

Application for a Wheelchair Accessible Taxi-cab (WAT) Licence

Part A – Individual

To be completed where the licence will be/is held by an individual. Do not complete Part A if the licence is to be held by a company or partnership.

Mr Mrs Ms Miss Other: _____

Surname (family name)

First names (given names)

Mailing address

 Postcode

Residential address (PO Boxes not accepted)

 Postcode

Phone number

Fax number

Mobile number

Email address

Part B – Corporation

To be completed where the licence will be/is held by a corporation. Do not complete Part B if the licence is to be held by an individual or partnership.

Corporation name

Company / corporation Australian Business Number (ABN)

State incorporated

Phone number (office hours)

Registered office address

 Postcode

Mailing address

 Postcode

Email address

Nomination of manager/s or director/s

Must be completed by the nominated manager/director. Do not complete this part if the licence is to be held by an individual or partnership.

Mr Mrs Ms Miss Other: _____

Surname (family name)

First names (given names)

Date of birth

Residential address (PO Boxes not accepted)

 Postcode

Position held in company

Phone number (office hours)

Phone number (after hours)

Mobile number

Enrolment Processing Unit

Level 4, 16 - 18 Wentworth Street Parramatta NSW 2150
Locked Bag 5085 Parramatta NSW 2124

www.transport.nsw.gov.au | T 1800 227 774 | T 02 9689 8888 | F 02 9689 8813 | E licensing@transport.nsw.gov.au

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Part C – Partnership

To be completed where the licence will be/is held by a partnership. Do not complete Part C if the licence is to be held by an individual or corporation.

Partnership name

Operations address

Mailing address

Phone number

Fax number

FIRST PARTNER DETAILS

Mr Mrs Ms Miss Other: _____

Surname (family name) of first partner

First names (given names)

Date of birth

Address

Phone number (office hours)

Phone number (after hours)

Mobile number

SECOND PARTNER DETAILS

Mr Mrs Ms Miss Other: _____

Surname (family name) of second partner

First names (given names)

Date of birth

Address

Phone number (office hours)

Phone number (after hours)

Mobile number

Part D – Details of vehicle operations

To be completed by all applicants.

1. Will you control and manage the operation of the taxi-cab?

Yes No

▶ If no, please nominate the operator below:

Name

Operator accreditation number

Signature of nominated operator

- 1a. Name of proposed taxi network or current taxi network

2. What area are you applying for/operating in

Sydney Newcastle Wollongong

Country (please specify):

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3. Who do you propose will drive the WAT vehicle:

- Drive myself Bail drivers
 Drive myself and bail the taxi to drivers

4. For existing WAT licence operators, a current Workers Compensation Insurance Policy is required if you have bailee driver/s.

Do you have bailee drivers? Yes No

IMPORTANT: If yes, you must attach a copy of the policy or Certificate of Currency.

5. Please provide details of the proposed drivers:

Driver 1 – Name

Driver authority number

Driver 2 – Name

Driver authority number

Driver 3 – Name

Driver authority number

Driver 4 – Name

Driver authority number

Driver 5 – Name

Driver authority number

Driver 6 – Name

Driver authority number

6. Are the above drivers authorised to drive WAT vehicles?

- Yes No

▶ If no, explain why:

7. **New Applications Only** – Please provide details of the proposed vehicle you intend to use as a WAT vehicle:

A current engineers report or VSCCS compliance certificate from a [VSCCS licensed certifier](#) which verifies that the vehicle to be operated under this licence as meeting the necessary WAT criteria, will need to be provided if your application is approved. Please note you will not be issued a WAT licence until Roads and Maritime Services receives an appropriate engineers report or VSCCS compliance certificate.

The Wheelchair Accessible Taxi Measurement Protocol can be found [here](#).

Registration number (if known)

Make and model of vehicle

Year	Shape	Wheelchair capacity
<input type="text"/>	<input type="text"/>	<input type="text"/>

8. If the application is approved nominate which NSW to reserve the plates from: *(select one)*

- Auburn Botany

9. If applying for a WAT licence in Sydney, you must meet with Zero 200, the wheelchair accessible taxi booking service, to discuss service level requirements and WAT driver radio hiring procedures. You will also be given a copy of the Zero 200 handbook.

Zero 200 will provide a letter to Roads and Maritime, confirming that you have attended the meeting and that you have been made aware of the Zero 200 requirements and procedures.

Please call Zero 200 on **9020 2222** to make an appointment.

Please include this letter with your application.

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Part E – Privacy statement

We are collecting your personal and health information in connection with your application for an operator accreditation under the *Passenger Transport Act 1990* and may retain and use it for the purposes of that Act and for driver licensing, motor vehicle, road transport or road safety purposes. Providing this information is voluntary but we may refuse your application unless you do so.

We may disclose your personal information and health information in order to verify it and to assess your application. We may disclose your personal information in respect of motor accidents enquiries and to other driver licensing and vehicle registration agencies. We may also disclose your personal information where relevant to accredited private hire vehicle operators, accredited taxi-cab operators, authorised taxi-cab network providers and also to Transport for NSW in connection with the administration of the *Passenger Transport Act 1990*. Otherwise we will not disclose your personal or health information without your consent unless authorised by law.

This Privacy Statement also applies in respect of your personal and health information we may subsequently collect in relation to your operator accreditation. Your personal and health information will be held by Roads and Maritime Services at 20-44 Ennis Road, Milsons Point NSW 2061 and generally you can contact us to access or correct it.

Part F – Applicant declaration and authority for collection and disclosure of information

I declare that:

- I have read and understood all the information and questions on this form and the information provided by me are, to the best of my knowledge, true, correct and accurate in every detail.
- I am aware that any person who attempts to obtain a WAT licence by false statement, misrepresentation or omission of details likely to affect such application, shall be guilty of an offence and shall be liable to a penalty of up to \$2,200 and any authority issued may be cancelled.
- I will comply with the *Passenger Transport Act 1990*, associated regulations and conditions relevant to a network authority and understand that failure to do so may result in my authority being suspended, cancelled or varied.
- I will ensure that all taxi-cab drivers driving the WAT attached to this WAT licence (if approved) will accept hirings offered by persons using wheelchairs in preference to hirings offered by persons not using wheelchairs.
- I am aware there are penalties in place for drivers of WATs that do not give preference to a person using a wheelchair.

I consent for Roads and Maritime Services to obtain any information it requires to determine whether to grant, renew or cancel my network authority and to assess whether I am a fit and proper person and of good repute. This may include (but is not limited to) complaints, charges, convictions, traffic infringements and driver licence suspensions and cancellations. I consent to third parties (including but not limited to police, judiciary and licensing authorities) releasing that information to Roads and Maritime Services. This consent continues and may not be revoked by me so long as I hold (or apply for) a network authority or while any legal action is proposed against me in respect of a network authority including a suspended, cancelled or expired authority.

Name

Signature

Date

Checklist

- Completed application
- Letter from Zero 200 confirming WAT performance and awareness of Zero 200 requirements and procedures

OFFICE USE ONLY

Customer or accreditation number

Previous licence number

Taxi plate number

Expiry date

Receipt number

Notes

Recommended by

Date

Approved by

Date