

# Application Form for a Driving Licence D401



**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 licence or field 4d on a plastic card licence)

Name to appear on the licence. 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 licence 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 licence 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 driving licence indicating your wish to become an organ donor.

12. Application Type:\*

Renewal of driving licence  
See option 1 of Checklist on this form

First time driving licence  
See option 2 of Checklist on this form

Add/remove a category  
See option 3 of Checklist on this form

Personal detail change  
See option 4 of Checklist on this form

Replace a lost/stolen/damaged licence  
See option 5 of Checklist on this form

Exchange of foreign licence  
See option 6 of Checklist on this form

Other(Reason): \_\_\_\_\_

13. \*Please indicate here the category or categories that you wish to apply for:

For a definition of the categories please refer to [www.ndls.ie](http://www.ndls.ie)

Group 1 (cars, land tractors and motorcycles)



AM



B



A1



BE



A2



W



A

Group 2 (buses, trucks and articulated vehicles)

Must be accompanied by a medical report dated within three months of application



C



D



CE



DE



C1



D1



C1E



D1E

14. On receipt of this driving licence, will you hold a licence issued by another country? Yes  No

If 'Yes', please provide details below:

Issuing country

Driving licence no.

15. If your licence was lost, stolen or damaged please sign the declaration below and get it witnessed and stamped at your local Garda station. Please note if you find or get your old licence back after applying for a replacement, the old licence will no longer be valid

I declare my driving licence

Lost

Stolen

Damaged

Signature of applicant

I certify that the applicant has declared his/her licence lost/stolen/damaged

Name of garda

Signature of garda

GARDA DECLARATION

GARDA STATION STAMP

Part 4: Exchanging a licence (See Part 4 of accompanying Guidance Notes)

16. Did you obtain your current full foreign licence by exchanging a licence from another country? Yes  No

If 'Yes', please state the country/state where the original licence was obtained:

17. Is the licence you are exchanging, suspended, withdrawn, cancelled or are you disqualified? (If yes, refer to [www.ndls.ie](http://www.ndls.ie) for further information) Yes  No

18. I took up residence in Ireland on

Day

Month

Year

You must submit a medical report form dated within one month if; (1) you answer ‘Yes’ to any of the questions 20 to 40 or 41(c), (2) you are applying for any Group 2 (bus or truck) categories, (3) you are aged 70 or over.

19. Do you need to wear glasses or lenses for driving? (If yes Code 01 will be added to your licence) 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>20. 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>32. Serious psychiatric illness or mental health problems<sup>3</sup></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>  |
| <p>21. Epilepsy</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>  | <p>33. Parkinson’s disease</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>  |
| <p>22. Stroke or TIAs<sup>1</sup> with any associated symptoms lasting longer than one month</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>   | <p>34. Sleep Apnoea syndrome</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>  |
| <p>23. Fits or blackouts</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>   | <p>35. Narcolepsy</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>   |
| <p>24. 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>36. Any condition affecting your peripheral vision</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>   |
| <p>25. An implanted cardiac pacemaker</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>  | <p>37. Total loss of sight in one eye</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>   |
| <p>26. An implanted cardiac defibrillator (ICD)<sup>2</sup></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>  | <p>38. 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>27. Repeated attacks of sudden disabling dizziness</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>  | <p>39. A serious hearing deficiency which has worsened since your last application/renewal</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>  |
| <p>28. 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>40. Severe learning disability<sup>3</sup></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>   |
| <p>29. A serious problem with memory or periods of confusion<sup>3</sup></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>   | <p>41. (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>30. Persistent alcohol misuse or dependency</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>   | <p>41. (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>31. Persistent drug misuse or dependency</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>  | <p>41. (c) If you have ticked yes to 41(a) or 41(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 6: Declaration by Applicant (See Part 6 of accompanying Guidance Notes)**

**\*Mandatory field**

42. I understand that (i) in accordance with section 22A of the Road Traffic Act 1961, as amended, a person cannot apply for a driving licence whilst disqualified in Ireland, the EU/EEA or a recognised state, (with the exception of a penalty point disqualification in Ireland) 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) in Ireland, the EU/EEA or a recognised state.

**THIS DECLARATION MUST BE SIGNED BY THE PERSON TO WHOM THE DRIVING LICENCE IS TO BE ISSUED**

Applicant’s signature

(Please keep signature within the box)

Day
Month
Year

# Application Checklist for Driving Licence

If you intend to apply in person at an NDLS centre, you MUST book an appointment at [www.ndls.ie](http://www.ndls.ie)

## Option 1 – For all applications for driving licences you must supply;

- Completed application form for driving licence D401
- Current/most recent driving licence/learner permit
- Photo ID (see List 1 on page 4 of Guidance Notes)
- Evidence of PPS number (see List 3 on page 4 of Guidance Notes)
- Evidence of normal residence (see List 4 of page 4 of Guidance Notes)
- Medical report form if required (dated within one month)(see page 3 of Guidance Notes)
- Evidence of CPC if required (see page 3 of Guidance Notes)
- Evidence of IBT if required (see page 3 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 2 - Applying for your first driving licence

- Cert of competency (dated within two years)
- Current learner permit

### Option 3 - Adding a category to your full licence

- Cert of Competency (dated within two years)
- Current learner permit
- Current driving licence

### Option 4 - Change of personal details

- New Address:   
Evidence of new address (dated within six months)
- Name change   
Evidence of name change (see Part 1 of Guidance Notes)
- Medical change   
Medical Report form (dated within one month)

### Option 5 - Replace a lost/stolen or damaged licence

- Completed application form (with completed garda declaration see question 15 on application form)
- Photo ID

### Option 6 - Exchange a foreign licence from EU/EEA or a 'recognised state'

- Foreign licence
- Evidence of normal residence (see List 4 on page 4 of Guidance Notes)
- An original driver statement from your licensing authority is required if; 
  - Your licence is lost/stolen/damaged complete the declaration (see question 15 on application form)
  - You hold an EU/EEA licence which has expired less than ten years
  - You hold a licence from a 'recognised state' that has expired less than one year
  - There is no category start dates on your licence
- Eyesight report form if your licence is from a 'recognised state'
- Certified translations are required for all driver statements which are not in English

For more details on exchanging a foreign licence see [www.ndls.ie](http://www.ndls.ie)

**YOU MUST BOOK AN APPOINTMENT TO ATTEND AN NDLS CENTRE.  
ALL APPOINTMENTS MUST BE BOOKED ONLINE AT [WWW.NDLS.IE](http://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](mailto:dataprotection@rsa.ie). Your request will be dealt with without undue delay and in any event within one month of receipt of the request.