



AN APPLICANT FOR A PROOF OF AGE CARD MUST BE 18 YEARS OF AGE OR OLDER.

Evidence of existence, evidence of use of identity and evidence of residential address must be provided. For a proof of age card the applicant's date of birth must be shown on at least one piece of evidence of identity documentation. Refer to MR583 Evidence of Identity brochure for acceptable forms of proof of age, evidence of existence, evidence of identity and evidence of residential address.

INFORMATION PRIVACY PRINCIPLE

No personal information will be disclosed except as is required or authorised by law.

ABOUT THE APPLICANT (please write in BLOCK LETTERS)

SURNAME				
GIVEN NAMES				
GENDER M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/>	DATE OF BIRTH / /	EYE COLOUR	HEIGHT (CM)	TOWN/CITY PHONE NO.
EMAIL ADDRESS				
RESIDENTIAL ADDRESS				
POSTAL ADDRESS (if different to above)				
Are you / is the applicant of Aboriginal and/or Torres Strait Islander origin?* NO <input type="checkbox"/> YES <input type="checkbox"/> Prefer not to say <input type="checkbox"/>				
*This information will be used for road safety statistical analysis only and will not be disclosed to any other authorities.				

DECLARATION

I hereby declare that the above information and the supporting proof of identity documents I have provided are true and correct in every detail.

SIGNATURE OF APPLICANT (OR PERSON ACTING ON APPLICANT'S BEHALF)*	DATE / /
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NOTE: If evidence is provided that the applicant is unable to sign, this may be left blank.

IT IS AN OFFENCE TO MAKE A FALSE OR MISLEADING STATEMENT IN THIS APPLICATION.

OFFICE USE ONLY

EVIDENCE OF IDENTITY DOCUMENTS SIGHTED			CLIENT No.
EVIDENCE OF EXISTENCE	EVIDENCE OF USE OF IDENTITY	EVIDENCE OF RESIDENTIAL ADDRESS	
SIGNATURE OF VERIFYING OFFICER	USER ID	DATE / /	

Lodge at any Service SA Centre

For service SA locations www.sa.gov.au/customerservice or call 13 10 84
Post to: Service SA, Customer Service Section, GPO Box 1533, Adelaide SA 5001
www.sa.gov.au/driverslicences ABN 92 366 288 135

*** To submit this form on behalf of another person, you must:**

- Provide written authorisation signed by the applicant authorising you to act on their behalf
- Provide written evidence from the applicant's medical practitioner as to the applicant's inability to attend in person
- Present your current South Australian Driver's Licence
- Be aged 18 years or more
- Be contactable by telephone during normal business hours
- Complete the reverse of this form and sign

**DECLARATION BY PERSON ACTING
ON APPLICANT'S BEHALF**

Please write clearly using BLOCK LETTERS

SURNAME (FAMILY NAME)		GIVEN NAMES		
DATE OF BIRTH / /	LICENCE/CLIENT NUMBER	HOME NUMBER	WORK NUMBER	MOBILE NUMBER

Residential Address

NUMBER AND STREET	SUBURB/TOWN	POSTCODE
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SIGNATURE	DATE / /
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OFFICE USE ONLY

NAME & SIGNATURE OF MANAGER/CUSTOMER SERVICE OFFICER	OFFICE LOCATION	OFFICE STAMP
NAME	SIGNATURE DATE / /	

* **NOTE:** If the applicant is a new customer or their signature is not on record, or the record of their signature has expired, the applicant must sign in the yellow box on the MR292a Data card form.