



## PARTNERS/TRUSTEES

Details of all partners and trustees are required (please print and complete additional copies of this page if necessary)

### PARTNER/TRUSTEE 1 - INDIVIDUAL (WHERE APPLICABLE)

FAMILY NAME

FIRST NAME

OTHER NAME/S

DATE OF BIRTH

 /  / 

GENDER

<input type="checkbox"/>	Female
<input type="checkbox"/>	Male
<input type="checkbox"/>	X (Supporting documents required when gender X is selected, refer to DoT website)

RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

  

SUBURB

STATE

 POST CODE 

POSTAL ADDRESS (IF DIFFERENT TO ABOVE ADDRESS)

  

SUBURB

STATE

 POST CODE 

PHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

### PROOF OF IDENTITY

Each Partner/Trustee must provide proof of identity. Do you have a WA driver's licence?

<input type="checkbox"/>	Yes, please provide your driver's licence number below
<input type="checkbox"/>	No - you must provide proof of identification documentation. Refer to the 'On-demand Transport Standard Proof of Identity Requirements' fact sheet at <a href="http://www.transport.wa.gov.au/OdTPOI">www.transport.wa.gov.au/OdTPOI</a>

WA DRIVER'S LICENCE NUMBER

PARTNER/TRUSTEE SIGNATURE

DATE

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## PARTNERS/TRUSTEES (CONTINUED)

### PARTNER/TRUSTEE 1 - ENTITY (WHERE APPLICABLE)

NAME OF ENTITY

ENTITY TYPE

<input type="checkbox"/>	Company
<input type="checkbox"/>	Incorporated body
<input type="checkbox"/>	Other legal entity (please detail type below)

AUSTRALIAN COMPANY NUMBER (ACN)

AUSTRALIAN BUSINESS NUMBER (ABN) OR  
AUSTRALIAN REGISTERED BUSINESS NUMBER (ARBN)

PRINCIPAL PLACE OF BUSINESS

  

SUBURB

STATE

 POST CODE 

BUSINESS POSTAL ADDRESS (IF DIFFERENT TO ABOVE ADDRESS)

  

SUBURB

STATE

 POST CODE 

PHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

### SUPPORTING DOCUMENTATION REQUIREMENTS

Please ensure the following requirements have been completed and applicable documentation is attached to your application. Please tick boxes for documents provided.

#### **LEGAL ENTITY IS A COMPANY**

- Certificate of Registration  
 Record of Registration for Business Name (when Registered Business Names have been provided)  
 ASIC Company Extract (less than three months old)

#### **LEGAL ENTITY IS A TRUST**

- Trust deed (front page, schedule and signed page)

#### **LEGAL ENTITY IS AN INCORPORATED BODY**

- Certificate of Incorporation

## PARTNERS/TRUSTEE 2

Details of all partners and trustees are required (please print and complete additional copies of this page if necessary)

### **PARTNER/TRUSTEE 2 - INDIVIDUAL (WHERE APPLICABLE)**

FAMILY NAME

FIRST NAME

OTHER NAME/S

DATE OF BIRTH

 /  / 

GENDER

<input type="checkbox"/>	Female
<input type="checkbox"/>	Male
<input type="checkbox"/>	X (Supporting documents required when gender X is selected, refer to DoT website)

RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

  

SUBURB

<input type="text"/>	POST CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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POSTAL ADDRESS (IF DIFFERENT TO ABOVE ADDRESS)

  

SUBURB

<input type="text"/>	POST CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

### **PROOF OF IDENTITY**

Each Partner/Trustee must provide proof of identity. Do you have a WA driver's licence?

<input type="checkbox"/>	Yes, please provide your driver's licence number below
<input type="checkbox"/>	No - you must provide proof of identification documentation. Refer to the 'On-demand Transport Standard Proof of Identity Requirements' fact sheet at <a href="http://www.transport.wa.gov.au/OdTPOI">www.transport.wa.gov.au/OdTPOI</a>

WA DRIVER'S LICENCE NUMBER

PARTNER/TRUSTEE 2 SIGNATURE

DATE

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## PARTNERS/TRUSTEE 2 (CONTINUED)

### **PARTNER/TRUSTEE 2 - ENTITY (WHERE APPLICABLE)**

NAME OF ENTITY

ENTITY TYPE

<input type="checkbox"/>	Company
<input type="checkbox"/>	Incorporated body
<input type="checkbox"/>	Other legal entity (please detail type below)

AUSTRALIAN COMPANY NUMBER (ACN)

AUSTRALIAN BUSINESS NUMBER (ABN) OR  
AUSTRALIAN REGISTERED BUSINESS NUMBER (ARBN)

PRINCIPAL PLACE OF BUSINESS

  

SUBURB

<input type="text"/>	POST CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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STATE

<input type="text"/>	POST CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BUSINESS POSTAL ADDRESS (IF DIFFERENT TO ABOVE ADDRESS)

  

SUBURB

<input type="text"/>	POST CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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STATE

<input type="text"/>	POST CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

### **SUPPORTING DOCUMENTATION REQUIREMENTS**

Please ensure the following requirements have been completed and applicable documentation is attached to your application. Please tick boxes for documents provided.

