



Heavy Vehicle Licensing Checklist

Name:			
Address:			
DOB:			
Contact Phone:			
Email:			
Current Licence No.	Car <input type="checkbox"/> - LR <input type="checkbox"/> - MR <input type="checkbox"/> HR <input type="checkbox"/> - HC <input type="checkbox"/> - MC <input type="checkbox"/>	Auto <input type="checkbox"/> - Manual <input type="checkbox"/> Synchro <input type="checkbox"/> - Non-Synchromesh <input type="checkbox"/>	
Years current licence held for:			
Knowledge Test:	Completed at Service Tas	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drivers Licence:	Copy must be sent to OnRoad	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Learner Licence (As per licence class if required)	Copy must be sent to OnRoad	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Enrolment Form:	Copy must be sent to OnRoad	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Driving Experience:

What class of licence do you have experience driving?	Tick Gearbox type rating experience			Years of Driving
	Synchromesh – Single clutch Non-Synchromesh – Crash box / double clutch			
Car	Auto <input type="checkbox"/>	Manual <input type="checkbox"/>		
Light Rigid (LR)	Auto <input type="checkbox"/>	Synchromesh <input type="checkbox"/>		
Medium Rigid (MR)	Auto <input type="checkbox"/>	Synchromesh <input type="checkbox"/>		
Heavy Rigid (HR)	Auto <input type="checkbox"/>	Synchromesh <input type="checkbox"/>	Non-synchromesh <input type="checkbox"/>	
Heavy Combination (HC)	Auto <input type="checkbox"/>	Synchromesh <input type="checkbox"/>	Non-synchromesh <input type="checkbox"/>	
Multi Combination (MC)	Auto <input type="checkbox"/>	Synchromesh <input type="checkbox"/>	Non-synchromesh <input type="checkbox"/>	

What class of licence are you aiming to obtain?	Tick Gearbox type rating required		OnRoad	Own Truck
	Synchromesh – Single clutch Non-Synchromesh – Crash box / double clutch			
Light Rigid (LR)	Synchromesh <input type="checkbox"/>			
Medium Rigid (MR)	Synchromesh <input type="checkbox"/>			
Heavy Rigid (HR)	Synchromesh <input type="checkbox"/>	Non-synchromesh <input type="checkbox"/>		
Heavy Combination (HC)	Synchromesh <input type="checkbox"/>	Non-synchromesh <input type="checkbox"/>		
Multi Combination (MC)		Non-synchromesh <input type="checkbox"/>		

Print Name _____

Signature _____

Date: _____