

CPVF36 – Application to substitute a wheelchair accessible taxi or minibus

CPV reference number: _____

Part 1 - Applicant details						
Surname				Operator number		
First name				Date of birth	/	/
Phone number		Email address				
Residential address				Postcode		
Postal address				Postcode		
Part 2 - Vehicle details						
<i>*include substitute vehicle registration number when substituting a wheelchair accessible vehicle with a standard substitute vehicle</i>						
A) <input type="checkbox"/> Apply to operate taxi/minibus, registration number _____, CVL number _____, as a						
<input type="checkbox"/> standard vehicle; or a <input type="checkbox"/> standard substitute vehicle				*Substitute vehicle registration		
Period	Start date		End date		Total number of days	
B) <input type="checkbox"/> Apply to extend existing approval						
			CPV reference number			
Period	Start date		End date		Total number of days	
Part 3 – Vehicle assessment by an Authorised Person						
Name				Company		
a) I solemnly and sincerely declare that I have read the privacy statement and all the information provided is true and correct; b) I meet the requirements of an Authorised Person for Part 3 as defined in Information Bulletin CPV36; c) I have conducted an assessment of the vehicle recorded below on the date recorded below; and d) I have attached to this application a detailed report of my findings.						
Registration number		On this date	DAY	MONTH	YEAR	
Signature		On this date	DAY	MONTH	YEAR	
Part 4 – Network support (Network director or manager to complete)						
Name				Network		
a) I support the applicant’s request to operate the wheelchair accessible vehicle licence as identified in Part 2 of this application as a standard taxi/minibus licence for the period applied for; and b) I solemnly and sincerely declare that I have read the privacy statement and all the information I have provided in Part is true and correct.						
Declared at		On this date	DAY	MONTH	YEAR	
Full name				Signature		

Part 5 – Supporting documents

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 taxi/minibus specified in Part 2 of this application, and:

1. I have explored all reasonable avenues regarding the repair of the taxi/minibus and its replacement with a wheelchair accessible substitute taxi/minibus;
2. I have contacted all known wheelchair clients having regular bookings with my taxi/minibus and have arranged for alternate transport for these passengers during the period of exemption applied for;
3. I agree to pay any difference in commercial vehicle licence (CVL) fees that may be applicable;
4. I agree to comply with all conditions of any approval issued in respect to this application;
5. I have read the privacy statement and declare all information provided on this application is true and correct; and
6. 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			^Signature			
Declared at		On this date	DAY	MONTH	YEAR	

[^] 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.

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*.

Office use only

<input type="checkbox"/> Initial application for approval	<input type="checkbox"/> Application for extension	<input type="checkbox"/> Application received retrospectively	
<input type="checkbox"/> CVLs current for period applying for	<input type="checkbox"/> Difference in CVL fees paid	<input type="checkbox"/> Application period less than 7 days	
Date application received		Date assessed	
*Recommended approval period from start date		To end date	
Fees paid		Receipt number	
Assessed reason for exemption			
Assessed by (User ID)		Signature	

As (Delegate of the) Director of Commercial Passenger (Road) Transport, I hereby **approve / do not approve** the vehicle endorsed on the CVL number _____, to operate as a standard taxi/minibus for the *recommended approval period as specified above, and in approving, I exempt the operator/driver from the requirements;

- a) Of the CVL condition and driver code of conduct to provide a priority service to passengers in wheelchairs; and
- b) From the provisions of Part 13 of the Northern Territory taxi and minibus In-Service Maintenance Standards.

(Delegate of the) Director CP(R)T (Name)	Signature	Date
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