

## School Bus Funding Application SchoolBUS Scheme - Specialised School Transport (SST)

## To be completed by the contractor

Name contract hold in						
Name contract held in						
Trading name		 Australian Business Num	Australian Business Number			
Postal address						
			Postcode			
Email address						
Phone number	Mobile phone num	nber				
Is your contract held in the nam	ne of a trust?					
Yes Please enclose a cop	y of your Deed of Trust (docume	ent prepared to establish the trus	t) with your application.			
No						
Application type:						
Replacement Continue	e to Part A					
Capacity/Growth Continue	e to Part D					
Part A - School service of A1. Provide the route number to						
Please provide a description of	the route					
Start of service						
Route taken						
Destination/schools serviced						
A2. Number of passengers carr	ried on bus you are requesting re	eplacement funding on:				
	Students who do not travel in a wheelchair	Students who do travel in a wheelchair	Number of supervisors and/ or one on one escorts			
SST students with disability:						
Comments						
Confinents						

		-		he service o	lescribed in Pa	art A	
Registration no	umber	Make and model					
Number of pas	ssenger seats		ture from comp	oliance plate V	ehicle Identification	n Number	
		/ /					
Is this bus mo	dified to carry \	wheelchair passen	igers?				
Yes No							
		contractor making	this applicatior	1?			
Yes No							
	_	s or older at the st	art of the next	financial year?			
Yes No							
Part C - Cu	rrent fleet o	details					
					completing the foll n Excel spreadshe		or the contract area in which
you are reques	Stilly fulldling. II		-		<u> </u>	et ioiiliat.	
				vices carrying	Stratudents		
			Seating capacity		Number of		Department of Transport
Registration number	Compliance date	e Is this bus modified?	(excluding driver and	Passengers on bus	vacant seats	Schools serviced	and Main Roads (TMR)
Humber	date	modified:	supervisor/	On bus	on bus	3CI VICCU	route number
			escorts)				
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Dowl D. Co.		Consulta De sura	-4		•	•	
		Growth Requent your application.	est				
T TOVIGE TEASO	ining to support	убиг аррпоацоп.					
	•	-	_	supporting info	ormation is required	d:	
		on waitlist for bus t	•				
Letters of s	support from so	chool the bus will s	service				
	vironment o						
		ool bus be used o					
Details of Envi	ironment 3 road	ds can be found o	nline at www.tr	mr.qld.gov.au/so	choolbuses or by c	ontacting your	local TMR office.
No Yes	Road nar	mes					

Documents to be provided:	
Timetable for each bus within contract area.	
Capacity and growth supporting information if capacity or growth application.	
I certify that:	
I have read and understand the Information Statement No. 16C/2025.	
The information provided on this application is true and correct.	
I also understand that a person intentionally providing false information to obtain a of the <i>Transport Operations (Passenger Transport) Act 1994</i> .	benefit may be liable for a fine under Section 149(3)
<b>Note:</b> TMR collects the information on this form to maintain a database and to assist in assessi in this database is used for the preparation of correspondence and for the monitoring of bus re authorised government staff and some of the information may be disclosed to any other body as	placement. The information on this form is accessible by
Applicant's name (Please print)	
Signature Date	

Please return completed form to your local Translink office.

Part F - Contractor certification