

Application for conversion of an overseas driver licence

DL5

Check page 3 for **What to bring** and other important information. You need to **complete all questions** - if it doesn't apply to you write N/A.

Driver licence number

1. What is your New Zealand driver licence number? (if you have one)

※免許書き換えの場合は記載しなくてOK

Name

2. What is your name?

Surname

姓

Full first name

名

Middle name(s)

3. Are the names you've written on this application form different to the names on any of the supporting identification you are presenting (including any driver licence)?

No

パスポートと免許証に記載の名前が違う場合は名前を記載

Yes → My previous name was:

4. Are you? Male Female Indeterminate

Organ donation

5. Would you be willing to donate organs in the event of your death?

No

死亡した際に臓器提供しますか?

Yes → Your next-of-kin will be asked for their agreement to donate organs. Please let them know your wishes.

Birth date

6. What is your date of birth?

日 / 月 / 年

誕生日

7. Where were you born?

Name of town/city

出生都市 (Tokyoなど)

Name of country

Japan

Address

8. Where do you live?

ニュージーランドの現住所を記載

9. What is your mailing address? (if different from above)

※もし現住所と違う所に郵送してほしい場合はここに住所を記載

10. Would you like your address printed on your licence?

No

Yes → Physical address OR Mailing address

11. What are your contact telephone numbers?

Mobile

() 電話番号

Other

()

12. What is your email address?

メールアドレス

Giving your telephone numbers and email address is optional, but it will help us to process your application faster.

Overseas licence

Please bring in your original overseas licence and all the required documents listed on page 3. You must also provide colour photocopies of everything, including all parts of your driver licence.

Once you've been granted a New Zealand driver licence you **cannot** drive here on your overseas driver licence, even if you've been here under 12 months.

13. What are your overseas driver licence details?

Name of issuing state/country 例: Tokyo / Japan

License number

免許が交付された都道府県 / 国

日本の免許証ナンバー

Issue date of licence 交付日

Expiry date of licence 有効期限

日 / 月 / 年

日 / 月 / 年

14. What is the date of your most recent arrival in New Zealand?

日 / 月 / 年

直近のニュージーランド到着日

Office use only

Non-exempt (DLBD Pink)

Exempt (DLBD Green)

Licence class and type

Road Factsheet 11 for a description of each class of driver licence.

Information about learner, restricted and full licence types is in The official New Zealand road code.

*You must provide a medical certificate for heavy vehicles if you haven't given us one in the last five years.

15. What type of licence are you applying for? 運転免許の種類

Class 1	<input type="checkbox"/> Learner	<input type="checkbox"/> Restricted	<input checked="" type="checkbox"/> Full
Class 2*	<input type="checkbox"/> Learner		<input type="checkbox"/> Full
Class 3*	<input type="checkbox"/> Learner		<input type="checkbox"/> Full
Class 4*	<input type="checkbox"/> Learner		<input type="checkbox"/> Full
Class 5*	<input type="checkbox"/> Learner		<input type="checkbox"/> Full
Class 6	<input type="checkbox"/> Learner	<input type="checkbox"/> Restricted	<input type="checkbox"/> Full

※普通免許の場合、
Class 1のFullでOK

Medical declaration

*Examples of medical conditions that could affect your ability to drive safely include:

- Alzheimers
- head or spinal injuries
- amputations
- high blood pressure
- convulsions
- joints or limb problems
- diabetes
- mental illness
- double vision
- stroke
- epilepsy or fits

Medication and treatments can also affect your ability to drive safely.

16. Do you have a medical condition* that could affect your ability to drive safely?

No 安全な運転に影響を及ぼす可能性のある疾患をお持ちですか？

Yes → Has that medical condition affected your ability to drive safely in the last five years?

No

Yes → You must provide a medical certificate with this application.

Medical certificate

*Your medical certificate must have been for the same medical standard as the class(es) you are applying for now.

- Classes 1 and 6 and D, E, R, T and W endorsements are the same medical standard.
- Classes 2, 3, 4 and 5 and P, V, I and O endorsements are the same medical standard.

You **must** provide a medical certificate if you:

- are turning 75 years of age or older, or
- are applying for a class 2, 3, 4 or 5 (truck licence) and you haven't provided a medical certificate in the last five years*, or
- have a medical condition that has affected your ability to drive safely in the last five years.

The medical certificate must be issued by a New Zealand registered health practitioner, for example your doctor (GP), a registered nurse or nurse practitioner, or a specialist if appropriate.

The medical certificate must be no more than 60 days old when you make this application.

Eyesight

17. Do you wear glasses or contact lenses for driving?

No

Yes 運転中にメガネまたはコンタクトレンズを着用しますか？

Declaration

I declare that, to the best of my knowledge and belief, my licence is not currently suspended or revoked and/or that I am not disqualified from driving.

I state that, to the best of my knowledge and belief, all the information I have given for this application is correct and I am not disqualified from obtaining or holding a New Zealand driver licence.

I further declare that the medical fitness information provided above is true and correct.

Signature of applicant

署名

Date

日 / 月 / 年

Office use only

Agent to complete this section. After receipting, detach pages 3 and 4 and give to the applicant.

Primary evidence of identity:

- NZ photo driver licence
- NZ passport
- NZ birth certificate
- NZ Transport Agency approved document
- Other (please specify)

Reference number: _____

Issue date: ____/____/____

Expiry date: ____/____/____

Supporting evidence of identity: (if applicable)

Reference number: _____ Issue date: ____/____/____

Evidence of name change: (if applicable)

Reference number: _____ Issue/reflective date: ____/____/____

Agent initials: _____ Time ID checked: _____

DLR user ID: _____

Transport Agency call reference number (if applicable): _____

- Referee-verified image attached
- Translation attached
- Medical certificate attached
- Eyesight certificate attached
- Fit with lenses
- Fit without lenses
- Unfit

Input

OKed

Agent stamp

Fee paid (GST included) \$ _____

Date paid: ____/____/____