

# Q-Ride Registered Service Provider New/Renew/Amend Application

Transport Operations (Road Use Management) Act 1995

**Evidence of identity (EOI)** - EOI is required at the time of making this application. Refer to EOI Requirements for Individuals and Organisations (form F4362).

| 1.   |  | is application is for:<br>w application Complete all sections.  |                    |                     |   | Registered Service Provider (RSP) registration number. |                  |               |          |
|--|--|---|--------------------|---------------------|---|--|------------------|---------------|----------|
|  |  | Renew application Complete sections 1, 2, 5, 6, 7 and 8.  |                    |                     | Complete for renewal and amend where necessary. |  |                  |               |          |
|  |  |   |                    |                     |   |  |                  |               |          |
| •  |  | Amend Complete section 2 and other relevant sections.   |                    |                     | · · · · · · · · · · · · · · · · · · ·           |  |                  |               |          |
| 2.   |  | pplication/Registration holder (complete all relevant sections)<br>oes the business/company/individual have an existing Queensland Customer Reference Number (CRN)?<br>es CRN |                    |                     |   |  |                  |               |          |
|  | No   | lo Use New Customer Application (form F3503)  |                    |                     |   |  |                  |               |          |
|  | 2a.  | a. Company name (if applicable)   |                    |                     | Australian Company Number                       |  |                  |               |          |
|  |  |   |                    |                     |   |  |                  |               |          |
|  | 2b.  | Individual/Partnership/Directors c sheet).  | letails (All dired | ctors/partners must | be lis  | sted here). (If  | insufficient spa | ace attach a  | separate |
|  |  | Family name (please print)  |                    | Given name/s        |   |  |                  | Date of birth | <b>1</b> |
|  |  |   |                    |                     |   |  |                  | 1             | /        |
|  |  | Customer Reference Number (CRN)   | Town/City of b     | irth                | S <sup>.</sup>                                  | tate of birth  | Country of bir   | th            |          |
|  |  |   |                    |                     |   |  |                  |               |          |
|  |  | Family name (please print)  |                    | Given name/s        |   |  |                  | Date of birth | 1        |
|  |  |   |                    |                     | •   |  |                  | /             | /        |
|  |  | CRN   | Town/City of bi    | irth                |   | tate of birth  | Country of bir   | th            | ]        |
|  | 0-   |   |                    |                     |   |  |                  |               |          |
| 2c. Is the company/individual/partnership trading under a registered business name?  |  |   |                    |                     |   |  |                  |               |          |
| No Go to question 5  |  |   |                    |                     |   |  |                  |               |          |
|  | Yes Business name  |   |                    |                     |   |  |                  |               |          |
|  | 2d. Is the company/individual/partnership operating through a trust? |   |                    |                     |   |  |                  |               |          |
|  |  |   |                    |                     |   |  |                  |               |          |
|  | Yes Trust name   |   |                    |                     |   |  |                  |               |          |
| -  |  |   |                    |                     |   |  |                  |               |          |
| 3.   |  | Iress information<br>Business address   |                    |                     |   |  |                  |               |          |
|  | •ui  | Street address  |                    |                     |   |  |                  |               |          |
|  |  |   |                    |                     |   |  | Postcode         |               |          |
| Postal address (if same as above write 'as above')   |  |   |                    |                     |   |  |                  |               |          |
| Postco   |  |   |                    |                     |   |  | Postcode         |               |          |
|  | Contact phone number Mobile phone number Public contact phone number |   |                    |                     |   |  | er               |               |          |
|  |  |   |                    |                     |   |  |                  |               |          |
|  | Facsimile number Website   |   |                    |                     |   |  |                  |               |          |
|  |  |   |                    |                     |   |  |                  |               |          |
| 3b. Electronic communication   |  |   |                    |                     |   |  |                  | <i>,</i>      |          |
| I/we agree to the Department of Transport and Main Roads communicating with me/us by electronic commu No Yes Email address |  |   |                    |                     |   |  | mmunication      | i (email).    |          |
|  |  |   |                    |                     |   |  |                  |               |          |

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### 4. New training area

If you do not own or lease the property listed in the training area, do you have a letter of authority from the property owner or lease authorising you to have exclusive use of the area for the days and times provided? (Letter of authority must comply with the *Transport Operations (Road Use Management - Accreditation and Other Provisions) Regulation 2015*, schedule 2, section 5)

| /es |  | No |  | Cannot continue |
|-----|--|----|--|-----------------|
|-----|--|----|--|-----------------|

