Use this form to apply for a dangerous goods driver’s licence – Class 1 explosives issued under the Australian Code for the Transport of Explosives by Road and Rail.

If you require a licence to transport class 2-9 and/or class 5 (excluding class 7) you will need to complete the application for a dangerous goods driver licence class 2-9.

Applicant must have attained the age of 21. Refer to the dangerous goods driver’s bulletin for further information. For the relevant application fee, visit the licensing fees and charges webpage.

**Application type:** New  Renewal

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. **Licence details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licence number: | | |  | | | | Expiry date: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Given names: | | |  | | | | | | | | | | | Date of birth: | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Residential address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | |  | | | | | | | | State: | | | | | | | | |  | | | | | | Postcode: | | | | | | | | | | |  | | | | |
| Is your postal address the same as above? If no, complete below: | | | | | | | | | Yes | | |  | | | | | | | | | No | | | |  | | | | | | | | | | | | | | | | |
| Postal address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | |  | | | | | | | State: | | | | | | | | |  | | | | | | | | Postcode: | | | | | | | |  | | | | | | |
| Home number: | | |  | | | | | Mobile number: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Email address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Competency training** (New only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have attached a letter supporting my practical driving experience from my employer outlining in-house training and experience completed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 1. **Practical driving experience** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have held a driver’s licence for at least 12 months and performed 50 hours under the direct supervision of a driver experienced in transporting explosives and licensed in the equivalent class of licence. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| I have the appropriate knowledge of the nature and hazardous properties of the explosives that I am transporting. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| I am trained to ensure the prevention of accidents, injury and damage to persons and property, and can assist in any emergency that may arise in the course of transporting dangerous goods. Section 8.4.3 of the *Australian Code for the Transport of Explosives by Road and Rail – (Third Edition)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 1. **Medical assessment of fitness to drive** (not more than 6 months old at time of application) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have attached a completed medical condition notification form (Assessing Fitness to Drive for Commercial and Private Vehicle Drivers 2022)*.* The approved form is available on [NT WorkSafe’s website](https://worksafe.nt.gov.au/forms-and-resources/forms/dangerous-goods-drivers-licence-medical-assessment). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 1. **Criminal history check** (not more than 6 months old at time of application) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attach a completed criminal history finger print check - **(New only)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Attach a completed criminal history name check **- (Renewal/Reciprocal only)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **Note:** A current Dangerous Goods Security Card can be accepted in place of a criminal history check. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Interstate explosive licence details** (reciprocal only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licence number: |  | | | | Issue date: | |  | | | | | | | | | | | Expiry date: | | | | | | | | | | | | |  | | | | | | | | | | |
| State issued: |  | | | | Licence class/es: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A legible copy of the front and back of current interstate explosive licence is attached | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 1. **Disclosure of information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you currently under investigation or pending a hearing before a court or Regulatory Authority? (If yes please complete below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | | | | | No |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been convicted or found guilty of any offence (regardless if a conviction was recorded) within the last 10 years in the Northern Territory, another State, Territory or Commonwealth? (If yes, provide details below.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | | | | | No |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Proof of identity (ID)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicants **must attach** either one of the following combinations:   * One primary and two secondary documents; or * Two primary and one secondary documents from the list below.   You must include your driver licence as one type of primary ID. If you are unable to provide the required documents please contact NT WorkSafe. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Primary document** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Select** | | | |
| Australian birth certificate/card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Australian passport (note: passports are still valid for 2 years after expiry, unless cancelled) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Australian citizenship certificate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Australian drivers licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Licence or permit issued by the Commonwealth, State or Territory government that has your DOB and photo i.e HRWL licence, working with children’s card etc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Proof of Age Card issued by an Australian State or Territory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Identity document issued by an Aboriginal Land Council that has your photograph | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Secondary document** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Select** | | | |
| Photo ID card showing you are a Commonwealth, State or Territory Government employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Medicare, centrelink or health care card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Credit card or debit card – one per bank only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Council rates notice with your name and current residential address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Utilities notice with your name and current residential address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Foreign drivers licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 1. **Receiving licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive the licence? | | | | | | Post | | | | | | |  | | | | | | | | | | Collection | | | | | | | | | |  | | | | | | | | |
| 1. **Applicant declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The information in this application is true and correct to the best of my knowledge.  I consent to the Work Health Authority making enquiries and exchanging information with WHS regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application. NT WorkSafe may also disclose your licence status to third parties who wish to verify your licence. Licence status refers to the issue and expiry date as well as any classes or conditions of your licence. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant signature: | | |  | | | | | | | | | | | | | | | | Date: | | | | | |  | | | | | | | | | | | | | | | | |
| **Checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence requirements** | | | | | | | | | | | | | | | | | | | | | | **New** | | | | | | | **Renewal** | | | | | | | **Reciprocal** | | | | | |
| Application is complete and signed | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |
| Prescribed application fee (see [licensing fees and charges](https://worksafe.nt.gov.au/licensing-and-registration/licensing-fees-and-charges) page) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |
| A passport-size photo not more than 6 months old. Alternatively, photos can be taken at any Territory Business Centre | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |
| Proof of ID attached. **Note:** you must supply a current copy of your driver’s licence as part of your 3 points of ID | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |
| Letter from employer supporting practical driving experience from my employer outlining in-house training and experience completed | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | N/A | | | | | | | N/A | | | | | |
| Medical certificate attached (not more than 6 months old at time of application) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |
| Criminal history attached – fingerprint **(new)** or name check **(renewal/reciprocal)**  (not more than 6 months old at time of application) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |
| Interstate explosive driver licence attached | | | | | | | | | | | | | | | | | | | | | | N/A | | | | | | | N/A | | | | | | |  | | | | | |
| **Privacy statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Department of Attorney-General and Justice complies with the Information Privacy Principles scheduled to the *Information Act 2002.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lodgement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete applications can be lodged in person, email or via post at a Territory Business Centre below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Darwin** | | Darwin Corporate Park, Building 3, 631 Stuart Highway Berrimah | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Katherine** | | Big Rivers Government Centre - 5 First Street, Katherine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Alice Springs** | | Ground floor, The Green Well building, 50 Bath Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tennant Creek** | | Shop 2, Barkly House, Cnr Davidson and Patterson Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone:** 1800 193 111 | | | | **Email:** [territorybusinesscentre@nt.gov.au](mailto:territorybusinesscentre@nt.gov.au) | | | | | | | | | | | **Postal:** GPO Box 9800, Darwin, NT 0801 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Payment details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A fee is payable on lodgement of this application form. Payment can be made by:   * Cash (in person only); or * Cheque (made out to Receiver of Territory Monies); or * Credit card (Visa or MasterCard accepted in person or over the phone). Note: A staff member from the Territory Business Centre will contact you via phone for payment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment date: |  | | | | Receipt number: | |  | | | | | | | | | | Amount paid: | | | | | | | | | | | | |  | | | | | | | | | | |