

Instructions to applicant

You may commence these steps within the 28 days before you are eligible to or intend to apply for an interlock licence.

- STEP 1** Arrange an appointment with your medical practitioner for a medical consultation about alcohol consumption.
- STEP 2** Complete Section 1 (Personal details) and Section 2 (Applicant's declaration) below. You must sign Section 2.
- STEP 3** You must take this certificate with you to your medical practitioner. Your medical practitioner must complete and sign both Section 3 (Medical practitioner's certification) and Section 4 (Medical practitioner's declaration).

Medical practitioners may visit our website for further information about this medical consultation.

- STEP 4** You must take the completed certificate to a Service NSW centre to apply for an interlock driver licence.

All sections of this certificate must be completed and is valid for 6 months from the date of the medical practitioner's signature in Section 4.

1. Personal details

NSW licence/customer number:

This is located at the top left of the letter you received from Transport for NSW about the Mandatory Alcohol Interlock Program.

Interlock Participant Number:

Shown on the letter titled 'Advice of Eligibility for Alcohol Interlock Program' received by the applicant from Transport for NSW.

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Last name(s):

Given name(s):

NSW residential address and postcode:

Mailing address, if different to residential address:

Date of birth:

day	month	year
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Gender:

- Male
 Female

2. Applicant's declaration

I _____
of _____

declare that the details I have provided in this certificate are true and complete.

I understand that my personal information is being collected as a requirement of my application for an interlock driver licence. I must supply the information under the Road Transport (Driver Licensing) Regulation 2017. Failure to supply full details and sign this declaration may result in my application for an interlock driver licence not proceeding.

I consent to my information being used as specified in the Privacy Statement below.

Applicant's signature:

Date:

day	month	year
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3. Medical practitioner's certification

I hereby certify that (applicant's name):

was seen by me today (date):

day	month	year
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and has undergone a consultation to discuss alcohol consumption.

Medical practitioner's name:

Address and postcode:

Contact phone number:

4. Medical practitioner's declaration

I _____
of _____

declare that the details I have provided in this certificate are true and complete.

I understand that my personal information is being collected to confirm that the applicant has undergone a medical consultation to discuss the risks of alcohol consumption. Failure to supply full details and sign this declaration may result in the applicant's application for an interlock driver licence not proceeding.

I consent to my information being used as specified in the Privacy Statement below.

Medical practitioner's signature:

Date:

day	month	year
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Medical practitioner's stamp:

Provider number:

PRIVACY STATEMENT

We are collecting your personal information and, where relevant, health information ("information") in connection with the alcohol interlock program ("the program"). You are required to provide this information under the Road Transport (Driver Licensing) Regulation 2017 (NSW). We may disclose your information in order to assess your application or verify the information you provide or your compliance with the program. We may also share your information with approved interlock service providers and persons who provide services to approved interlock service providers and for the purpose of the evaluation of the program and research into the program. Otherwise we will not disclose your information without your consent unless authorised by law. Your information will be held and managed by Transport for NSW in accordance with the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002*. To access or amend your information please use the access and amendment