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Description automatically generated with medium confidence

**APPLICATION FOR DIRECTION  
Alcohol Interlock   
   
Section 50AAAC Road Safety Act 1986**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | | | | | | | |  | | | | | |  | | | | |
|  | | | | | | | | | | | | | | Court Reference: | | | | | |  | | | | |
|  | | | | | | | | | | | | | |  | | | | | | (*Registrar to complete*) | | | | |
| Applicant: | | | | | |  | | | | | | | | | | | | | | | | | | |
| Date of Birth: | | | | | |  | | | | | | | | | Licence/Permit Number: | | | | | | |  | | |
| Address: | | | | | |  | | | | | | | | | | | | | | | | | | |
| Email: | | | | | |  | | | | | | | | | | | | | Phone: | | |  | | |
| On | | |  | | | | the Department of Transport & Planning made a determination not to remove an alcohol interlock | | | | | | | | | | | | | | | | | |
| condition from my driver licence or learner permit due to a failed attempt(s) to start a motor vehicle due to the detection of | | | | | | | | | | | | | | | | | | | | | | | | |
| alcohol. | | | | | | | | | | | | | | | | | | | | | | | | |
| **DETAILS OF FAILED ALCOHOL INTERLOCK ATTEMPT(S) SUBJECT TO THIS APPLICATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number** | | | | | **Date** | | | | |  | | **Time** | | | | | |  | | | | | | |
| 1. | | | | |  | | | | |  | |  | | | | | | \* am / pm | | | | | | |
| 2. | | | | |  | | | | |  | |  | | | | | | \* am / pm | | | | | | |
| 3. | | | | |  | | | | |  | |  | | | | | | \* am / pm | | | | | | |
| 4. | | | | |  | | | | |  | |  | | | | | | \* am / pm | | | | | | |
| 5. | | | | |  | | | | |  | |  | | | | | | \* am / pm | | | | | | |
|  | | | | |  | | | | |  | |  | | | | | |  | | | | | | |
| **GROUNDS FOR MAKING THIS APPLICATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| I make application for a direction to the Department of Transport & Planning that I am not responsible for the failed attempt(s) on the following grounds: | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ATTACHED DOCUMENT(S) / INFORMATION** *(required to be attached to the application)* | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Copy of written notice from the Department of Transport & Planning regarding decision not to remove alcohol interlock condition | | | | | | | | | | | | | | | | | | | | | | |
|  | | Data obtained from the alcohol interlock relating to the failed attempt(s) that provides evidence (whether photographic or otherwise) as to the identity of the person who made the attempt (i.e. ‘Interlock Removal Report’ and any supporting documentation) | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |
| Date: | | | |  | | | | | | |  | | | | |  | | | | | | | |
|  | | | |  | | | | | | |  | | | | | *(Signed) Applicant* | | | | | | | |
| **LISTING OF APPLICATION** (*registrar to complete*) | | | | | | | | | | | | | | | | | | | | | | | |
| This application is listed for hearing before Magistrates’ Court as | | | | | | | | | | | | | | | | |  | | | | | |  |
| at |  | | | | | | | \* am / pm | | | on (*date*) | |  | | | | | | | |  | | |
|  |  | | | | | | |  | (*Date must be at least 28 days in advance*) | | | | | | | | | | | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  |  |  |
|  |  |  | *Registrar of the Magistrates’ Court* |