



When blank, this form is classed as OFFICIAL, when completed, this form is classed as OFFICIAL SENSITIVE

This form is to be used to apply for the renewal of a regular passenger transport (RPT) service authorisation, under r.69 of the *Transport (Road Passenger Services) Regulations 2020*. It is an offence to provide an RPT service in WA without valid authorisation. Your authorisation renewal application will only be assessed if this form is fully completed and all the required information is attached. Submit your application by emailing this completed form and any required supporting documents to ondemandtransport@transport.wa.gov.au. DoT will contact you regarding the receipt of your application and payment of applicable fees. Visit www.transport.wa.gov.au/rptservice for more information.

APPLICATION CHECKLIST

ALL APPLICATIONS

All authorisation renewal applications must include details of:

- The necessity of the service and the public benefit that would be provided by the proposed service, including the adequacy of, and impact on, any existing services.
- The proposed route(s) and area(s) to be serviced, including the schedule, points of departure and arrival; location of stops along the proposed route(s) including rest/comfort stops, taking into account the opening hours of establishments such as roadhouses and fuel stations; and destination(s) at which passengers commence their journey along the proposed route'.
- The fares proposed to be charged for the service.
- Descriptions of the types of vehicles to be used in the providing the service.
- The estimated number of vehicles to be used in providing the service.
- The estimated maximum number of passengers to be carried in the vehicles proposed to be used.

IF APPLICANT IS A COMPANY

- Where the application is in a company name, you must submit a recent 'company extract' (issued by ASIC) that is no more than 3 months old at the time of application. All the directors listed on the company extract must be included on this form, and sign the Applicant (Transferee) Details section.

IF APPLICANT IS A TRUST

- Attach a certified copy of the trust deed.

IF APPLICANT IS A PARTNERSHIP

- Attach a partnership agreement naming all partners.

APPLICANT DETAILS

RPT SERVICE AUTHORISATION NUMBER

ABN OR ACN

FAMILY NAME/COMPANY NAME

FIRST NAME

OTHER NAME/S

PHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

DoT will communicate important information, updates and request about your RPT service authorisation via email. If you have different communications preferences contact ondemandtransport@transport.wa.gov.au.

APPLICANT DETAILS CONTINUED

RESIDENTIAL/ BUSINESS ADDRESS

SUBURB

STATE

POST CODE

POSTAL ADDRESS (IF DIFFERENT TO ABOVE ADDRESS)

SUBURB

STATE

POST CODE

If you are applying as a company, partnership, or trust, please list all directors, partners, or trustees. The person listed first will be the primary contact for this application and subsequent authorisation if granted. If more space is required, please attached an additional sheet.

APPLICANT 1
APPLICANT NAME

SIGNATURE

DATE

 / /

APPLICANT 2
APPLICANT NAME

SIGNATURE

DATE

 / /

APPLICANT 3
APPLICANT NAME

SIGNATURE

DATE

 / /

AREA OF OPERATION

Please select an area of operation you intend to provide a service to:

- MOSTLY PERTH METROPOLITAN AREA
- MOSTLY COUNTRY AREA
(Specify the area of operation in the 'Service Details' section below)

SERVICE DETAILS

Provide a description of the service you will be providing, including the route, pick-up and drop-off points, and timetable of your service. If more space is required, please attach an additional sheet.

VEHICLE(S) USED TO PROVIDE SERVICE(S)

Description of vehicles to be used to provide service	Estimated maximum number of passengers	Estimated number of vehicles used
e.g Coach	56	10

PRIVACY STATEMENT

The Department of Transport is committed to protecting the confidentiality of your personal information in accordance with the *Transport (Road Passenger Services) Act 2018* ("the Act") and subsidiary regulations.

Information supplied in this application will be used by officers of the Department to assess your eligibility and suitability to hold an RPT service authorisation.

The personal information you provide will be kept confidential, but may be disclosed to specified third parties as provided for in Part 7 of the Act, but otherwise will not be disclosed without your consent unless required or permitted by law.

I have read and understood the privacy statement outlined above.

APPLICANT DECLARATION

It is criminal offence to make a false or misleading statement in connection with an application for authorisation

I certify the information provided in this application is true and correct.

I understand that any statement or misrepresentation that I have made in this application which I know to be false, is an offence under the *Transport (Road Passenger Services) Act 2018*.

SIGNATURE

DATE

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OFFICE USE ONLY

Company/partnership/trust POI provided

Application payment received

PTA consultation needed:

Yes No

RECOMMENDING OFFICER

NAME

SIGNATURE

DATE

		/			/				
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DELEGATED OFFICER

NAME

SIGNATURE

DATE

		/			/				
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Authorisation document sent

RPT service provider register updated