

Government of Western Australia Department of Transport

RPT service authorisation via email. If you have different communications

preferences contact ondemandtransport@transport.wa.gov.au.

Application for renewal of regular passenger transport service authorisation

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	APPLICANT DETAILS CONTINUED
ALL APPLICATIONS	RESIDENTIAL/ BUSINESS ADDRESS
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.	SUBURB
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'.	STATE POST CODE POSTAL ADDRESS (IF DIFFERENT TO ABOVE ADDRESS)
The fares proposed to be charged for the service.	
Descriptions of the types of vehicles to be used in the providing the service.	SUBURB
The estimated number of vehicles to be used in providing the service.	STATE POST CODE
The estimated maximum number of passengers to be carried in the vehicles proposed to be used.	If you are applying as a company, partnership, or trust, please list all directors, partners, or trustees. The person listed first will be the
IF APPLICANT IS A COMPANY	primary contact for this application and subsequent authorisation if
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.	granted. If more space is required, please attached an additional sheet APPLICANT 1 APPLICANT NAME
IF APPLICANT IS A TRUST	CICNATURE
Attach a certified copy of the trust deed.	SIGNATURE
IF APPLICANT IS A PARTNERSHIP	
Attach a partnership agreement naming all partners. APPLICANT DETAILS	DATE / / /
AFFEIGANT DETAILS	APPLICANT 2
RPT SERVICE AUTHORISATION NUMBER	APPLICANT NAME
ABN OR ACN	SIGNATURE
FAMILY NAME/COMPANY NAME	DATE / / /
FIRST NAME	APPLICANT 3 APPLICANT NAME
OTHER NAME/S	
OTHER NAME/S	SIGNATURE
PHONE NUMBER MOBILE NUMBER	
EMAIL ADDRESS	DATE /
DoT will communicate important information, updates and request about your	

Please select an area of operation you intend to provide a service to: The Department of Transport is committed to protecting the confidentiality of your personal information in accordance with the Transport (Road Passenger MOSTLY PERTH METROPOLIAN AREA Services) Act 2018 ("the Act") and subsidiary regulations. Information supplied in this application will be used by officers of the MOSTLY COUNTRY AREA Department to assess your eligibility and suitability to hold an RPT service (Specify the area of operation in the 'Service Details' section below) authorisation. The personal information you provide will be kept confidential, but may be **SERVICE DETAILS** 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 Provide a description of the service you will be providing, including the route, permitted by law. pick-up and drop-off points, and timetable of your service, If more space is required, please attach an additional sheet. 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 OFFICE USE ONLY Company/partnership/trust POI provided Application payment recieved PTA consultation needed: Yes No **RECOMMENDING OFFICER** NAME **SIGNATURE** DATE **VEHICLE(S) USED TO PROVIDE SERVICE(S) DELEGATED OFFICER** Description of vehicles to Estimated maximum Estimated number NAME be used to provide service of vehicles used number of passengers e.g Coach 56 10 **SIGNATURE** DATE

PRIVACY STATEMENT

AREA OF OPERATION

Authorisation document sent

RPT service provider register updated