## Application for Passenger Transport Service Operator Accreditation

**Booking Service Provider** 

Form ID: PT906-01 (03/23)

A Booking Service Provider (BSP) is a taxi radio room, network or ride-source platform.

Before you prepare this application, you should contact the Regulations Team by emailing operator. accreditation@stategrowth.tas.gov.au. Information is available on the website.

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

The Transport Commission may conduct its own enquiries as part of the assessment of this application, including to verify any information you provide, or to obtain additional information it reasonably considers is required.

An application fee is payable. An invoice for the fee will be sent on receipt of the application form. The application will not be assessed until the fee is paid.

Invoice Details
The invoice for the application fee should be sent to:
Name
Email address
Applicant Details
Applicant Details Name
Name



**Business address** 

Suburb or town	Postcode
Postal address	
Suburb or town	Postcode
Email address	
Phone number	
Does the Applicant operate as a BS	o in any other state or territory in Australia?
Yes No	
If yes, provide details below:	
Does the Applicant operate as a BS	outside of Australia?
Yes No	
If yes, provide details below:	
Please provide website, social media	links and any other information about how the service is advertised:
Responsible Person	
First name	Last name
I II SU HAHHE	Last halle

Date of birth	Phone number		
Residential address			
Suburb or town	Postcode		
Postal address			
Suburb or town	Postcode		
Email address			
Licence number	State of issue		
What position does this person hold with the Applicant (eg office holder, employee, etc)?			
How long has the person been in this position?			
Thow long has the person been in this position.			
What is the person's relevant experience?			
Service Details			
Main address service is operating from			
Suburb or town	Postcode		
Address where records will be kept and may be inspected (if different from above)			
Suburb or town	Postcode		

Type of service (Taxi / Wheelchair Accessible Taxi (WA	T) / Ride Source / Other - provide details)
Operating area (state-wide / taxi areas)	
Scale of Service	
Proposed number of vehicles	Proposed number of drivers
Estimated number of affiliated operators (taxi only)	
Supporting Documents	
Please provide the following supporting documents.	

- Applicant:
  - » Current and historical company extract from ASIC.
  - » A completed Safety Management System Report (form is available on the website).
- Responsible Person:
  - » Required: Current (within 90 days) National Police Certificate issued by Tasmania Police or equivalent interstate police authority, for the purposes of a schedule I record (Note - police checks obtained from the internet will not be accepted).
  - » Optional: Any other relevant 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 <u>Personal Information Protection Act 2004.</u>

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 <u>Taxi and Hire Vehicles Industries Act 2008, Passenger Transport Services Act 2011, Vehicle and Traffic Act 1999</u> 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.

Applicant name	
Signature	Date
If the applicant is not an individual, include position and autho	rity to sign of behalf of the applicant:
Witness name	
Signature	Date

## Submit Application

 $Submit\ your\ completed\ application\ form\ via\ email\ to\ \underline{operator.accreditation@stategrowth.tas.gov.au.}$ 

If at any stage you wish to withdraw your application, send a request to the above email address.

## **ENQUIRIES**

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

Phone 1300 135 513