

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

### Part 1 – Applicant Details

Surname <input style="width: 95%;" type="text"/>	Date of Birth <input style="width: 95%;" type="text"/>	Operator Number <input style="width: 95%;" type="text"/>
Given Name(s) <input style="width: 95%;" type="text"/>	Contact Telephone Number/s <input style="width: 95%;" type="text"/>	
Residential Address <div style="border: 1px solid black; padding: 2px; min-height: 60px; text-align: center; font-size: small;">..... ..... ..... .....</div>	Postal Address (if different to residential) <div style="border: 1px solid black; padding: 2px; min-height: 60px; text-align: center; font-size: small;">..... ..... ..... .....</div>	

### 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

### Part 4 – Network Support of Application (Network Director to Complete)

I \_\_\_\_\_(Name) director / manager 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.

.....  
 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; and
- I hereby acknowledge that all details in this application are true and correct.

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.**

**Privacy Statement:** The Registrar of Motor Vehicles is required to collect information for Registrations, Licenses and Permits under section 92 of the *NT Motor Vehicles Act*. The Registrar adheres to the Department of Transport's Privacy Statement and the *Information Act*. Further information on privacy can be found at <http://www.transport.nt.gov.au>

### Office Use Only

	Yes	No		Yes	No
Initial Application for Approval	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle inspected within last 6 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:

- (a) of the licence (CVL) condition to provide a priority service to passengers in wheelchairs; and
- (b) from the provision of Part 12 of the Northern Territory Taxi In-service Maintenance Standards

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

Signature

Date