

Application Form for a Learner Permit D201



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 ever 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 permit or field 4d on a plastic card permit)

Name to appear on the permit. Acceptable photo ID must be provided in this name. Refer to List 1 on page 4 of the accompanying Guidance Notes.

2. First name(s)*

3. Surname*

4. If your surname has changed since your last permit issued please indicate the reason
Marriage/Civil partnership Deed Poll Use of Irish name Divorce/Separation

Previous names

5. PPS number* See List 3 on page 4 of the Guidance Notes.

6. Gender* Male Female

Proof of address provided must match exactly the address given below. Please refer to List 2 on page 4 of the Guidance Notes.

7. Address line 1*

Address line 2

Town*

County/City* Eircode Official Use

8. Date of birth*

Please state country of birth.

9. Place of birth*

10. Mobile no.* Landline

Email address*

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

Part 2: Organ Donation (See Part 2 of accompanying Guidance Notes)

11. 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.

You must submit a medical report form dated within one month if; (1) you answer 'Yes' to any of the questions 17 to 37 or 38(c), (2) you are applying for any Group 2 (bus or truck) categories, (3) you are aged 70 or over.

16. Do you need to wear glasses or lenses for driving? (If yes Code 01 will be added to your permit) Yes No
 If in the past you answered 'Yes' to this question and are now answering 'No' you must provide a current eyesight report form with your application.

Health and Fitness Have you ever had, or do you currently suffer from, any of the following conditions?

- | | |
|--|---|
| <p>17. 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</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>29. Serious psychiatric illness or mental health problems³</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>18. Epilepsy</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>30. Parkinson's disease</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>19. Stroke or TIAs¹ with any associated symptoms lasting longer than one month</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>31. Sleep Apnoea syndrome</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>20. Fits or blackouts</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>32. Narcolepsy</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>21. Any type of brain surgery, brain abscess or severe head injury involving in-patient treatment or brain tumour or spinal injury or spinal tumour</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>33. Any condition affecting your peripheral vision</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>22. An implanted cardiac pacemaker</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>34. Total loss of sight in one eye</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>23. An implanted cardiac defibrillator (ICD)²</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>35. Any condition affecting both eyes, or the remaining eye if you only have one eye (not including colour blindness or short or long sight)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>24. Repeated attacks of sudden disabling dizziness</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>36. A serious hearing deficiency which has worsened since your last application/renewal</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>25. Any other chronic neurological condition such as multiple sclerosis, motor neurone disease or huntington's disease</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>37. Severe learning disability³</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>26. A serious problem with memory or periods of confusion³</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>38. (a) Any persistent problems with arms or legs which restricts your driving to an automatic vehicle</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>27. Persistent alcohol misuse or dependency</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>38. (b) Any persistent problems with arms or legs which restricts your driving to an adapted vehicle</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>28. Persistent drug misuse or dependency</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>38. (c) If you have ticked yes to 38(a) or 38(b) has your condition deteriorated since your last application/renewal</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |

1. A 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.

2. An 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.

3. If in doubt, please consult your family doctor.

Part 5: Declaration by Applicant (See Part 5 of accompanying Guidance Notes)

*Mandatory field

39. I understand that: (i) in accordance with section 22A of the Road Traffic Act 1961, as amended, a person cannot apply for a learner permit or driving licence whilst disqualified in Ireland, the EU/EEA or a recognised state, (with the exception of a penalty point disqualification in Ireland) or those referred to in question 12(b) of this form) and (ii) it is an offence under section 115 of the Road Traffic Act 1961, as amended, to knowingly provide false or misleading information in support of my application. I declare that (i) Ireland is my normal place of residence, and that (ii) I am not currently disqualified (with the exception of a penalty point disqualification in Ireland or those referred to in question 12(b) of this form) in Ireland, the EU/EEA or a recognised state.

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

Applicant's signature
 (Please keep signature within the box) Day Month Year

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;

- Completed application form for learner permit D201
- Current/most recent learner permit
- NDLS medical form (dated within one month) if required (see page 3 of Guidance Notes)
- Evidence of CPC if required (see page 3 of Guidance Notes)
- Evidence of PPS number (see List 3 on page 4 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 six months)
- Photographic ID (see List 1 on page 4 of Guidance Notes)
- Evidence of normal residence (see List 4 on page 4 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 1 – First time learner permit

- Original theory test certificate (dated within two years)
- NDLS eyesight report form (Fully completed) (dated within one month)
- Evidence of address dated within six months (see List 2 on page 4 of Guidance Notes)

Option 4 - Replace a lost/stolen or damaged learner permit

- A completed learner permit form (D201) (with completed garda declaration see question 15 on application form)
- Photographic ID (see List 1 on page 4 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 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 six months) if address is changing (see List 2 on page 4 of Guidance Notes)
- A completed NDLS medical form (dated within one month) if your medical details have changed (see page 3 of Guidance Notes)

Option 3 - Adding a category to your learner permit

- An original theory test pass certificate if applicable (dated within two years)
- Current learner permit
- A completed NDLS medical form, if applicable (dated within one month)

Option 6 - Already hold a full driving licence and are applying for a learner permit in a different category

- An original theory test certificate (if applicable) (dated within two years)
- Current learner permit
- Current driving licence

**YOU MUST BOOK AN APPOINTMENT TO ATTEND AN NDLS CENTRE.
ALL APPOINTMENTS MUST BE BOOKED ONLINE AT WWW.NDLS.IE**

Data Protection

The RSA will treat all information and personal data you supply as confidential. The information requested on this form is necessary for the purposes of processing your application for a learner permit/driving licence. The information provided in your application will be processed by the RSA and/or its agents solely for the purposes of processing your application, carrying out our obligations, providing services to you and managing our relationship with you.

The RSA may disclose personal data internally and to its agents, contractors and service providers to the extent reasonably required for the purposes described above. Such data may also be shared with other entities but only as permitted by law. Personal data 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. Public Service Identity data 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). Public Service Identity data may only be shared with other public bodies under this provision.

The RSA will process your details in accordance with its obligations under the Data Protection Acts and Regulation (EU) 2016/679 General Data Protection Regulation (GDPR). This includes taking all reasonable steps (including appropriate technical and organisational security measures) to protect Personal Data. An electronic version of all information contained in this application may be retained for a period of at least 20 years

You have the following rights, in certain circumstances and subject to certain restrictions, in relation to your personal data: The right to access your personal data; The right to request the rectification and/or erasure of your personal data; The right to restrict the use of your personal data; The right to object to the processing of your personal data; The right to be forgotten in certain circumstances; and the right to receive your personal data, which you have provided to us, in a structured, commonly used and machine-readable format or to require us to transmit that data to another controller.

If you wish to avail of any of these rights, please contact the Data Protection Officer at Road Safety Authority, Moy Valley Business Park, Primrose Hill, Ballina, Co. Mayo F26 V6E4 or via email to dataprotection@rsa.ie. Your request will be dealt with without undue delay and in any event within one month of receipt of the request.