

FORM E

**APPLICATION BY AN APPROVED TAXI ORGANISATION
BASED OUTSIDE THE REGION TO REGISTER A
NON-SCHEDULED TAXI SERVICE**
(operating to and from the Manawatu-Wanganui region)

<i>OFFICE USE ONLY</i>	
Registration No.: _____	
Date of Receipt: _____	Initials: _____
Action: Accept/Decline/Defer	Initials: _____
Date Applicant informed: _____	Initials: _____
Notes: _____	

COMPANY DETAILS:	
Company Name:	
Trading Name: (if different from above)	
Postal Address:	
Street Address: (if different from above)	
Location of Control Room: (if different from above)	
Office Phone No:	
Fax No:	
Name of Chief Executive/Manager:	
Name of Secretary:	

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Date of Approval to Operate as an Approved Taxi Organisation by Secretary of Transport:

Details of any exemptions from the Small Passenger Service Rules (with dates):

Primary Operating Area:	
Hours of Operation (primary area):	
Other parts of the Region to and from which hires will be accepted:	
Hours of Operation (other areas):	

Fare Schedule: (as notified to Ministry of Transport):

This service is based in the _____ region and the Regional Council has been notified of the full details of the service.

I declare that the information contained on this form is true and correct:

Name: (please print)	Position:
Signed:	Date: