relation to BIT and application requirements	B		C		Please note. All applications for group 2 categories must be accompanied by a completed medical report dated within one month of application. Please also refer to the accompanying guidance notes in relation to C1E requirements	D	
A1			BE		CE			DE	
A2			W		C1			D1	
A					C1E			D1E	

15*. On receipt of this driving licence, will you hold a licence issued by another country? Yes No
 If 'Yes', please provide details below:

Issuing country:

Driving licence no.:

16. If your licence was lost or stolen please sign the declaration below and get the declaration witnessed and stamped at your local Garda Station. Please note if you find or get your old licence back after applying for a replacement, the old licence will no longer be valid.

I declare my licence lost/stolen (circle as appropriate)

Signature of Applicant:

I certify that the applicant has declared his/her licence lost/stolen.

Name of Garda:

Signature of Garda:



Part 3: Exchanging a Licence (See Part 3 of accompanying guidance notes)

17. Did you obtain your current full foreign licence by exchanging a licence from another country? Yes No

If 'Yes', please state the country where the original licence was obtained:

18. Is the licence you are exchanging, suspended, withdrawn, cancelled or are you disqualified? (If yes, refer to Q18 on page 1 of guidance notes and www.ndis.ie for further information) Yes No

19. I took up normal residence in Ireland on

Part 4: Organ Donation (See Part 4 of accompanying guidance notes)

20. Place an X in the box provided if you would like code 115 to appear on your driving licence indicating your wish to become an organ donor.

Part 5: Driver Fitness (See Part 5 of accompanying guidance notes) *Mandatory field

If you answer 'Yes' to any of the questions below 22 to 42 or 43(c), you will also be required to submit a medical report dated within one month of application date

- | | |
|--|--|
| <p>21.* Do you need to wear glasses or lenses for driving? (If yes Code 01 will be added to your licence) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If in the past you answered 'Yes' to this question and are now answering 'No' you must provide a current eyesight report with your application.</p> <p>Health and Fitness</p> <p>Have you ever had, or do you currently suffer from, any of the following conditions?</p> <p>22.* Diabetes treated by Insulin or managed by tablets which carry a risk of inducing hypoglycaemia eg. sulphonylureas. (Ask your doctor whether you are on sulphonylureas or other medications which carry a risk of inducing hypoglycaemia.) No need to tell us if managed by diet alone or only by medications which do not carry a risk of inducing hypoglycaemia. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>23.* Epilepsy Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>24.* Stroke or TIAs¹ with any associated symptoms lasting longer than one month Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>25.* Fits or blackouts Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>26.* Any type of brain surgery, brain abscess or severe head injury involving in-patient treatment or brain tumour or spinal injury or spinal tumour Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>27.* An Implanted cardiac pacemaker Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>28.* An Implanted cardiac defibrillator (ICD)² Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>29.* Repeated attacks of sudden disabling dizziness Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>30.* Any other chronic neurological condition such as multiple sclerosis, motor neurone disease or huntington's disease Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>31.* A serious problem with memory or periods of confusion³ Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>32.* Persistent alcohol misuse or dependency Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>33.* Persistent drug misuse or dependency Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>34.* Serious psychiatric illness or mental health problems³ Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>35.* Parkinson's disease Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>36.* Sleep Apnoea syndrome Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>37.* Narcolepsy Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>38.* Any condition affecting your peripheral vision Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>39.* Total loss of sight in one eye Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>40.* Any condition affecting both eyes, or the remaining eye if you only have one eye (not including colour blindness or short or long sight) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>41.* A serious hearing deficiency which has worsened since your last application/renewal Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>42.* Severe learning disability³ Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>43.* (a) Any persistent problems with arms or legs which restricts your driving to an automatic vehicle Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>43.* (b) Any persistent problems with arms or legs which restricts your driving to an adapted vehicle Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>43.* (c) If you have ticked yes to 44(a) or 44(b) has your condition deteriorated since your last application/renewal. Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
|--|--|

¹A transient ischaemic attack (TIA) is an event with stroke symptoms that lasts less than 24 hours before disappearing (sometimes called a mini-stroke).

While TIAs generally do not cause permanent brain damage, they are a serious warning sign of stroke.

²An Implantable Cardioverter Defibrillator (ICD) is an electronic device which monitors your heart continuously. The ICD is programmed to detect abnormally fast or slow heart rhythms.

³If in doubt, please consult your family doctor.

A numeric code on your licence may indicate certain restrictions or conditions that affects your licence including those related to a disability or illness. Information about codes will be on the explanatory letter issued with your licence and on our website www.ndsl.ie. Where you note an adaptation to your vehicle on medical/disability grounds, or an existing adaptation is being modified, you should contact the NDLS as a new code may be needed on your licence.

