



Request for Driver Authority Details - Mutual Recognition Application

To: ACT / NSW / QLD / SA / TAS / VIC / WA / NZ (Please Circle) Date sent:
Please send reply to: Contact number:

If there are further local requirements in your jurisdiction please attach details and/or more information not covered in this form.

I consent to the making of enquiries and exchange of information about my Driver Authority in (Jurisdiction) for the purpose of applying for Hire or Reward ("h") Endorsement and/or Commercial Passenger Vehicle Identity (CPVID) Card in the Northern Territory under the Mutual Recognition (Northern Territory) Act and/or the Trans - Tasman Mutual Recognition Act.

Applicant's signature: Date signed:
Applicant's full name: Date of birth:
Driver Authority number (if applicable): Driver licence number:

Driver Authority Details

Does the applicant hold an open Driver Authority in your jurisdiction? Yes / No If no, specify details or attach more information:

Status:
Current / Expired / Suspended / Cancelled / Transferred Interstate
First issue date:
Expiry date:

Specify type(s) of Driver Authority held:

Details of Conditions / Complaints / Convictions

Are there any conditions and/or restrictions placed on this Driver Authority?
Yes / No If yes, specify details or attach more information:

Are there any previous or pending actions in relation to this Driver Authority?
Yes / No If yes, specify details or attach more information:

Are there any releasable criminal and/or traffic convictions against this applicant?
Yes / No If yes, specify details or attach more information:

Most recent National Police Clearance date:

Are there any complaints (including previous and pending) against this applicant?
Yes / No If yes, specify details or attach more information:

Medical Assessment Details

Are there any medical conditions in relation to this Driver Authority?
Yes / No If yes, specify details or attach more information:
Most recent medical assessment date:
Medical assessment expiry date:

English Assessment and Training Details

Has the applicant satisfactorily completed the (Taxi) English assessment based on the national standard?
Yes / No / Not applicable (If not applicable, specify reason):
If yes, English assessment date:

Has the applicant satisfactorily completed driver training based on the national framework?
Yes / No / Not applicable (If not applicable, specify reason):
If yes, training completion date:
Training Provider details:

- Units of Competency completed (including previous equivalent Units):
All of below
Drive taxicab
Provide wheelchair accessible taxi services to passengers with disabilities
Use communication systems in a taxicab
Identify major roads, services and attractions
Provide taxicab customer service
Complete induction to the transport industry
Carry out financial transactions and maintain records
Comply with safety and security procedures

OFFICE USE ONLY:
User ID: Date received: