

Taxi and Minibus Security Camera Certification

I, (Authorised Person)

of (Company/Business Name)

Pursuant to my powers as an *Authorised Person*, declare that I have installed and tested or inspected the on-board system fitted to the vehicle described below, in accordance with the requirements of the *Northern Territory Taxi and Minibus Security Camera Specifications (Specifications)*.

☐ **New Camera Installation**

 ☐ **Camera Re-Installation**

 ☐ **Annual Inspection**

Taxi/Minibus Registration Number		
Vehicle Make		
Vehicle Identification Number (VIN)		
On-board System Make and Model		
On-board System Serial Number		
Number of cameras fitted in accordance with Specifications	Internal No:	External (if fitted) No:
Security camera system signs fitted in accordance with Specifications	Yes / No	Yes / No
Privacy Information signs fitted in accordance with the <i>Northern Territory Taxi and Minibus Operational Requirements</i>	Yes / No	Yes / No
Resolution and clarity of images tested in all lighting conditions.	Yes / No	Yes / No

Comments:

Signed:.....

Date: / / 20

Name:.....

Unique Seal Code:.....

Office Use Only

Inspector Signature Inspector number..... Date / /20

Email this completed form to Commercial Passenger Vehicles at cpv.compliance@nt.gov.au or mail to GPO Box 2520, Darwin NT 0801.

For enquiries regarding taxi security camera certification please telephone (08) 8924 7580.