



This form is to be used when changing, amending or surrendering an Operator Accreditation.

Office use only - CRN

CRN input field

1. Operator details

Operator Accreditation (OA) number

Operator Accreditation (OA) number input field

Name OA held in

Name OA held in input field

2. What change do you require?

- Change company/association name (go to Question 3)
Change business/trading name (go to Question 4)
Change to operator's address (go to Question 5)
Add/remove an OA category (go to Question 6)
Change to director/office holder (go to Question 7)
Surrender OA completely (go to Question 9)

Note: Surrendering your OA means you will no longer be authorised to provide services that require you to hold OA.

3. Change of company/association name

New company or association name

New company or association name input field

For corporations, a current company extract from the Australian Securities and Investments Commission (ASIC) identifying current directors must be attached. For Incorporated Associations, evidence of the association's registration under Queensland legislation or a copy of the association's Certificate of Incorporation from the Office of Fair Trading must be attached. Verifiable details of the association's current office holders must also be attached.

Note: If it is a new entity with a different company/association number, a new OA application must be lodged.

If there are no further changes, go to Question 8.

4. Change of business/trading name

A Business Name Certificate which includes a list of proprietors must be attached to this application (this document is available from the ASIC).

Business/trading name/s to be added

Business/trading name/s to be added input field

Business/trading name/s to be removed

Business/trading name/s to be removed input field

If there are no further changes, go to Question 8.

5. Change of business address

New address

New address input field with Postcode label

Postal address (if required)

Postal address (if required) input field with Postcode label

Telephone (private)

Telephone (private) input field

Telephone (business)

Telephone (business) input field

If there are no further changes, go to Question 8.

6. Add or remove an OA category

Please indicate (✓):

Table with columns: Add, Remove and rows for various OA categories like Urban scheduled services, Minor scheduled services, etc.

Adding a category may result in a change to the fees payable and require additional training (through the Department of Transport and Main Roads (TMR) OA Training Workbook). Contact your local TransLink Regional Passenger Transport Office for more information.

If there are no further changes, go to Question 8.

7. Change director/office holder details

This section must be completed for new members of a corporation or incorporated association; or when adding or removing an executive officer; or when changes are required to the personal details of an existing member.

When adding a new member a fee may apply for a criminal history check to be undertaken. If adding or removing a director/office holder, a company extract from ASIC or a Certificate of Incorporation from the Office of Fair Trading that identifies current directors/office holders must be attached.

If you are changing your name you must provide an Australian marriage certificate or a change of name certificate issued by a relevant Register of Births, Deaths and Marriages, and/or an Australian birth certificate or Divorce Papers.

Name to be removed/changed - if applicable

Name to be removed/changed - if applicable input field

New details

Family name

Family name input field

Given name/s

Given name/s input field

Other names you have been known by (including name at birth, previous married names, aliases)

Other names you have been known by input field

**Do you have a TMR customer reference number (CRN)?**  
 The CRN is the number on your Queensland Driver Licence, Industry Authority, Adult Proof of Age or Photo Identification card.

Yes  Please provide your CRN

No  Complete a *New Customer Application* (search for F3503 at [tmr.qld.gov.au](http://tmr.qld.gov.au)) and attend a customer service centre to be issued with a CRN.

Residential address  
  
 Postcode

Postal address (if the same as residential, write 'as above')  
  
 Postcode

Telephone (private) Telephone (business)

**Have you ever been convicted of a criminal, drug, weapons, or transport offence, or been charged with any of these offences and the charge has not been finalised?**

No   
 Yes  Please give full details—  
  
 (if insufficient room, please attach separate sheet)

For the purposes of this OA, I am a (please indicate ✓):

Director   
 Office Holder   
 Executive Officer   
 Other

If there is more than one person to be added/changed, attach details on a separate sheet.

**8. Has any person associated with this OA been charged or convicted of a criminal, drug, weapons or transport offence since the last OA application/renewal?**

Conviction includes a finding of guilt, and the acceptance of a plea of guilty by a court, whether or not a conviction is recorded.

No   
 Yes  Please give full details—  
  
 (if insufficient room, please attach separate sheet)

**9. Declaration**

In making this application, I consent to TMR, its employees and agents conducting such enquiries as considered necessary to assess my application and ongoing suitability to hold OA. These enquiries include, but are not necessarily limited to a criminal history check (charges including those yet to be determined, convictions and certain investigative and disciplinary information) and enquiries with the courts, police, prosecuting authorities or other relevant bodies or entities to

enable TMR to make a full and informed assessment of my suitability for OA.

I authorise TMR to use this information to maintain a database which is used to prepare correspondence, monitor transactions and to provide other relevant government agencies with information relating to this OA.

I declare that I am aware of my duties and obligations as an accredited operator under the *Transport Operations (Passenger Transport) Act*, the *Transport Operations (Passenger Transport) Regulation 2018* and the *Transport Operations (Passenger Transport) Standard 2010*. I will comply with the requirements of the legislation.

I state that I have read the above statement and the information provided in this application is complete, true and correct in every detail.

Full name

Signature

Date

**Privacy statement:** TMR may collect information on this form to assess suitability for OA. The collection of information is in accordance with the *Transport Operations (Passenger Transport) Act*. Authorised TMR officers will have access to this information and personal information will not be disclosed to any other third party without consent unless required to do so by law. TMR is authorised by the *Transport Operations (Passenger Transport) Act* to obtain information from other government agencies relating to criminal history.

**Office use only - CSC to complete**

CSC received at

User ID

1. Relevant support documents sighted/provided?

Yes  No  N/A

2. Fees if applicable

Amount paid \$  Receipt number

**Office use only - PT office to complete**

Approving officer's name

Approving officer's signature

Date

continued next column...