Part 6: Declaration by Applicant (See Part 6 of accompanying guidance notes) *Mandatory field

- 44.* I hereby declare that: Ireland is my normal place of residence. I am not currently disqualified (with the exception of a penalty point disqualification) from holding a learner permit or driving licence in Ireland, the E.U., or a recognised state. The address given is my normal residence. The accompanying supporting documents relate to me. The information I have given in this application is correct.

THIS DECLARATION MUST BE SIGNED BY THE PERSON TO WHOM THE DRIVING LICENCE IS TO BE ISSUED

Applicant's signature

(Please sign square within the line)

Information contained in this form may be subject to disclosure under Section 56 of the Finance Act, 1992 (No. 1) of 1992) as amended by Section 46 of the Finance Act, 1994 (No. 1) of 1994) and regulations made thereunder. Use of disclosure is registered with the Data Protection Commissioner. An electronic version of all information contained in this application may be retained for a period of at least 20 years.

Public Service Identity data collected on this form/provided by you may be used to maintain/validate your Public Service Identity, under Section 262(c) of the Social Welfare Consolidation Act 2005 (as amended). Only your Public Service Identity data may be shared with other public bodies under this provision.

Application Checklist for Driving Licence

You must apply in person at any NDLS centre. You may book an appointment at www.ndls.ie

Option 1 - For all applications for driving licences you must supply;

- Application form for Driving licence D(01) (fully completed)
- Current/ most recent driving licence / Learner permit
- If you do not have your most recent licence you must present a completed lost licence declaration (question 16 on D(01))
- NDLS medical form (dated within 1 month) if required (see page 3 of guidance notes)
- Evidence of IBT if required (see page 3 of guidance notes)
- Evidence of CPC if required (see page 3 of guidance notes)
- Evidence of PPSN (list 3 on page 2 of guidance notes)
- If the address has changed since your last learner permit/ driving licence was issued, you must provide evidence of new address (see list 3 on page 2 of guidance notes, must be dated within 6 months)
- Photographic ID (see list 1 on page 2 of guidance notes)
- Evidence of residency entitlement (see list 4 on page 2 of guidance notes)
- Relevant fee (see page 3 of guidance notes)
- Your Photograph and signature will be captured at the NDLS office

The following additional information is required when applying for;

Option 2 - Applying for your first driving licence

- Cert of Competency (dated within 2 years)
- Current Learner Permit

Option 3 - Adding a Category

- Cert of Competency (dated within 2 years)
- Current Learner Permit
- Current Full licence

Option 4 - Change of personal details

- Evidence of name change if name is changing (page 1, Q6 of guidance notes)
- Evidence of new address (dated within 6 months) if address is changing (see list 2 on guidance notes)
- A completed NDLS medical form (dated within one month) if your medical details have changed (see page 3 of guidance notes)

Option 5 - Replace a lost or stolen licence

- A completed lost licence declaration (see question 16 of application form)

Option 6 - Replace a damaged licence

- Photographic ID (see list 1 on page 2 of guidance notes)
- Damaged Driving licence

Option 7 - Exchange a foreign licence from EU/EEA or a recognised state

- Evidence of residency entitlement (see list 4 on page 2 of guidance notes)
- Your current full licence (please note, if your licence does not have a category start date you will need to provide an original letter of entitlement / driver statement from your relevant authority)
- If you do not have your licence you will need to present an original letter of entitlement/ statement from the appropriate licencing authority and complete the lost licence declaration (see question 16 on application form)
- If your licence is from an EU/EEA member state and is expired for less than 10 years, it must be accompanied by an original letter of entitlement/ driver statement from your relevant authority
- If your licence is from a recognised state and is expired for less than one year, it must be accompanied by an original of entitlement/ driver statement from your relevant authority
- If your licence is from a recognised state you must present an eyesight report form D502
- Certified translations are required for all Letter of Entitlement/Driver statements which are not in English or Irish

THE NDLS CENTRES ARE OPEN MONDAY TO FRIDAY 9.00AM – 5.00PM (INCLUDING LUNCHTIME) AND SATURDAY FROM 9.00AM – 2.00PM. VISIT WWW.NDLS.IE FOR THE MAP AND ADDRESS OF YOUR NEAREST CENTRE OR DOWNLOAD OUR NDLS CENTRE APP:



Driving Licence Medical Report Form



Part 1 to be completed by applicant (applicant must sign part 1 in the presence of the Medical Practitioner)

1. Driver Information:

Applicant Name*:

PPSN

Date of birth
Day Month Year

Driver number (if available)

- a) My application is for a driving licence/learner permit as a driver of a **Group 1** Yes No
(see page 2 for vehicle categories) **Group 2** Yes No
- b) Has your most recent licence/permit been revoked or have you been advised by a medical professional to cease driving for a period? Yes No
 If yes state reason _____
- c) Have you ever had an **epileptic seizure**? Yes No
 If yes give the date of your last seizure ____/____/____

Unless your case meets the exceptional case criteria allowed for **Group 1 drivers only you must by law be 12 months seizure free** before you can drive/return to driving. (See Part 2 for epilepsy exceptional case criteria)

I declare that to the best of my knowledge the above information is true and I have made the doctor completing this medical report form required under the Road Traffic Acts aware of any medical conditions, drugs and medications that I use.

