

# Application to Operate a Standard Substitute Taxicab for a Multi-Purpose Taxicab (MPT)

**CPVF36**

## Part 1 – Applicant Details

Surname

Given Name(s)

Residential Address  
  
 .....  
 .....  
 .....

Department Ref:

Date of Birth  Operator Number

Contact Telephone Number  
 ( )

Postal Address (if different to residential)  
  
 .....  
 .....  
 .....

## Part 2 – Application for Approval (mark in boxes where applicable)

a)  Application for approval to operate MPT number  TAXI -  CVL Number   
 as a Standard Taxi  as Standard Substitute Taxi  \*Sub Taxicab Number  SUB -  For the period:  
 Start Date  /  /20 To End Date  /  /20 Total number of Days

b)  Application to extend existing approval, number  To End Date  /  /20

\*If substituting an MPT with a standard substitute taxicab, the registration number of the substitute taxicab must be included

**NOTE:** Complete this Part ONLY when applying for retrospective approval of 4 days or less

## Part 3 – Vehicle Assessment by an Authorised Person (Vehicle Assessor to complete)

I (Name) \_\_\_\_\_ of \_\_\_\_\_ (Company)  
 hereby declare that:

- (a) I meet the requirements of an Authorised Person for this Part (as defined in Information Bulletin CPVF36);
- (b) I have conducted a mechanical assessment of the vehicle, registration number –  
 TAXI \_\_\_\_\_ on \_\_\_\_\_ (day) \_\_\_\_\_ (date); and
- (c) I have attached to this document a detailed report of my findings.

.....  
 Authorised Person's Signature

.....  
 Date

**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 and Motor Vehicles Act. The Director/Registrar adheres to the Information Privacy Principles and the Information Act.

## Part 4 – Network Support of Application (Network Director or Manager to complete)

I (name) \_\_\_\_\_ of taxi network \_\_\_\_\_ (Company)  
 operating in the taxi area of \_\_\_\_\_, support the applicant's request to operate the MPT licence (CVL) as identified in Part 2 of this application as a standard taxicab licence, for the period applied for.

I have read the above privacy statement and that all information I have provided in this application is true and correct. I consent to this information being shared between the Registrar of Motor Vehicles and Director of Commercial Passenger (Road) Transport. Note: Making a declaration knowing it is false in a material particular is an offence for which you may be fined or imprisoned.

.....  
 Network Director's Signature

.....  
 Date



## Part 5 – Supporting Documents *(Operator to complete)*

- I have attached to this application a letter or report from a suitably qualified person or business regarding the vehicle condition.
- I have attached to this application a letter from a licensed repairer stating that the vehicle will be repaired during the period being applied for.
- I have attached to this application a receipt for parts necessary to the repair of the vehicle.

## Part 6 – Operator Declaration

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

- I have explored all reasonable avenues regarding the repair of the taxi and its replacement with a wheelchair accessible substitute taxi;
- I have contacted all known wheelchair clients having regular bookings with my MPT and have arranged for alternate transport for these passengers during the period of exemption applied for;
- I agree to pay any difference in commercial vehicle licence (CVL) fees that may be applicable;
- I agree to comply with all conditions of any approval issued in respect to this application;
- I have read the privacy statement and declare all information provided on this application is true and correct; and
- I consent to the information in this application being shared between the Registrar of Motor Vehicles and Director of Commercial Passenger (Road) Transport. I further consent to the information in this application being shared with any Communications and Dispatch Network 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. Note: Making a declaration knowing it is false in a material particular is an offence for which you may be fined or imprisoned.

Operator's Name *(please print)*

Operator's Signature

Date

\*If signed by the operator's agent, the application must be accompanied by a letter of authority signed by the operator.

**A copy of the approved application must be kept in the operating vehicle at all times.**

### Office Use Only

	Yes	No		Yes	No
Initial Application for Approval	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle inspected within last 12 months	<input type="checkbox"/>	<input type="checkbox"/>
Application for an extension	<input type="checkbox"/>	<input type="checkbox"/>	All relevant information attached	<input type="checkbox"/>	<input type="checkbox"/>
Application period less than 7 days	<input type="checkbox"/>	<input type="checkbox"/>	CVLs current for period applying for	<input type="checkbox"/>	<input type="checkbox"/>
Application received retrospectively	<input type="checkbox"/>	<input type="checkbox"/>	Difference in CVL fees paid	<input type="checkbox"/>	<input type="checkbox"/>

Date application received

Date assessed

Fees Paid

\*Recommend Approval Period from Start Date

to End Date

Receipt #

Assessed reason for exemption *(Main vehicle fault)* .....

Assessed by *(Title)*

Signature

User ID

As (delegate of the) Director of Commercial Passenger (Road) Transport, I hereby **approve** / **do not approve** the vehicle operating under the CVL number \_\_\_\_\_ to operate as a standard taxi for the \*Recommended Approval Period as specified above, and in approving I exempt the operator from the requirements:

- of the licence (CVL) condition to provide a priority service to passengers in wheelchairs; and
- from the provision of Part 13 of the Northern Territory Taxi In-service Maintenance Standards

(delegate of the) Director Commercial Passenger (Road) Transport

Signature

Date