

**FORM D**

**APPLICATION TO WITHDRAW A COMMERCIAL SERVICE  
REGISTRATION**

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

<b>COMPANY DETAILS:</b>	
Company Name:	
Trading Name: (if different from above)	
Postal Address:	
Street Address: (if different from above)	
Office Phone No:	
Passenger Service License No:	
Date of Issue:	

## FORM D

<b>SERVICE SUMMARY:</b>	
Registration No: (as allocated by Regional Council)	
Route No:	
Outer Terminal:	
Inner Terminal:	
Main Via Points:	
Proposed Date of Withdrawal:	

<b>SCHEDULE 1 – MANAGEMENT DECLARATION</b> (I declare that the information on this form is true and correct)	
Name: (please print clearly)	
Position:	
Signed:	
Date:	
Certificate of Knowledge of Law and Practice:	<input type="checkbox"/> Yes <input type="checkbox"/> No