



**ROAD TRANSPORT AUTHORITY
DEPARTMENT OF TERRITORY AND MUNICIPAL SERVICES**

**APPLICATION FOR ENTRY INTO A BALLOT OF DEFINED RIGHTS
FOR RESTRICTED TAXI LICENCES FOR
WHEELCHAIR ACCESSIBLE TAXIS, 27 November 2007**

Section 84G of the *Road Transport (Public Passenger Services) Regulation 2002*

TO BE COMPLETED BY APPLICANT

| | |
|---|--|
| SURNAME/COMPANY NAME | |
| GIVEN NAME(S) | |
| ADDRESS | |
| PHONE NUMBER (B/H) | |
| MOBILE PHONE NUMBER | |
| TAXI SERVICE OPERATOR ACCREDITATION NUMBER (IF APPLICABLE) | |

*AN INDIVIDUAL MAY MAKE ONLY ONE (1) APPLICATION.
A COMPANY MAY MAKE ONLY ONE (1) APPLICATION.*

- AN APPLICATION FEE OF \$25.00 IS REQUIRED. PAYMENT MAY BE MADE BY CHEQUE OR MONEY ORDER.
- APPLICANTS MUST PROVIDE PHOTOCOPIES OF SUITABLE IDENTIFICATION (FOR INDIVIDUALS) OR OF AN ASIC CERTIFICATE OF REGISTRATION (FOR COMPANIES).

COMPLETED APPLICATIONS, WITH ATTACHED PAYMENT AND ID DOCUMENTATION, SHOULD BE FORWARDED TO:

RESTRICTED TAXI LICENCE BALLOT
ROAD TRANSPORT AUTHORITY
PO BOX 151
CIVIC SQUARE ACT 2608

OR SUBMITTED IN PERSON TO

ROAD TRANSPORT AUTHORITY
LEVEL 2, MACARTHUR HOUSE
12 WATTLE ST
LYNEHAM ACT 2602



PAYMENT ATTACHED



IDENTIFICATION/CERTIFICATE OF REGISTRATION

APPLICATIONS CLOSE 12 November 2007 AT 2:00PM

The Road Transport Authority may require an applicant to provide further information or documents needed to decide the application.

OFFICE USE ONLY

| | |
|--|---------------------------------|
| Received by: <i>Signed:</i> <i>Date:</i> | Payment Fee: Receipt No: |
|--|---------------------------------|



**ROAD TRANSPORT AUTHORITY
DEPARTMENT OF TERRITORY AND MUNICIPAL SERVICES**

**APPLICATION FOR ENTRY INTO A BALLOT OF DEFINED RIGHTS
FOR RESTRICTED TAXI LICENCES FOR
WHEELCHAIR ACCESSIBLE TAXIS
27 November 2007**

Section 84G of the *Road Transport (Public Passenger Services) Regulation 2002*.

APPLICANT CHECKLIST

- ☐ I have read and understand the document "Ballot of defined rights for a Restricted Taxi Licence for Wheelchair Accessible Taxis, 27 November 2007, Information Sheet."
- ☐ I have read and understand the document "Conditions of defined rights for restricted taxi licences for Wheelchair Accessible Taxis, 27 November 2007".
- ☐ I understand that a restricted taxi licence is issued subject to the condition that the licence holder must NOT transfer or sub-lease the licence to anyone else.
- ☐ I understand that the holder of a Wheelchair Accessible Taxi Licence must ensure that priority for the hiring of the taxi is given to wheelchair-dependant people.
- ☐ I understand that the Road Transport Authority may change policies on the micromanagement of wheelchair accessible taxis at any time within the 6 year licence period.
- ☐ I have made one application only to enter this ballot.
- ☐ I am 18 years of age or older.
- ☐ I have completed the attached written statement demonstrating my experience in either the taxi industry or working with people with disabilities.
- ☐ I have attached (for an individual) a photocopy of my birth certificate, passport or driver licence confirming my identity, or (for a company) a photocopy of an ASIC Certificate of Registration certifying the name and ACN of the company.

For enquiries, please contact the Road Transport Authority on (02) 6207 1423 or (02) 6207 1381.



**ROAD TRANSPORT AUTHORITY
DEPARTMENT OF TERRITORY AND MUNICIPAL SERVICES**

STATEMENT OF SUPPORT FOR AN APPLICANT FOR A BALLOT OF DEFINED RIGHTS FOR A RESTRICTED TAXI LICENCE FOR A WHEELCHAIR ACCESSIBLE TAXI WHICH SETS OUT THE APPLICANT'S DEMONSTRATED EXPERIENCE IN THE TAXI INDUSTRY OR WORKING WITH PEOPLE WITH DISABILITIES

I have the following demonstrated experience in the taxi industry (provide relevant details)

.....

.....

.....

.....

.....

.....

.....

AND/OR

I have the following demonstrated experience working with people with disabilities (provide relevant details)

.....

.....

.....

.....

.....

.....

.....

I declare that the information provided in this application is true and correct. I hereby apply for entry into the ballot of defined rights for a restricted taxi licence.

SIGNATURE: _____

DATE: _____