



ACT
Government

Justice and Community Safety

TAXI SERVICE ACCREDITATION
APPLICATION FORMS

TAXI SERVICE ACCREDITATION APPLICATION FORM

Name in which accreditation is to be held

1. Details (in which the taxi service accreditation is to be held, e.g. for an individual, legal partnership or corporation)

(Each Director, office holder, partner or individual is required to complete this form)

Surname (Family Name)	Mr	Mrs	Ms	Miss	Other
First Names (Given Names)	Gender				
	Male <input type="checkbox"/> Female <input type="checkbox"/>				
Company / Trading Name	ABN:				
	ACN:				
Your Residential / Business Address (PO Boxes not accepted)					
Your Mailing Address					
Address and Telephone Number from which you will be operating					
Date of Birth		Place and Country of Birth			
Are you now or have you ever been known by another name ?					
<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please provide details below)					
Are you an: <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident					
Passport Number			Country Passport Issued		
Phone Number		Mobile Number		Fax Number	
Email address					

Note: If the application for accreditation is made by a corporation, then at least one of the directors of the company MUST remain a director of the company for the term of the accreditation

If the application for accreditation is made by a corporation, a copy of the certificate of incorporation/registration of business name and copy of ASIC certificate, detailing the nominated Directors and Office Holders must be provided. If the application is made by a partnership, a copy of the business certificate must be provided.

Drivers Licence Number	State Issued	Previous Licences held in Australia (licence number and State)
<p>Do you hold, or have you ever held, a Public Passenger Operator Accreditation in any other State or Territory?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please provide details below)		
<p>Have you ever been refused Taxi Operator Accreditation or other public passenger service accreditation in any other State or Territory?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please provide details below)		

Permanent Residential Addresses over the Last Five Years

If full details or previous addresses are unavailable details of Town(s) and States(s) will suffice (Attach a list if insufficient room)	If actual dates are unavailable, details of month and year of residence will suffice
Current	Period of residence / / to / /
	/ / to / /
	/ / to / /
	/ / to / /

(Each Director, office holder, partner or individual is required to complete this form)

2. Taxi Service Accreditation to provide taxi services for:

Standard Taxi

(a) *an operator of a taxi service who is permitted to operate a taxi service and the taxi is licensed pursuant to regulation 82(1)(a) of the Road Transport (Public Passenger Services) Regulation 2002; and/or*

Wheelchair Accessible Taxi

(b) *an operator of a taxi service who is permitted to operate a restricted taxi service and the taxi is licensed pursuant to regulation 82(1)(b) of the Road Transport (Public Passenger Services) Regulation 2002 as a wheelchair accessible taxi.*

(A.)

(B.)

Please tick the appropriate box.

3 Suitable Person Details.

(Each Director, office holder, partner or individual is required to complete this form)

- (1) Have you submitted a Police Criminal History Check Form?
YES NO
- (2) Do you fall within the category of a person or a corporation that is or has been placed in administration, liquidation or wound-up under an Australian or foreign law?
YES NO
- (3) Have you been disqualified from managing a corporation under an Australian or foreign law (including for example, the Corporations Act 2001, part 2D.6)?
YES NO
- (4) Have you been found guilty of an offence against section 209(3) of the Corporations Act – public company giving financial benefits to a related party?
YES NO
- (5) Have you been found guilty of an offence against part 5.8 of the Corporations Act – winding up of companies?
YES NO
- (6) Have you been found guilty of an offence against another Australian law or foreign law that corresponds to section 209(3) or part 5.8 of the Corporations Act?
YES NO
- (7) Have you been declared bankrupt in the last five (5) years under an Australian or foreign law, or been convicted of any civil offence under the Corporations Act 2001?
YES NO
- (8) Have you been the subject of a proceeding under section 588G or 592 (incurring of certain debts; fraudulent activity) of the Corporations Act 2001?
YES NO
- (9) Are there any charges pending against you for any criminal offences or have you been found guilty or convicted by a court in ACT or elsewhere of any criminal offence in the last ten (10) years?
YES NO
- (10) Are you disqualified under chapter 8 of the Road Transport (Public Passenger Services) Regulation 2002 from holding or applying for accreditation?
YES NO

(11) Have all the individuals, partners, directors, secretary or other office holders of the corporation individually completed the Suitable Person detail requirements at 3(1) to 3(11) to this application?