#### **LEGAL ENTITY IS A COMPANY**

- Certificate of Registration
- Record of Registration for Business Name (when Registered Business Names have been provided)
- ASIC Company Extract (less than three months old)

#### **LEGAL ENTITY IS A TRUST**

- Trust deed (front page, schedule and signed page)

#### **LEGAL ENTITY IS AN INCORPORATED BODY**

- Certificate of Incorporation

## APPLICANT DECLARATION

I certify the information provided in this application is true and correct. I have the authority to act on behalf of the entity listed in this application. I declare that I am authorised to submit this application on their behalf. I understand that the provision of false or misleading information in this application is an offence and will be treated seriously.

APPLICANT NAME

APPLICANT SIGNATURE

DATE

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## SUPPORTING DOCUMENTATION CHECKLIST

Please ensure the following requirements have been completed and applicable documentation attached to your application.

### WHERE ENTITY IS A PARTNERSHIP

<input type="checkbox"/>	Partnership agreement (naming all partners)
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### WHERE ENTITY IS A TRUST

<input type="checkbox"/>	Trust deed (front page, schedule and signed page)
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### ALL PARTNERS/TRUSTEES

<input type="checkbox"/>	Western Australian driver's licence number, OR
<input type="checkbox"/>	Proof of identification documents (stamped certified copies if not presenting in person) OR
<input type="checkbox"/>	Documentation establishing the identity of a legal entity listed as a Partner/Trustee

### PRIMARY DELEGATE

<input type="checkbox"/>	Western Australian driver's licence number, OR
<input type="checkbox"/>	Proof of identification documents (stamped certified copies if not presenting in person)

## SUBMITTING YOUR APPLICATION

Partnerships/Trusts based in WA where the Primary Delegate holds a WA driver's licence can email this application form and supporting documents to: [ondemandtransport@transport.wa.gov.au](mailto:ondemandtransport@transport.wa.gov.au)

Partnerships/Trusts based in WA where the Primary Delegate or an Partners/Trustees do not hold a WA driver's licence must submit the application form and original proof of identity documents (including those for the Primary Delegate in Person) at:

On-demand Transport  
20 Brown Street  
EAST PERTH WA 6004

Partnerships/Trusts based in regional WA can submit their applications and supporting documentation at any Department of Transport Regional Centre or Authorised Agent. To locate your nearest Regional Centre or Agent please visit [www.transport.wa.gov.au](http://www.transport.wa.gov.au)

**Non-WA** based Partnerships and Trusts can email this application form and certified copies of their proof of identity documents to: [ondemandtransport@transport.wa.gov.au](mailto:ondemandtransport@transport.wa.gov.au)

Or by post to:

Department of Transport WA  
On-demand Transport  
PO Box C102, PERTH WA 6839

**Please note that in the circumstance that the nominated Primary Delegate or any listed Partners/Trustees of a non-WA based Partnership/Trust do not hold a current driver's licence issued by an Australian jurisdiction, original certified proof of identity documents be posted to On-demand Transport**

For information on how to certify documents, please read the 'On-demand Transport Standard Certification of Documents Guidelines' fact sheet online at [www.transport.wa.gov.au/OdTPOI](http://www.transport.wa.gov.au/OdTPOI).

### On-demand Transport Contact Details:

Telephone enquiries: 1300 471 834  
Email: [ondemandtransport@transport.wa.gov.au](mailto:ondemandtransport@transport.wa.gov.au)  
Website: [www.transport.wa.gov.au](http://www.transport.wa.gov.au)

## OFFICE USE ONLY

The following applicable supporting documentation has been provided by the applicant – original documents for WA based Partnerships or Trusts or electronic or posted certified copies (where applicable).

### PARTNERSHIP

<input type="checkbox"/>	Partnership agreement (naming all partners)
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### TRUST

<input type="checkbox"/>	Trust deed (front page, schedule and signed page)
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### ALL PARTNERS/TRUSTEES

<input type="checkbox"/>	Western Australian driver's licence number, OR
<input type="checkbox"/>	Current Australian driver's licence or primary identification (one document) AND secondary identification (two documents), OR
<input type="checkbox"/>	Documentation establishing the identity of a legal entity listed as a Partner/Trustee

### PRIMARY DELEGATE

<input type="checkbox"/>	WA driver's licence, OR
<input type="checkbox"/>	Current Australian driver's licence or primary identification (one document) AND secondary identification (two documents)

I have checked that the applicant, primary delegate and any listed partners/trustees have provided the required supporting documentation and have attached copies of all documents provided.

### RECEIVING OFFICER NAME

### SIGNATURE

DATE

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