

Application Form for a Driving Licence D401



National Driver Licence Service
An tSeirbhís Náisiúnta um Cheadúnais Tiomána

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)*

Name to appear on the licence. Acceptable photo ID must be provided in this name. Refer to list 1 on page 2 of the accompanying guidance notes.

4. Surname *

As it appears on your birth certificate

5. Full name

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

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

Previous names

7. Address line 1*

Proof of address provided must match exactly the address given below. Please refer to list 2 on page 2 of the guidance notes.

Address line 2

Town*

County/City*

Eircode

Official Use

8. Date of birth*

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.

Day Month Year

9. Gender*

Male Female

10. PPSN*

Original proof of 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 of the Republic of Ireland, please state country

12. Mobile no.*

Landline

Email address*

13. Application type*:
- Renewal of driving licence. Please see option 1 of checklist
 - Personal detail change. Please see option 4 of checklist
 - Exchange of foreign licence. Please see option 7 of checklist
 - First time driving licence. Please see option 2 of checklist
 - Replace a lost or stolen licence. Please see option 5 of checklist
 - Other(Reason): _____
 - Add/remove a category. Please see option 3 of checklist
 - Replace a damaged licence. Please see option 6 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 IBT 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 CPC 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

GARDA DECLARATION

Garda Station Stamp

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.ndls.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.

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 43(a) or 43(b) has your condition deteriorated since your last application/renewal. Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
|--|---|

¹A transient ischemic 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.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 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 keep signature within the box)

Day

Month

Year

Information contained in this form may be subject to disclosure under Section 60 of the Finance Act, 1993 (No. 13 of 1993) as amended by Section 86 of the Finance Act, 1994 (No. 13 of 1994) and regulations made thereunder. List of disclosees 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/authenticate your Public Service Identity, under Section 262(5) 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 D401 (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 D401)
- 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 2 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 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 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:

