

# Application to Transfer a Wheelchair Accessible Taxi Licence to a Substitute Wheelchair Accessible Taxi

Form ID: PT804-2 (05/22)

Before completing this form, you should review our [information for industry and operators](#).

## Licence and Vehicle Details

Licence number

Registration number of vehicle specified in the licence

## Licence Holder Details

Name

Accreditation number

Residential address

Suburb or town

Postcode

Postal address

Suburb or town

Postcode

Email address

Phone number

## Substitute Wheelchair Accessible Taxi (WAT) 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

## Transfer Details

Temporary period to start

Temporary period to end

Please provide information about both of the following.

Why the vehicle specified in the licence cannot be used under the authority of this licence for the time period specified above.

What action you are taking to repair or permanently replace the vehicle.

## Supporting Documents

Please attach copies of the following documents to support your application:

- a current inspection report for the substitute WAT
- an accident report, a quote from a repairer or an order docket
- any other relevant information.

The Transport Commission may require additional information to support the application.



## Personal Information Protection Statement

You are providing information to the Transport Commission, which will manage that information in accordance with the [Personal Information Protection Act 2004](#).

The personal information collected here will be used by the Transport Commission and may be disclosed to other authorities including the Department of State Growth and Registrar of Motor Vehicles, for the purpose of administering the [Taxi and Hire Vehicles Industries Act 2008](#), [Passenger Transport Services Act 2011](#), [Vehicle and Traffic Act 1999](#) and associated laws.

Failure to provide this information may affect the assessment of your application, or records not being properly maintained. The Transport Commission may also use the information for related purposes, or disclose it to third parties in circumstances allowed for by the law.

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.

## Declaration

I confirm that the vehicle specified in this wheelchair accessible taxi licence cannot be used as a wheelchair accessible taxi licence for the period of time specified in this application.

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 applicable fees](#) in person, at any [Service Tasmania Shop](#).

### ENQUIRIES

Email [operator.accreditation@stategrowth.tas.gov.au](mailto:operator.accreditation@stategrowth.tas.gov.au)

Phone 1300 135 513