**REQUEST FOR THE PROVISION OF A REGULAR**

**PASSENGER SERVICE (RPS)**

PTS507\_1

1. Personal information will be collected from you for the purpose of assessing eligibility for the possibility of a regular passenger service, and will be used by the Department of State Growth for assessing, advising upon, determining and managing the application and may be used for other purposes permitted by the *Passenger Transport Services Act 2011* and *Passenger Transport Services Regulations 2013*.
2. Failure to provide this information may result in your application not being able to be processed.
3. Your personal information will be used for the primary purpose for which it is collected, and may be disclosed to contractors and agents of the Department of State Growth, law enforcement agencies, courts and other organisations authorised to collect it.
4. Personal information will be managed in accordance with the *Personal* *Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to the Department of State Growth. You may be charged a fee for this service.

**Please Note: This request is not an application for an authorisation, if you wish to apply for an authorisation to operate a RPS you will need to fill in the *Application for Authorisation to Operate a Regular Passenger Service (PTS002-7F) Form*.**

**SECTION 1 - Applicant Name and Address Details**

Full Name

Postal Address Suburb State Postcode

Telephone Number Fax Number

Email Address

**SECTION 2 – Summary of Proposal**

Please supply a description of the proposed route including:

* the approximate departure/arrival times for the origin and destination

|  |  |
| --- | --- |
| **Proposed Route Description** | **Departure / Arrival times** |
| **AM** |  |
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| **PM** |  |
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*If insufficient space, please attach a separate sheet*

**SECTION 3 - Student Details**

If proposal is for a student service please provide details of students for whom the new or amended service is intended for.

Student details will be verified with the appropriate school.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Students Name** | **Residential Address** | **School Attending** | **Grade**  **(year)** | **Distance from home to school, or from home to nearest bus stop, which ever is least** |
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*If insufficient space, please attach a separate sheet*

**SECTION 4 - Proposed Service Frequency**

**Monday to Friday (52 weeks per year)**

**Monday to Friday (school days only)**

**Seasonal from**  / /200 **to** / /200 **OR Year Round**

**On selected days only:**

Monday Tuesday

Wednesday Thursday

Friday Saturday

Sunday

|  |  |
| --- | --- |
| Desired Commencement Date | |
|  |  |

|  |  |
| --- | --- |
| Full Name of Person nominated in Section 1 | |
|  |  |

I declare the information provided to be true and correct.

|  |  |  |
| --- | --- | --- |
| Signed | | Date |
|  |  |  |

**Please return form to:**

Passenger Transport Services Branch

Department of State Growth

GPO Box 1242

Hobart TAS 7001

Ph: 03 6166 3335

Fax: 03 6233 5377

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