



To renew your Operator Accreditation (OA), complete this application and return it along with the renewal fee, to the Department of Transport and Main Roads. You can do this in person at a departmental customer service centre or by post. Non-payment by the due date means you will not be authorised to operate a passenger transport service, and may result in the cancellation of your OA.

Office use only - CRN

## Operator Details

OA number

Name OA held in

Street address

Postcode

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

Postcode

Contact person

Telephone (private)

Business facsimile number

## 1. Have you completed an operator training course?

(Refer to information bulletin *PT211 Operator Accreditation Training* at [tmr.qld.gov.au/information\\_bulletins](http://tmr.qld.gov.au/information_bulletins) for more information)

Yes ☐ What OA renewal term do you want?

☐ 1 year ☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years

No ☐ As a requirement of holding OA, operators must complete prescribed training. If you have not successfully completed approved training you are not entitled to renew your OA.

## 2. Fees

Annual fees apply to Operator Accreditation. Refer to the *Operator Accreditation Fee Schedule and Vehicle Declaration* (Form F3858).

Is the application for a charitable or community organisation that has received a vehicle registration concession approved by the department?

Yes ☐ The OA fee may be waived

No ☐

## 3. Do you wish to change any details on your OA?

No ☐ Go to Question 7

Yes ☐ Please indicate (✓):

☐ Add or remove an OA category  
(go to Question 4)

☐ Change to operator's address  
(go to Question 5)

☐ Change to director/office holder  
(go to Question 6)

☐ Other  
(please attach details on a separate sheet)

## 4. Add or remove an OA category

Please indicate (✓):

Add Remove

☐☐

Urban scheduled services

☐☐

Minor scheduled services

☐☐

School scheduled services

- government contract services

☐☐

School scheduled services

- unfunded/declared area

☐☐

School scheduled services

- unfunded/non-declared area

☐☐

Long distance scheduled services

☐☐

General services

☐☐

Motorcycle tourist services

☐☐

Community transport services

☐☐

Courtesy transport services

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

## 5. Change business address

New address

Postcode

Postal address (if required)

Postcode

Telephone (private)

Telephone (business)

## 6. 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.

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**

**New details**

Family name

Given name/s

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

**Do you have a departmental customer reference number (CRN)?**

The CRN is the number on your Qld Driver Licence, Industry Authority or Adult Proof of Age Card.

☐ Please provide your CRN

☐ 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 required)

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)

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

**7. 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)

**8. Declaration**

In making this application, I consent to the department, 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).

I authorise the department 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 2005* 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.

Applicant's full name

Applicant's signature

Date

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

**Office use only - CSC to complete**

CSC received at

Date

User ID

1. Relevant support documents sighted/provided?

Yes ☐ No ☐ N/A ☐

2. Fees

Amount paid \$

Receipt number

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

Approving officer's name

Approving officer's signature

Date