

INDEPENDENT TAXI OPERATOR PILOT (ITOP) APPLICATION FORM

1. **Applicants Details**

Surname (Family Name)			Mr	Mrs	Ms	Miss	Other – Specify:	
First Names (Given Names)		Gender: Male	Fem	ale 🔲				
Company / Trading Name		ABN: ACN:						
Your Residential / Business Add	dress (PO Boxes not acce	epted)						
Your Mailing Address								
Address and Telephone Number	er from which you will be	e operating						
Date of Birth		Place and Country of Birth						
Driver Licence Number State Issued		Previous Licences held in Australia (licence number and State)						
Are you now or have you ever been known by another name ? No Yes (if yes, please provide details below)								
Are you an: Australian Citi	zen	Permanent Resi	dent					
Passport Number	C	Country Passport	Issued					
Phone Number Mobile Number		mber	Fax Number					
Email address								
2. Insurance								
I have provide policy.	d the Authority with	a copy of my	current	public p	assenge	r vehicle	insurance	

3. Eligibility

Only those taxi operators who are experienced and can demonstrate a good track record of compliance with public passenger legislation and standards will be eligible to participate in the pilot. Specifically to be eligible to participate, operators will need to meet all of the following eligibility requirements:

(Tick applicable boxes)



☐ I have held continuous accreditation for a minimum period of 4 years prior to the date of this application.
☐ I have demonstrated a consistent record of customer service (as evidenced by no or minimal complaints about myself in my capacity as either a taxi operator or driver being referred to the Road Transport Authority (RTA)) and authorise the RTA to obtain information from my affiliated taxi network to verify my compliance with the networks by- laws and complaints records;
☐ I have demonstrated a consistent record of compliance with the requirements of tax operators as to the standard of taxi vehicles (as evidenced by no or minimal instances of improvement notices or vehicle defects being issued, failing taxi vehicle inspections or audits of Minimum Service Standards (MSS) compliance);
I have the financial capacity to operate a taxi service (as evidence by payments of taxi licence fees on time and maintaining required insurances);
I can otherwise satisfy the RTA that as a taxi operator I am a fit and proper person to participate in the Pilot, having regard to matters the RTA considers relevant, including any disclosable convictions and traffic infringements issued to me;
I have provided clear and comprehensive Accepted Service Standards, which address the requirements relating to operating a taxi as an independent operator; and,
☐ I have provided my business plan for establishing and operating a taxi service as an independent operator.
☐ I authorise the RTA or ACT Policing to contact my third party provider for security and alarms to obtain information in relation to my taxi service.
Name:
Signature: Date:

Privacy Notice

The personal information on this form is being collected to enable processing of your application to become an independent operator. 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.