YES

NO

Name of applicant

Signature of applicant



4. Details of Taxi Service

All taxis to be used to operate the taxi service for taxi service accreditation must be indicated below:

Taxi Registration No.	Date of Manufacture	Registration Expiry Date	Owner of Plate

5. Public Vehicle Insurance Policy Details

Taxi Registration No.	Insurer	Date of Policy	Expiry Date

If insufficient space please attach a separate sheet.



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6. Financial Viability

STATEMENT AS TO FINANCIAL VIABILITY

To the Road Transport Authority (ACT)

I, _____
(Name of accountant/ banker)

of _____
(Address of accountant/ banker)

have assessed the financial records for the past three years for:

(Name of applicant/s)

and declare that the applicant for accreditation, whose name(s) appear above, has the financial capacity to operate a taxi service in such a way as to meet the required accreditation standards.

I have considered the applicant's adequacy of capital reserves, access to lines of credit or other financing instruments, access to adequate financial management skills/advice and the ability to meet all of the financial liabilities to operate a taxi service as they fall due.

I confirm that I am not currently and have not previously been an employee of the applicant.

Signature of accountant/banker

Dated this day of 201

Official Accountant Stamp & Number or

Official Bank Seal

The Road Transport Authority guarantees that a statement made in good faith by an accountant or bank manager will not make the accountant or bank manager liable, but liability will accrue against the accredited taxi service operator pursuant to the Road Transport (Public Passenger Services) Regulation 2002.

7. Taxi Service Operator Responsibilities.

As an operator of a taxi service you will need to ensure:

1. When arrangements are made for the bailment of the taxi, or employment of a taxi driver, such arrangements will bind those persons to your Accepted Service Standards and your affiliated accredited taxi network provider's rules and standards;
2. If applicable – that all taxi drivers employed or otherwise utilised for wheelchair accessible taxis are directed through the conditions of employment or bailment of the taxi, to respond and give priority to the disabled community;
3. Taxi drivers are made aware of their responsibilities under the Road Transport (Public Passenger Services) Regulation 2002;
4. You are affiliated with an accredited taxi network provider and abide by their rules and standards;
5. That when requested, you provide the Authority with specified information or a stated document that the Authority reasonably needs to decide your public passenger service operator application;
6. You are responsible for the operation of the public passenger service accreditation and cannot transfer responsibility to any other person or entity; and
7. That arrangements are made for another accredited operator to take responsibility for the taxi service during periods of temporary absence (see attached form).

I, _____ have read and understand the responsibilities 7 (1)
(Name of applicant)

to 7 (7) listed above.

(Name of applicant)

(Date)

Privacy Notice

The personal information provided in this application is collected to enable processing of your application to obtain taxi service accreditation. The lawful authority for collecting the information is the Road Transport (Public Passenger Services) Act 2001. The information may be disclosed to Commonwealth, Territory or State law enforcement agencies, transport authorities in other jurisdictions, Government agencies authorised by law, third party insurers or individuals or their agents.

8. Statutory Declaration

I, _____ do solemnly and sincerely declare that all information supplied in my application for taxi operator accreditation of _____ (date) and all attachments provided are complete and correct. I have read and understand the provisions of the Taxi Service Minimum Service Standards.

I am aware that it is an offence for any person, corporation or partnership to attempt to obtain an operator accreditation by false statement, misrepresentation or omission of details likely to affect such application, and a penalty of up to \$5,000 for an individual or \$25,000 for a corporation applies.

I will comply with the Road Transport (Public Passenger Services) Act 2001, associated regulations and accreditation conditions relevant to taxi operator accreditation. Further, I understand that failure to comply with the before mentioned requirements may result in my operator accreditation being varied, suspended or cancelled.

I understand that the Minimum Service Standards for taxi services may be varied by the Road Transport Authority and it is a condition of accreditation that I satisfy any amended requirements.

I make this solemn declaration by virtue of the Statutory Declarations Act 1959 as amended and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

Signature

Declared at _____

on the _____ day of _____ 2011

before me,

Each Director, office holder, partner or individual is required to complete this form.



