## Application to Transfer a Wheelchair Accessible Taxi Licence to a Different Vehicle

Before completing this form, you should review our information for industry and operators.

Form ID: PT828-2 (09/22)

Licence and Vehicle Details		
Licence number		
Registration number of vehicle specified in the licence		
The Transport Commission may require additional information to support the application.		
Licence Holder Details		
Name		
Accreditation number		
Residential address		
Suburb or town	Postcode	
Postal address		
Suburb or town	Postcode	
Email address		
Phone number		



Proposed Vehicle Details		
Name of registered operator of vehicle		
Note: Must be in the same name as the applicant.		
Registration number	Make and model	
Month and year		
Personal Information Protection Statement		
You are providing information to the Transport Commis accordance with the <u>Personal Information Protection Act 2</u>	•	
The personal information collected here will be used by other authorities including the Department of State Groof administering the <u>Taxi and Hire Vehicle Industries Act 2 Traffic Act 1999</u> and associated laws.	owth and Registrar of Motor Vehicles, for the purpose	
Failure to provide this information may affect the assess properly maintained. The Transport Commission may a disclose it to third parties in circumstances allowed for	llso use the information for related purposes, or	
You have the right to ask the Department of State Growth to give you access to the personal information you have provided. You may be charged a fee for this service.		
Name		
Signature	Date	
If the applicant is not an individual, include position and authority to sign of behalf of the applicant:		
Submit Application		
Submit your completed application form and pay any ap	pplicable fees in person, at any Service Tasmania Shop.	

## **ENQUIRIES**

Email operator.accreditation@stategrowth.tas.gov.au

Phone 1300 135 513