

<b>MAGISTRATES COURT OF WESTERN AUSTRALIA</b> <b>AFFIDAVIT IN SUPPORT OF APPLICATION FOR</b> <b>EXTRAORDINARY LICENCE</b> <i>Road Traffic (Authorisation to Drive) Act 2008</i> <i>Magistrates Court (General) Rules 2005 – r. 51</i>	Court:  Case Number:  Date Lodged
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<b>APPLICANT</b>	
<b>RESPONDENT</b>	<b>Chief Executive Officer, Department of Transport</b>

I, \_\_\_\_\_

of \_\_\_\_\_

in the State of Western Australia, Occupation \_\_\_\_\_  
 make oath and say/affirm as follows:

1. I make this affidavit in support of an Application for an Extraordinary Drivers Licence (“EDL”) on the following grounds *(Please mark applicable ground(s) with a ‘X’)*:

<input type="checkbox"/> s. 30(4)(a) - The refusal to grant the extraordinary licence deprives me of the means of obtaining urgent medical treatment for an illness, disease or disability known to be suffered by me and/or a member of my family.
<input type="checkbox"/> s. 30(4)(b) - The refusal to grant the extraordinary licence would place an undue financial burden on me and/or a member of my family by depriving me of my principal means of obtaining income.
<input type="checkbox"/> s. 30(4)(c) - The refusal to grant the extraordinary licence would deprive me and/or a member of my family of the only practicable means of travelling to and from the place at which I am or a member of my family is employed.

2. I was disqualified from driving on the \_\_\_\_\_ 20\_\_\_\_ by the \_\_\_\_\_  
 \_\_\_\_\_Magistrates Court of Western Australia for the offence(s) of:  
 \_\_\_\_\_  
 \_\_\_\_\_

3. The period of disqualification imposed was \_\_\_\_\_ months/years/life.

4. Since being disqualified from driving, the type, amount and frequency of alcohol/ drugs I have consumed is as follows:

**Type:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_

5. I am employed by \_\_\_\_\_ who/which  
(please circle) is located in the suburb of \_\_\_\_\_. My  
occupation with my current employer is as a \_\_\_\_\_. I  
have been employed with my current employer for \_\_\_\_\_ months/years. (If  
applicable).

6. I have been informed by my employer that unless I am granted an EDL my employment will  
be (If applicable, state what will happen to your job):

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7. My employer has provided me with a letter confirming the circumstances and requirements  
of my employment and what will happen to my job if I am not granted an EDL. (If applicable,  
**attached** to this affidavit is a copy of that letter from my employer).

8. I am self-employed as a \_\_\_\_\_. The name of my business is  
\_\_\_\_\_. I employ \_\_\_\_\_ employees of  
which \_\_\_\_\_ hold a current and valid driver's licence. (If  
applicable).

9. I am Director/Secretary of \_\_\_\_\_. The  
name of the Company is \_\_\_\_\_.  
(Only complete if applicable).

10. Since the loss of my driver's licence, I have:

a. travelled to and from work each day by the following means:

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b. been able to undertake the duties at my work as follows: (IE: if you are required to drive in the  
course of your employment how has that been overcome?)

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11. If the Court were to refuse to grant me an EDL it will place an undue financial burden on me and my family by depriving me of my principal means of obtaining income for the following reasons:

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12. The reason the refusal to grant this application for an EDL would deprive me or a member of my family of the only practical means of travelling to and from the place at which I am or a member of my family is employed is as follows:

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13. My present average net **WEEKLY** income is: \$ \_\_\_\_\_

14. My **WEEKLY** expenses are:

Rent/Board/Mortgage	\$
Maintenance for children	\$
Food	\$
Electricity/Gas/Water	\$
Telephone	\$
Rates/Taxes	\$
Hire Purchase	\$
Other:	\$
<b>TOTAL</b>	\$

15. The following people are dependent upon me for financial support: *(State name(s), age(s), and relationship to you).*

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16. I am married/ single/ partnered and that person receives the following income each week:

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17. Please provide details for the following, in the event the court grants your EDL application:

a. I would need to drive to and from:

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b. The furthest distance from \_\_\_\_\_ Magistrates Court I would be required to drive is:

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c. I would need to drive to the following country destinations:

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18. If I am granted an EDL to enable me to travel to and from my workplace,

a. I would need to leave home each day at: \_\_\_\_\_ am/pm;

b. I would return home each day at: \_\_\_\_\_ am/pm;

c. I start work each day at: \_\_\_\_\_ am/pm;

d. I finish work each day at: \_\_\_\_\_ am/pm;

e. I would need to drive on the following days of the week to travel to and from work:

Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday (*Circle applicable days*).

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19. I rely upon section 30(4)(a) of the Act in this application for an EDL because me and/or a member of my family suffer from a life threatening illness, disability or disease and require urgent medical treatment as follows: (*Please identify name of family member and nature of the illness, disability or disease*):

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20. I **attach** to this affidavit a copy of a letter from a medical practitioner in support of this application for an EDL on the grounds of attending urgent medical treatment. (*ONLY if applicable*).

21. Since the loss of my driver's licence I have been able to attend to urgent medical treatment as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. I would like the Court to consider the following additional information at the hearing of this application for an EDL:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SWORN/AFFIRMED by the Deponent )  
at \_\_\_\_\_ in the said State )  
this \_\_\_\_\_ day of \_\_\_\_\_ 20 ) .....

Before me:

.....  
Justice of the Peace or an Authorised Person

**Each page is to be dated and signed by the person making the affidavit and the witness.**

*Tick [✓] appropriate box*

Lodged by	<input type="checkbox"/> Claimant or claimant's lawyer <input type="checkbox"/> Defendant or defendant's lawyer <input type="checkbox"/> Other .....			
Address for service	..... ..... .....			
Contact details	Telephone:	Lawyer's ref:	Fax:	E mail: