Fault Notification Report - Security Camera System



- This form is to be completed by the registered taxi / minibus operator.
- Email the completed form to the Commercial Passenger Vehicles Branch at cpv.compliance@nt.gov.au
- A copy of the fault notification report and approved exemption must be kept in the operating vehicle until the repair is complete.
- It should be noted that if repairs are not effected within seven days a further application form is to be lodged to cover a subsequent period.

Part 1 - Operato	or Details		
Surname or Company		Given Names	
Operator Accreditati	on Number Contact Number	Email	
Residential Address		Postal Address (in	f different to residential)
State	Postcode	State	Postcode
Part 2 – Applica	tion for Exemption (mark	X in hoves where applicable	1
	tion for Exemption (mark	M III boxes where applicable	1
Fault Information			
Camera	Wiring Switch	Other Pleas	e specify
Control Unit	Wiring Switch	า	
Details of replacem	ent parts ordered		
T :/\4: !! D :			
Taxi/ Minibus Det	<u>tails</u>		
Registration Number	er Commercial Vehi	cle Licence Number	Region
A) - Complete for C	One-Off Period up to a maxim	um of 7 days	
Date of original fa	ault St	art date	End date
	Notice Period		То
B) - Complete for S	Subsequent Period or Period g	reater than 7 days – F	Part 5 and 6 applies
Date of original fa	ault St	art date	End date
	Notice Period		То





Part 3 - Authorised Installer/Repairer Details

Con	mpany / Trading Name			
Tec	hnician Name		Contact Phone Number	
Part	t 4 - Network Support of Ap	plication (Ne	twork Director or Manager to complete)	
I, (N	lame)			Director
/ M	anager of taxi / minibus network			
(Co	mpany) operating in the taxi / minibu	s area of	support the	applicant's request
for	an exemption to operate the taxi / mir	nibus as identific	ed in Part 2 of this application, fo	or the period applied
for.				
Net	work Director/Manager Signature		Date	
Pari	t 5 – Security Camera Assess	ment by an	Authorised Person (Autho	rised Installer/Renairer)
	PORTANT: This Part MUST be comp	-		
			-	-
	mpany) hereby declare that:		(Name) 01	
(a)	I meet the requirements of an Au CPV28),	ıthorised Perso	on for this Part (as defined in l	nformation Bulletin
(b)	I have conducted an assessment of	the security ca	amera system for taxi / minibus	registration number;
	, on	(day)	(month)	(year); and
(c)	I have attached to this document a	detailed report	t of my findings.	
Aut	horised Person's Signature		Date	
Part	t 6 - Supporting Documents			
<u>IMI</u>	PORTANT: Documents MUST be prov	vided for applic	cation period totalling more than	7 days.
	I have attached to this application camera system will be repaired durin		_	nat the security
	I have attached to this application a system.	receipt for pa	rts necessary for the repair of	the security camera



Part 7 - Operator Declaration

Privacy Statement

The Director of Commercial Passenger (Road) Transport and Registrar of Motor Vehicles is required to collect information for any licences or authorisations held under the Commercial Passenger (Road) Transport Act 1991 and Motor Vehicles Act 1949. The Director/Registrar adheres to the Information Privacy Principles and the Information Act 2002.

Unattested Declaration

I declare that I am the registered operator (or agent*) of the taxi / minibus as specified in Part 2 of this application, and that:

- 1. The security camera system installed in the taxi/minibus (details stated above), is not, or will not be, fully operational during the stated notice period because it is undergoing maintenance or repairs and that a copy of this notice is kept in the taxi/minibus during the notice period;
- 2. This notice has been given to the Director of Commercial Passenger (Road) Transport;
- **3.** I have explored all reasonable avenues in regards to the timely repair of the security camera system and the vehicle's replacement with a substitute taxi / minibus;
- 4. I agree to comply with all conditions of any approval issued in respect to this application;
- **5.** I consent to this information being shared between the Registrar of Motor Vehicles and Director of Commercial Passenger (Road) Transport;
- **6.** I further consent to this information being shared with any Communications and Dispatch Network or operator approved to operate in the Northern Territory for the purpose of validation of personal and vehicle details, including currency of authorities to operate a commercial passenger vehicle; and
- 7. I have read the privacy statement on this application and I declare that all the information provided in this application is true and correct. Making a declaration knowing it is false in a material particular is an offence for which you may be fined or imprisoned.

Declared at	t	he	day of	 20	
Operator's Name (please print)	:			 	
Operators Signature:				 	

Contact Details - Commercial Passenger Vehicles Branch		
Telephone	08 8924 7580	
Email	cpv.compliance@nt.gov.au	
Web	www.nt.gov.au	
Postal Address	GPO Box 2520 Darwin NT 0801	
Office Location	Level 2, Energy House 18-20 Cavenagh Street, Darwin NT 0800	

