

APPLICATION TO REGISTER A COMMERCIAL PASSENGER SERVICE



To be completed by organisations or individuals intending to provide a commercial passenger service to/from or within the Northland Region, on or after 1 July 1991.

Private Bag 9021
Whangarei 0140
Ph: 09) 438 4639
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FORM A

Operator Details	
Name of Company or Organisation (or Name of Individual if not a Company)	
Trading Name:	
Postal Address:	
Street Address (if different from above):	
Name and title of person to whom the correspondence should be addressed:	
Telephone Number:	Fax Number:
Service Summary	
Vehicles to be used:	Bus* <input type="checkbox"/> Ferry <input type="checkbox"/> Train <input type="checkbox"/> Van** <input type="checkbox"/> Car <input type="checkbox"/>
	Other (state):
*Large passenger service vehicle. **Small passenger service vehicle other than a car.	
Service to be offered:	Scheduled <input type="checkbox"/> Non-Scheduled <input type="checkbox"/>
Proposed Date of Commencement:	
Do you hold a Passenger Service Licence(s)? (Secs 8 and 9, T.S.L. Act)	Yes <input type="checkbox"/> Details: _____ No <input type="checkbox"/>
Do you hold a Certificate of Knowledge of Law and Practice? (Secs 18, T.S.L. Act)	Yes <input type="checkbox"/> Details: _____ No <input type="checkbox"/>
Details of Scheduled Services	
Route Description:	
Service to operate between the following terminal points: A: B:	
Roads/Streets to be used:	
Main intermediate points along the route:	

Attach schedules, etc to describe the following:			
1. Route description	4. Fare Schedule		
2. Stopping places....	5. Route (supply map if available)		
3. Timetable			
Declaration: I declare to the best of my knowledge the information I have given is true and correct.			
Signed:		Date:	
Official Use Only			
Registration Number:	Receipt: Date: Acknowledged: Date: Initials:	Receipt: Date: Acknowledged: Date: Initials:	Receipt: Date: Acknowledged: Date: Initials:
Notes:			
Date Service Entered in Register:		Confirmed Service Commencement Date:	
Details of Non-Scheduled Services			
Type of Service:			
Primary Operating Area:			
Hours of Operation:			
If the service is to use small passenger service vehicles, state whether the operator is an approved taxi organisation (See Sec. 20 Transport Services Licensing Act 1989). <div style="text-align: right;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>			
No. of Vehicles to be operated:			
No. of Passenger Service Licence holders:			
Fare Schedule (to be attached):			
Other Information:			
Declaration: I declare to the best of my knowledge the information I have given is true and correct.			
Signed:		Date:	
Official Use Only			
Registration Number:	Date of Receipt: Date Acknowledged: Initials:	Accepted/Declined: Date: Initials:	Applicant Informed: Date: Initials:
Notes:			
Date Service Entered in Register:		Confirmed Service Commencement Date:	