## Application to alter a public transport service

Applications need to be received not less than 15 days before the proposed start date of the service change.

## **OPERATOR INFORMATION**

1. Name of licence holder or organisation making this application (If licence holder, please use name on passenger service licence)		
2. Trading name (if different from above)		
3. Names of each company/organisation shareholder  Note shareholder names only required for unlisted companies		
4. Address for correspondence:		
5. Street address: (if different from address for correspondence)		
Phone:		
Email:		
Website (if applicable)		
6. Passenger service licence number: (Please attach a copy) Date of Issue:		



## **SERVICE SUMMARY**

7. Service registration number (as allocated by Waikato Regional Council):	8. Type of Service: (Please tick) BUS FERRY			
	SCHEDULED NON-SCHEDULED			
9. Proposed start date of change:	Other (give details)			
10. Provide a summary of the service of	10. Provide a summary of the service changes:			

11. Route name or number:		
12. Outer terminus:	13. Inner terminus:	14. Intended duration of service (if applicable)
<b>15. Full route description:</b> Please detail all streets to be used, including details of all "on demand" deviations and route variations		
16. Stopping places:	<u> </u>	
Parts of service having	g no fixed stopping plac	
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Use of existing stops		L YES L NO
Use of new stops on r	oute	☐ YES ☐ NO
Have new stops been	approved by the Territo	orial Local Authority?  YES  NO

<b>DECLARATION</b> I attach a copy of my:		
TIMETABLE  FARE SCHEDULE	ROUTE MAP PASSENGER SERVICE LICENCE	
I declare that, to the best of my knowledge, the information I have given is true and correct.		
Signed:	Date:	
Name:	Position in Business:	
Do you have a Certificate of Knowledge of La	aw and Practice? YES NO	