Training area address (if insufficient room, please attach required information)

Conditions of use (e.g. days and times of training)

## 5. Nominating a person to sign Q-Ride competency declarations

Only an approved Q-Ride registered service provider can complete a Q-Ride Competency Declaration. However, a Q-Ride registered service provider may nominate a person to complete a Q-Ride Competency Declaration on their behalf. To nominate a person to complete a Q-Ride Competency Declaration, the registered service provider must complete the *Nominate a Person for Q-Ride Competency Declaration* (form F4233) and have the nominated person complete, agree to the conditions and sign. A separate nomination form must be completed for each nominated person.

On renewal have you provided a copy of your nominated person register? Yes

### 6. Senior Trainer

A Senior Trainer is an accredited rider trainer who is responsible for the delivery of Q-Ride curriculum training to other accredited rider trainers or a person who is applying to become an accredited rider trainer. A Q-Ride registered service provider must have one but no more than two Senior Trainers.

No

Name/s of Senior Trainer/s

To become a Senior Trainer, refer to the departmental website at www.tmr.qld.gov.au.

## 7. Criminal history

Applicants (including all directors) must pay a fee to a departmental customer service centre who carry out the Police criminal history check on their behalf. (A Police Certificate supplied by the applicant is not acceptable). This is to ensure that only suitable persons are approved.

Note: Executive officers, directors or owners who are Accredited Driver Trainers are not required to pay for a criminal history check.

## 8. Declaration and consent

#### I/we declare that I/we understand:

- that I must comply with the statutory conditions of the Transport Operations (Road Use Management Accreditation and Other Provisions) Regulation
- an audit of the Q-Ride Business Rules, including the delivery of the Q-Ride training curriculum, may be undertaken prior to approval
- that failure to comply with the business rules for providing Q-Ride training may result in amendment, suspension or cancellation of registration as a Q-Ride RSP
- the department may contact the owner or leasee of the training area at any time to confirm the details are correct
- it is an offence under the *Transport Operations (Road Use Management) Act* to provide a false or misleading statement or document as part of this application
- that the supply of false or misleading information may be investigated and appropriate enforcement action taken
- · the information provided by me/us in this application is complete, true and correct in every detail
- that this application must be signed by the individual applicant or if a partnership by all members of the partnership
- that if the application is for a company that the application form has been signed to comply with company law.

#### I/we consent to the department:

- verifying the EOI information provided by me/us, with the issuing authority
- accessing departmental records to verify my/our suitability to become a Q-Ride RSP.

Individual/partner/director's name

| Signature                          | Date |
|------------------------------------|------|
| Individual/partner/director's name |      |
| Signature                          | Date |

Postcode

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## 9. Application checklist

|  | Q-Ride RSP<br>Application | Q-Ride RSP<br>Renewal |
|--|---------------------------|-----------------------|
| Application form completed and signed  |                           |                       |
| Criminal history check fee paid for directors/owners (if required)                               |                           |                       |
| Attached ASIC current company extract listing directors (if a company)                           |                           |                       |
| Attached ASIC current business names extract showing business name holder                        |                           |                       |
| Attached current Public Liability Insurance Policy   |                           |                       |
| Attached current letter of authority for each training area                                      |                           |                       |
| The information sheet for land owners/occupiers has been provided to the land owner/<br>occupier |                           |                       |
| The landowner/occupier has sighted the risk assessment for the training area/s or ranges         |                           |                       |
| Attached a current list of Accredited Rider Trainers   |                           |                       |
| Attached a current list of Nominated Persons and forms (if required)                             |                           |                       |

## Forward this application to:

Q-Ride Administrator Department of Transport and Main Roads PO Box 673 FORTITUDE VALLEY QLD 4006

Email: qride@tmr.qld.gov.au

**Privacy statement:** The department collects the information on this form under the *Transport Operations (Road Use Management) Act* for the purpose of administering the Q-Ride Registered Service Provider Scheme. Where required the department usually discloses some or all of this information to the Queensland Police Service, and other Queensland, interstate and federal government agencies. The department will not disclose your personal information to any other third parties without your consent unless authorised or required to by law.