

## **Driver Disaffiliation from Authorised** Booking Entity Notification Transport Operations (Passenger Transport) Regulation 2018, section 117

This notification is only to be completed by an authorised representative of the Authorised Booking Entity. Once complete, please email to: bhslhub@translink.com.au

Booking Entity details Authorised Booking Entity name			
Booking Entity Authorisation numb	ber Authorised represen	ntative	
Position			Date
			1 1
Phone number	Email address		
Notification details			_
Name of driver		Driver authorisation/driver licence number	er Date of disaffiliation
Grounds for disaffiliation The Authorised Booking Entity rea		s:	_
Committed a driver disqualifying/c Failed to provide a public passeng Committed an offence against rele Been a threat to the safety of any	ger service safely while driving evant transport legislation relati		nity
<ul><li>complete all segments, including:</li><li>a detailed overview of the alle</li></ul>	s of the alleged facts and circure eged facts and circumstances of the twould assist with the investig	mstances that provide the basis for the disa of the incident (for example, information pro- ation of the matter including any details of 0	vided by a customer)
	jistration number		
1 1			
Location/s		_	
Complainant's details			
Name		Contact details (phone number and	d/or email address)
			,
Did the incident happen to the cor	molainant or are they reporting	on behalf of someone else?	
The state of the s	<u> </u>		
Incidents related to a pote	ential criminal offence		
Describe the nature of the crimina		exual assault)	
	o (o.g. a.o, aocaa, oc		
Has this matter been reported to F	Police?		
Yes Please provide details b			
		phone etc.) Police station attended/called	
/ /	The state of the s		
Report number			
No I confirm I have advised	complainant to contact Policel	Link 131 444 or their local Police station to	discuss potential criminal

## Driver Disaffiliation from Authorised Booking Entity Notification ... continued page 2 of 2

Please provide thorough details of what happened below.	
Detailed overview of the incident/s (attach additional pages if necessary) What (happened)	
When (did it happen)	
Where (did it happen)	_
Other details	
I state that the information provided in this notification is complete, true and correct.	
Full name of authorised representative of booking entity	
Signature Date	

**Privacy statement:** In accordance with the *Transport Operations (Passenger Transport) Act 1994*, the Department of Transport and Main Roads (TMR) is collecting the information on this form for the purpose of monitoring/investigating driver behaviour in the personalised transport industry. Where necessary, the information provided may be referred to the QPS. TMR will not disclose personal information to any other third party without consent unless authorised or required to do so by law.