



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 (TMR). You can do this in person at a TMR 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

Contact telephone

Contact email

1. Have you completed an operator training course?

(Refer to information bulletin *PT211 Operator Accreditation Training* at 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 OA. 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 TMR?

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 | <input type="checkbox"/> | <input type="checkbox"/> |
| Minor scheduled services | <input type="checkbox"/> | <input type="checkbox"/> |
| School scheduled services - government contract services | <input type="checkbox"/> | <input type="checkbox"/> |
| School scheduled services - unfunded/declared area | <input type="checkbox"/> | <input type="checkbox"/> |
| School scheduled services - unfunded/non-declared area | <input type="checkbox"/> | <input type="checkbox"/> |
| Long distance scheduled services | <input type="checkbox"/> | <input type="checkbox"/> |
| General services | <input type="checkbox"/> | <input type="checkbox"/> |
| Motorcycle tourist services | <input type="checkbox"/> | <input type="checkbox"/> |
| Community transport services | <input type="checkbox"/> | <input type="checkbox"/> |
| Courtesy transport services | <input type="checkbox"/> | <input type="checkbox"/> |

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 details

New address

Postcode

Postal address (if required)

Postcode

Business telephone

Business mobile

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/added/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 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

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

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 and consent

- 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* 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.

(Please tick) I/We consent to the email contact address provided in this application to be used for sending information, notices, reminders or updates on departmental products and services. TMR may use this email address to contact you about this application and may also use this address instead of the postal address.

Applicant's full name

Applicant's signature

Date

Privacy statement: TMR 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 TMR 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. TMR 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

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