



ACT
Government

Justice and Community Safety

APPLICATION FOR RENEWAL OF A RESTRICTED TAXI LICENCE (WHEELCHAIR ACCESSIBLE TAXI)

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

Surname in which licence is held	
Given Name(s)	
Or Company Name	
Licence Number	TX
Residential Address	
Postal Address	
Home Phone Number	
Mobile Phone Number	
Are you an Australian Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now or have you ever been known by another name	<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please provide details below)
Driver's Licence Number	
Passport Number	
Country Passport Issued	
Accreditation Number	

Note: if the restricted leased licence is held in the name of a corporation then at least one of the directors of the company MUST remain a director for the term the licence is held.

I declare that I will continue to comply with the following conditions that apply to a restricted Wheelchair Accessible Taxi (WAT) licence: (please read and tick each box)

- I will ensure that all drivers of my WAT(s) will always give preference to a hiring by a person in a wheelchair, regardless of how the offer for the hiring has been made;
- I will ensure that all of my drivers have undertaken the required approved training course to drive a WAT and I will provide a copy of their certificates to the Road Transport Authority (RTA);
- I will ensure that when operating my WAT, it will always be connected by radio receiver or another communications system to receive bookings dispatched by the Centralised Booking Service (CBS) and an authorised network;
- I will ensure that all of my drivers will comply with the allocation of wheelchair hirings dispatched by the CBS or by network;
- I will notify the Road Transport Authority (RTA) in writing of any change of name, address or telephone number;

- I will notify the RTA if my vehicle will be off the road for more than 24 hours and the reason why;
- I am aware that the licence cannot be transferred, assigned or sub-leased or used by another person;
- I am aware that the term of licence renewal will be for 6 years;
- I am aware that the RTA may taken into account my previous record regarding compliance with the *Road Transport (Public Passenger Services) Regulation 2002* and my Accepted Service Standards, in determining if the licence should be renewed;
- I am aware that the RTA may also take into account the performance of my WAT in providing WAT services to the disabled community for the purpose of renewing the WAT licence;
- I am aware that submitting this application does not guarantee that the licence will be renewed and that I will be advised, in writing, of the outcome of my application for renewal of the licence.

Signature

Date.....

This form must be lodged at:

Road Transport Authority
 Level 2, Macarthur House
 12 Wattle Street
 LYNEHAM ACT 2602

Renewal Fee Paid

Driver's Licence/Passport provided

Privacy Notice
 The personal information on this form is being collected to enable processing of your application to obtain a renewal of a non-transferable leased taxi licence. The lawful authority for collecting the information is the *Road Transport (Public Passenger Services) Act 2001*. The information may be disclosed to Commonwealth, Territory or State law enforcement agencies, transport authorities in those jurisdictions, government agencies authorised by law, the third party insurer or individuals or their agents or insurers following a motor vehicle accident.

OFFICE USE ONLY	
DATE LODGED	
DATABASE AMENDED	Y/N
PAYMENT PROCESSED	Y/N