



ACT
Government

Justice and Community Safety

**APPLICATION FOR ENTRY INTO A BALLOT OF DEFINED RIGHTS FOR
RESTRICTED TAXI LICENCES FOR WHEELCHAIR ACCESSIBLE TAXIS
23 MAY 2012**

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 OR A COMPANY MAY MAKE ONLY ONE(1) APPLICATION.

- AN APPLICATION FEE OF \$25.00 IS REQUIRED, PAYMENT MAY BE BY CHEQUE OR MONEY ORDER.
- INDIVIDUAL APPLICANTS MUST PROVIDE PROOF OF IDENTIFICATION, IE LICENCE & PASSPORT (if applicable)
- FOR COMPANIES AN ASIC CERTIFICATE OF REGISTRATION IS REQUIRED

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

RESTRICTED TAXI LICENCE BALLOT
PUBLIC TRANSPORT REGULATION
GPO BOX 158 CANBERRA CITY ACT 2601

Or submitted in
person to:

PUBLIC TRANSPORT REGULATION
LEVEL 2, MACARTHUR HOUSE
12 WATTLE ST
LYNEHAM ACT 2602

PAYMENT ATTACHED

IDENTIFICATION/CERTIFICATE OF REGISTRATION ATTACHED

APPLICATIONS CLOSE 30 APRIL 2012 AT 2:00PM.

NOTE: The Road Transport Authority may require further information or documents to be provided in order to assess whether the application will be accepted.

OFFICE USE ONLY

Received by:	Payment Fee:
Signed:	Receipt No:
Date:	

Office of Regulatory Services

Public Transport Regulation

Macarthur House, 12 Wattle Street LYNEHAM ACT 2608

GPO Box 158 Canberra City ACT 2601 / Phone 6207 1423 / Fax 6207 7160

Approved form AF2012 - 111 approved by Kathy Leigh, Road Transport Authority on 11/04/2012 under section 225 of the *Road Transport (General) Act 1999* (Approved forms)

- This form revokes AF2011-19

Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au



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23 MAY 2012

APPLICANT CHECKLIST

- I have read and understand the document “Ballot of defined rights for a Restricted Taxi Licence for Wheelchair Accessible Taxis, 23 May 2012, Information Sheet.
- I have read and understand the document “Conditions of defined rights for restricted taxi licences for Wheelchair Accessible Taxis, 23 May 2012.
- 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 licences at any time within the 6 year licence period.
- I have made one application only to enter this ballot.
- I do not operate more than two wheelchair accessible taxis.
- I am 18 years of age or older.
- I have completed the attached written statement demonstrating my experience in the taxi industry and working with people with disabilities and how I will manage my WAT drivers to ensure that they give priority to WAT hirings at all times.
- I have attached a photocopy of my birth certificate, passport or driver licence confirming my identity, (for an individual) and for a company a photocopy of an ASIC Certificate of Registration certifying the name and ACN of the company.
- I am aware that I will be required to attend an interview with the RTA and representatives of ACT disability organisations.

For enquiries, please contact the Road Transport Authority on (02) 6207 1423 or 62078011

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STATEMENT OF SUPPORT FOR ENTRY INTO A BALLOT OF DEFINED RIGHTS FOR A RESTRICTED TAXI LICENCE FOR A WHEELCHAIR ACCESSIBLE TAXI

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

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

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How do you propose to manage your WAT Drivers?

DECLARATION

NOTE: Applicants will also be interviewed prior to their application being accepted for the Ballot. At the interview applicants will be required to address a series of questions relating to the provision of wheelchair accessible taxi services. Applicants may also wish to provide references.

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 _____

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