

Driver ID certification form

Drivers are to complete this form and email it to contractors.astp@det.edu.au.

DRIVER DETAILS

Contractor name: _____

Driver first name: _____ Driver last name: _____

Include a **full-sized photo (preferably colour)** of your driver licence below:

FRONT

BACK

Certification of driver licence by a [Justice of the Peace](#).

I certify that this document is a true copy of the original.

Name: _____

Qualification: _____

Registration number (if applicable): _____ Date: _____

SCHOOL USE ONLY

This section may be completed by the school after this form is received by the ASTP.

Sight and confirm driver licence: Yes No ► If no, contact ASTP

Date check completed: _____

Name: _____

Position: _____