

FORM E

APPLICATION BY AN APPROVED TAXI ORGANISATION TO REGISTER A NON-SCHEDULED TAXI SERVICE

(operating within the Manawatu-Wanganui region)

OFFICE USE ONLY

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)	
Phone No. for bookings:	
Fax No:	
Phone No. for Complaints:	
No. of Passenger Service Licence Holders:	
No. of Vehicles:	
No. of Vehicles with Wheelchair Hoist or Similar Facility:	

Name of Chief Executive/Manager:	
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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):	
Continuous service will be provided	<input type="checkbox"/>
Continuous service exemption is requested	<input type="checkbox"/>

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

Proposed Service Commencement Date:

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

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