

Application Form for a Learner Permit D201



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.

National Driver Licence Service
An tSeirbhís Náisiúnta um Cheadúnais Tiomána

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)

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

3. First name(s)*

4. Surname*

As it appears on your birth certificate

5. Full name

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

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

Previous names

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

7. Address 1*

Address 2

Town*

County/City*

Eircode

Official Use

8. Date of birth*

Day

Month

Year

If aged 70 or over, or if your current learner permit expires on the eve of your 70th birthday a valid medical report will be required.

9. Gender*

Male Female

10. PPSN*

Original proof PPSN must also be provided. See list 3 on page 2 of the Guidance Notes.

11. Place of birth*

If born in Ireland, please state County. If born outside of Ireland, please state Country.

12. Mobile no.*

Landline

Email address*

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

- 13 (a).** Application type*:
- First time learner permit application Please see option 1 of checklist
 - Add/remove a category. Please see option 3 of checklist
 - Personal detail change. Please see option 5 of checklist
 - Have a driving licence and applying for a learner permit in a different category Please see option 7 of checklist
 - Renewal of Learner permit. Please see option 2 of checklist
 - Replace a lost or stolen learner permit Please see option 4 of checklist
 - Replace a damaged permit Please see option 6 of checklist
 - Other(Reason): _____

13(b). If your application relates to the requirement to sit a driving test/driver training following a period of disqualification please provide period of disqualification

From To

Details of any condition relating to the disqualification. _____

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 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 learner permit, 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 learner permit 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 learner permit back after applying for a replacement, the old permit will no longer be valid.

I declare my learner permit lost/stolen. (circle as appropriate)

Signature of Applicant

I certify that the applicant has declared his/her learner permit lost/stolen.

Name of Garda

Signature of Garda

GARDA DECLARATION

Garda Station Stamp

Part 3: Organ Donation (See Part 3 of accompanying guidance notes)

17. 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.

If you answer 'Yes' to any of the questions below 19 to 39 or 40(c), you will also be required to submit a medical report dated within one month of application date

- | | | | |
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| <p>18.* Do you need to wear glasses or lenses for driving? (If yes Code 01 will be added to your licence)</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>19.* 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>20.* Epilepsy</p> <p>21.* Stroke or TIAs¹ with any associated symptoms lasting longer than one month</p> <p>22.* Fits or blackouts</p> <p>23.* 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>24.* An implanted cardiac pacemaker</p> <p>25.* An implanted cardiac defibrillator (ICD)²</p> <p>26.* Repeated attacks of sudden disabling dizziness</p> <p>27.* 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>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>28.* A serious problem with memory or periods of confusion³</p> <p>29.* Persistent alcohol misuse or dependency</p> <p>30.* Persistent drug misuse or dependency</p> <p>31.* Serious psychiatric illness or mental health problems³</p> <p>32.* Parkinson's disease</p> <p>33.* Sleep Apnoea syndrome</p> <p>34.* Narcolepsy</p> <p>35.* Any condition affecting your peripheral vision</p> <p>36.* Total loss of sight in one eye</p> <p>37.* 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>38.* A serious hearing deficiency which has worsened since your last application/renewal</p> <p>39.* Severe learning disability³</p> <p>40.* (a) Any persistent problems with arms or legs which restricts your driving to an automatic vehicle</p> <p>40.* (b) Any persistent problems with arms or legs which restricts your driving to an adapted vehicle</p> <p>40. (c) If you have ticked yes to 40(a) or 40(b) has your condition deteriorated since your last application/renewal.</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
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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.

Certain additional information, restrictions or conditions to be fulfilled by the driver relating to the holding of a Learner Permit may be noted on a Permit in coded format. Further information regarding the codes is set out in the explanatory letter issued with your Permit and at www.ndls.ie

Part 5: Declaration by Applicant (See Part 5 of accompanying guidance notes)

*Mandatory field

41.* 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 E.U/EEA or a recognised state (with the exception of a penalty point disqualification in Ireland or those referred to in question 13(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 13(b) of this form) in Ireland, the E.U/EEA or a recognised state.

THIS DECLARATION MUST BE SIGNED AND DATED 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;

- Application form for Learner permit D201 (Fully completed)
- Current/ most recent Learner permit
- If you do not have your most recent learner permit you must present a completed lost licence declaration and photographic ID (question 16 on D201)
- NDLS medical form (dated within 1 month) 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 was issued, you must provide evidence of new address (see list 2 on guidance notes, must be dated within 6 months)
- Photographic ID (list 1 on page 2 of guidance notes)
- Evidence of residency entitlement (see page 3 of guidance notes and also 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 1 – First time Learner permit

- Theory test pass certificate (dated within 2 years)
- NDLS Eyesight Report form D502 (Fully completed) (dated within 1 month)
- Evidence of address dated within 6 months. (Please see list 2 on page 2 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 3 - Adding a Category to your Learner Permit

- A theory test pass certificate if applicable (dated within 2 years)
- Current Learner Permit
- A completed NDLS medical form, if applicable. (dated within 1 month)

Option 4 - Replace a lost or stolen Learner permit

- A completed lost licence declaration (see question 17 of application form)
- Photographic ID. (see list 1 on page 2 of guidance notes)

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 6 months) if address is changing (see list 2 on page 2 on guidance notes)
- A completed NDLS medical form (dated within one month) if your medical details have changed (see 3 of guidance notes)

Option 6 – Replace a damaged learner permit

- Photographic ID (see list 1 on page 2 on guidance notes)
- Damaged Driving licence

Option 7 - Already hold a full driving licence and are applying for a Learner permit in a different category

- A theory test pass certificate (if applicable) (dated within 2 years)
- Current Learner Permit
- Current Driving licence

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.

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.