



DRIVER APPLICATION

Family Name: _____ Given Name(s): _____

Residential Address: _____

Postcode: _____

Emergency Contact: _____ Mobile: _____

Taxi Authority Number: _____ Expiry Date: DD/ MM/ YY _____

Taxi Driving Experience:

- Have you held a NSW Taxi Drivers Authority for a minimum of 2 years? Yes No
- Do you have a current MT Data Log-on PIN? Yes No
- Have you had any passenger complaints recorded against you in the last 12 months? Yes No
- Do you have a good driving history? Yes No
- Have you driven for any other taxi network in the past 12 months? Yes No
- Do you have a current e-tag that you use for taxi driving? Yes No

NSW Driver's Licence No. _____ Expiry Date: DD/ MM/ YY _____

ABN Details (must be registered for GST): _____

This application must be accompanied by your current RTA driving history, (no more than 14 days old)

Your current complaints history obtained from Transport and Infrastructure, only if you have been driving for another network.

Please read the following carefully BEFORE signing the declaration

- I affirm that the above details are true and correct to the best of my knowledge.
- I have read this form and understand its contents in relation to this application
- I understand that making this application does not mean automatic acceptance into the Premier Prestige Fleet.
- I agree to supply any further information as requested to support my application

Signed: _____ Date: _____ (DD/MM/YY)

Please return completed application to: Premier Cabs Pty Limited 33 Woodville Road Granville NSW 2142

OFFICE USE ONLY

Mot Record (CFMS/IFMS/Premier File): Satisfactory / Unsatisfactory

Other Network record: Satisfactory / Unsatisfactory

RTA Driving record Satisfactory / Unsatisfactory

Driver to be admitted to Premier Prestige: Yes / No

Comments:

Reviewing officer's signature: