

## Fault Notification Report - Security Camera System

To be completed by Taxi / Minibus Operator: Operator **to retain** one copy in vehicle until repair is complete. Fax one copy to Commercial Passenger Vehicles – **8924 7585**. (Available 24 Hours/Day) or Email form to – **rtcpv@nt.gov.au**

### Part 1 – Operator Details

Full name

Operator Accreditation number

Residential address

	Postcode
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### Part 2 – Application for Exemption (mark X in boxes where applicable)

#### Fault information

Camera	<input type="checkbox"/>	Wiring	<input type="checkbox"/>	Switch	<input type="checkbox"/>	Other >	<input type="checkbox"/>	Please specify	<input style="width: 150px;" type="text"/>
Control unit	<input type="checkbox"/>	Wiring	<input type="checkbox"/>	Switch	<input type="checkbox"/>				

Details of replacement parts ordered (if applicable)

.....

.....

#### Taxi / Minibus details

Registration number	Commercial Vehicle Licence number	Taxi/Minibus Area
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

#### A) – Complete for One-Off Period up to a maximum of 7 days

Date of original fault	Notice Period	Start date	To	End date
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>

#### B) – Complete for Subsequent Period or Period greater than 7 days – Part 5 and 6 applies

Date of original fault	Notice Period	Start date	To	End date
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>

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**IMPORTANT: This Part MUST be completed.**

**Part 3 – Authorised Installer/Repairer details**

Company/Trading name

Technician name

Contact phone number

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**IMPORTANT: This Part MUST be completed.**

**Part 4 – Network Support of Application** (Network Director to complete)

I \_\_\_\_\_(Name) director / manager of taxi / minibus network

(Company) operating in the taxi / minibus area of \_\_\_\_\_support the applicant's request for an exemption to operate the taxi / minibus as identified in Part 2 of this application, for the period applied for.

.....  
Network Director's Signature

.....  
Date

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**IMPORTANT: This Part MUST be completed for application period totalling more than 7 days.**

**Part 5 – Security Camera Assessment by an Authorised Person** (Authorised Installer/Repairer)

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

(a) I meet the requirements of an Authorised Person for this Part (as defined in Information Bulletin CPV28),

(b) I have conducted an assessment of the security camera system for taxi / minibus registration number –

\_\_\_\_\_ on \_\_\_\_\_(day) \_\_\_\_\_(date); and

(c) I have attached to this document a detailed report of my findings.

.....  
Authorised Person's Signature

.....  
Date

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**IMPORTANT: MUST be provided for application period totalling more than 7 days.**

## Part 6 – Supporting Documents

- I have attached to this application a letter from an Authorised Person stating that the security camera system will be repaired during the period being applied for.
- I have attached to this application a receipt for parts necessary for the repair of the security camera system.
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**IMPORTANT: This Part MUST be completed.**

## Part 7 – Operator Declaration

### Unattested Declaration

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

1. The Security Camera System installed in the taxi/minibus (details stated above), is not, or will not be, fully operational during the stated notice period because it is undergoing maintenance or repairs and that a copy of this notice is kept in the taxi/minibus during the notice period;
2. This notice has been given to the Director of Commercial Passenger (Road) Transport;
3. I have explored all reasonable avenues in regards to the timely repair of the security camera system and the vehicle's replacement with a substitute taxi / minibus;
4. I agree to comply with all conditions of any approval issued in respect to this application; and
5. I hereby acknowledge that all details in this application are true and correct.

**NB: It should be noted that if repairs are not effected within 7 days a further form is to be lodged to cover a subsequent period).**

I/We declare, by virtue of 23D of the *Oaths Act*, the information provided is true and correct in every particular.

**Note: A person wilfully making a false declaration is liable to a penalty of \$2000 or imprisonment for 12 months, or both.**

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 fault notification report and approved exemption must be kept in the operating vehicle at all times.**

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**Privacy Statement:** The Director of Commercial Passenger (Road) Transport is required to collect information for any licences or authorisations held under the *Commercial Passenger (Road) Transport Act*. The Director adheres to the Department's Privacy Statement and the *Information Act*. Further information on privacy can be found at: <http://www.transport.nt.gov>

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