Signature of applicant _____ Date: ____/____/____

Part 2 to be completed by a Medical Practitioner on the Irish Medical Council Register (Specialist or General)

1. Applicant name _____ DOB ____/____/____ meets the relevant medical fitness standard for:

- a) **Group 1 vehicles** Yes No for a period of 1 yr 3 yrs 10 yrs
 b) **Group 2 vehicles** Yes No for a period of 1 yr 3 yrs 5 yrs
- c) The applicant needs to wear corrective lenses while driving Yes No
- d) The applicant has a physical disability requiring adaptations on vehicle to drive Yes No
- e) The applicant has a limb prosthesis/orthesis Yes No
- f) Does the applicant suffer from epilepsy. If yes please see 2.2a exceptional case criteria overleaf Yes No
- g) Does the applicant require restrictions to be applied to his / her driving licence / learner permit. Yes No
Please see overleaf 2.2b.

Signature of Medical Practitioner _____ Date: ____/____/____

Must be submitted to the NDLS within 1 month of this date

Stamp of Medical Practitioner whose name is on the Irish Medical Council Register

Medical Practitioner telephone number: (Specialist or General)

Irish Medical Council Registration Number

PART 2 CONTINUED NEXT PAGE

Driving Licence Medical Report Form



Part 2 (continued) to be completed by Medical Practitioner

2. Special licence requirements including exception cases for epilepsy

a) Epilepsy:

If this does not apply mark - Not Applicable

If your patient has had an epileptic seizure within the last 12 months, have they been declared fit to drive a group 1 vehicle (See below for vehicle categories) by a consultant neurologist under the exceptional case criteria for epilepsy shown below:

Yes No

Exceptional case criteria include: First seizure; provoked seizure only in preceding year; seizure not affecting consciousness or driving ability; seizure in preceding year only on medically supervised withdrawal of antiepileptic medication; or seizure exclusively while asleep and the first such sleep seizure was a minimum of 12 months previous

b) Restricted licence recommendation

If none are to be applied mark -Not Applicable

limited to day-time driving (one hour after sunrise and one hour before sunset)

Yes No

limited to journeys within a radius of 30 km from holder's place of residence.

Yes No

limited to journeys with a speed not greater than 80 km/h

Yes No

Signature of Medical Practitioner _____

Date: ____/____/____

Must be submitted to the NDLS within 1 month of this date

Vehicles are classed as Group 1 and Group 2. If you are applying for a vehicle in both Groups, please tick Group 1 and 2. Where an applicant meets the medical criteria for Group 2 vehicles, they will automatically meet the criteria for Group 1 vehicles

Group 1 Vehicles and Licence Category	Group 2 Vehicles and Licence Category
AM	C
A	C1
A1	CE
A2	C1E
B	D
BE	D1
W	DE
	D1E

EXPLANATORY NOTES

- To complete your medical examination you must go to your doctor, have your medical examination and sign this form in the presence of the doctor. When the form is completed by your doctor you must submit it to the National Driver Licence Service with your learner permit/driving licence application **within one month of the date of the medical examination.**
- For medical fitness standards, vehicles are classed as being in Group 1 or Group 2. The graphic above describes which vehicles are in Group 1 and in Group 2. Further information on each licence category can be found on the licence application form. A higher standard of medical fitness is required of those drivers who hold licences for Group 2 vehicles. Please note that Group standards apply to all categories of vehicles within that Group. Individual categories should not be marked on the table above.
- A person driving a Group 2 category vehicle must be certified as medically fit at least every five years.
- Applicants over 70 years of age can only be certified as being fit to drive for either one or three years.
- Where appropriate the doctor may engage the services of other medical and driving professionals (e.g. consultant, occupational therapist, optometrist, on-road driving assessor) to inform their completion of this form.
- Please have your Doctor initial any alteration or change made in completing this form. This is important in assessing the validity of the document presented.



GIVEN under my Official Seal,
23 December 2016.

SHANE ROSS,
Minister for Transport, Tourism and Sport.

EXPLANATORY NOTE

(This note is not part of the Instrument and does not purport to be a legal interpretation.)

These Regulations amend the Licensing of Drivers regulations by updating forms for a certificate of competency, application for a learner permit, application for a driving licence, and for a medical report.

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