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OPERATION OF ACT TAXI LICENCE

TAXI LICENCE TX _____

Licence Holder Details

Name _____
Address _____
Contact Number _____ Mobile _____

Taxi Operator

(person who will lease taxi from Taxi Licence Holder)
Accreditation Number _____
Name _____
Address _____
Contact Number _____ Mobile _____
Which affiliated Taxi Network will you operate under;
<input type="checkbox"/> Aerial Capital Group T/as Elite Taxis
<input type="checkbox"/> Aerial Capital Group T/as Silver Service
<input type="checkbox"/> Cabxpress
<input type="checkbox"/> Independent Taxi Operator

As the Taxi Licence Holder of the above taxi, I advise that the above nominated Taxi Operator will be leasing my taxi from _____ to _____. This operator has my authority to operate this taxi for ACT Taxi Service Accreditation under the *Road Transport (Public Passenger Services) Act 2001*.

Signature of Taxi Operator

Signature of Licence Holder

____/____/____

Date

9. Consent Form – RTA notification of taxi operator personal information.

Surname (Family Name)		
First Name/s (Given Name/s)		
Your Residential / Business Address (PO Boxes not accepted)		
Your Mailing Address		
Phone Number	Mobile Number	Fax Number
Intended Taxi Licence Numbers to be Operated		

I will be affiliated with one of the following Taxi Networks;

Aerial Capital Group T/as Elite Taxis Cabxpress
 Aerial Capital Group T/as Silver Service Independent

I will notify the Road Transport Authority of any changes regarding my affiliation with an Accredited Taxi Network provider.

I consent to the ACT Road Transport Authority:

1. notifying the Accredited Taxi Network provider which I am affiliated with, of the details for any vehicles used to operate my taxi service, and if my Taxi Service Accreditation is suspended, cancelled, or lapses for any reason details of the status of that Accreditation.
2. making available to the public, information regarding my taxi accreditation status, via the Authority's website or any other communication tool.
3. releasing information to Commonwealth, State or Territory law enforcement agencies, transport authorities in those jurisdictions, Government agencies authorised by law and insurance companies or their agents.
4. releasing information to third party insurers or individuals or their agents following a motor vehicle accident involving a taxi which I operate.
5. obtaining details of any matter, whether a conviction or not, which may be deemed relevant to this application.

Signature of applicant

Date

APPLICATION FOR POLICE CHECK

Application must be filled out in BLACK biro or typed

Name: _____ Other Names Used: (including maiden name) _____ Address: _____

This form must be lodged with the Road Transport Authority (see overleaf for details). This form may take up to six weeks for approval.

I wish to apply for a Police character check including information in support of my application for Accreditation.

TAXI NETWORK	TAXI OPERATOR	BUS OPERATOR	HIRE CAR OPERATOR
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This application is for: (please tick)

Gender: (please tick)

Original

Renewal

Male

Female

Date of Birth

Town/City of Birth

State/Country of Birth

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Licence Number

State/Country

Classes

Contact Phone Number

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Permanent Home Addresses

Please provide details of your permanent home addresses or home address for the last ten (10) years

ADDRESS If full details are unavailable Town/s & States will suffice	PERIOD OF RESIDENCE If actual dates unknown, years will suffice
Current	

Criminal Charge, Conviction or Pecuniary Penalties

1. Are you subject to any criminal charge(s) still pending before a court?
Y N
2. Do you have any conviction(s) or finding(s) of guilt which are less than ten (10) years old, or any juvenile conviction(s) or finding(s) of guilt which are less than five (5) years old?
Y N
3. Do you have any conviction(s) or finding(s) of guilt which are over ten (10) years old (or five (5) years for juvenile conviction(s) or finding(s) of guilt), where the sentence imposed was greater than six (6) months imprisonment?
Y N

If you answered YES to any of the above questions, please provide details overleaf.

Details of any court convictions (criminal & traffic) and findings of guilt (attach a separate sheet if necessary)

Date	Place	Nature of Offence	Penalty

STAFF IN CONFIDENCE

NO EXCLUSION

Consent to Obtain Personal Information

(For categories where NO EXCLUSION has been granted from spent convictions legislation). Complete with BLOCK LETTERS:

I, _____ hereby:

1. acknowledge that I have read the General Information provided with this form and understand that I do not have to disclose details of 'spent convictions';
2. certify that the personal information I have provided on all pages of this form relates to me and is correct;
3. consent to the AFP or other relevant Australian police force(s) an Australian Court of Law or Road Transport Authority extracting from its records details of traffic violations and/or criminal records relating to me, pending before a Court, and/or details of convictions or findings of guilt which have been recorded against me and which are not 'spent convictions' for the purposes of by the *Spent Convictions Act 2000*; and
4. acknowledge that any information provided by me on this form or by the police as a result of the records check may be taken into account by the Road Transport Authority in assessing my suitability to be accredited as an operator of public passenger service or as a taxi network provider.

Signature

Date

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A Police check is valid for six (6) months from the date of issue. The information sought on this form is required under the Road Transport (Public Passenger Services) Regulation 2002 to assess your application for Accreditation.

Requirements for Sending This Form

- This application must be filled out in black biro or typed.
- If there has been a change of names, then previous and current names MUST be included with this form (eg; Maiden, Deed Poll etc).
- Your signature must be no more than three (3) months old.
- Please check that all necessary details have been completed and that the form is signed.

PROCEDURE

Send the completed form to Road Transport with a cheque or money order for \$45.00 (fee subject to change without notice) made payable to The Commissioner, Australian Federal Police (AFP). Road Transport will lodge the form with the AFP. Forms must be sent to:

ROAD TRANSPORT, Public Transport Regulation, GPO Box 158 Canberra City ACT 2601

When the police check is completed it will be returned by the AFP to the Road Transport Authority.

A LEGIBLE COPY OF DRIVERS LICENCE OR PASSPORT MUST BE ATTACHED

POLICE RECORDS CHECK FOR APPLICATION FOR ACCREDITATION AS AN OPERATOR OF A PUBLIC PASSENGER SERVICE OR TAXI NETWORK PROVIDER

GENERAL INFORMATION

Persons applying for accreditation as an operator of a public passenger service or taxi network provider are required to provide to the Road Transport Authority (RTA) a statement of the applicant's criminal history supplied by the police.

The application for police check form is used to authorise the Australian Federal Police or an Australian Court to supply to the RTA details of an applicant's disclosable criminal and or traffic convictions. An applicant's disclosable criminal and or traffic convictions are considered by the RTA in assessing whether the applicant is a suitable person to hold accreditation. Unless statutory obligations require or provide otherwise, the information provided on this form will not be used without your prior consent for any purpose other than in relation to the assessment of your suitability for accreditation.

POLICE RECORDS CHECK

On this form you are asked to disclose whether you are the subject of any criminal charges including traffic violations still pending before a Court, or whether you have been the subject of criminal or traffic convictions or findings of guilt before a Court. You are not required to reveal any convictions, which are 'spent convictions' under the *Spent Convictions Act 2000*.

This form must be forwarded to the Road Transport together with a cheque for the required amount (made payable to the Australian Federal Police), and you are asked to consent to:

- (a) the AFP disclosing criminal history information from its own records to the Road Transport Authority for your entitlement;
- (b) the AFP accessing the records of any State/Territory Police Forces and to obtain any criminal or traffic violation history information which in turn would be disclosed to the Road Transport Authority
- (c) an Australian Court of Law disclosing information from its own records in relation to criminal offences to the Road Transport Authority for assessing your entitlement; and
- (d) a Road Transport Authority disclosing details of your traffic violations from its records.

SPENT CONVICTIONS

Generally, persons are required to disclose, and no account may be taken of, a 'spent conviction'. However, if you are to be employed or engaged in work which provides a service for children, older people or people with a disability, such as the provision of public passenger services, you are required to disclose all convictions.

Convictions:

- for which a prison sentence of longer than 6 months is imposed;
- for a sexual offence; and
- of a corporation;

can never become spent

All other convictions become spent on completion of the relevant crime free period. If a person was convicted of an offence as an adult, upon the completion of a crime free period of 10 consecutive years; i.e. a period during which the person was not in prison because of conviction for an offence, convicted of an offence punishable by imprisonment, subject to a convict order or unlawfully at large, the conviction becomes spent.

The relevant crime free period for a person who was dealt with as a juvenile in relation to the offence is five years.

An individual who believes the standards dealing with disclosure and use of conviction information have been breached may apply to the Privacy Commissioner for an investigation of the matter. The address is GPO Box 5218, SYDNEY NSW 2001.

PROVISION OF FALSE OR MISLEADING INFORMATION

You are asked to certify that the personal information you have provided on this form is correct. If it is subsequently discovered, for example as a result of a check of police records that you have provided false or misleading information, this may be taken into account in the assessment of your suitability to be accredited.