



To be completed by the service provider

Service provider details

Name contract held in

Trading name

Australian Business Number (ABN)

Postal address

Postcode

Email address

Mobile phone number

Phone number

Fax number

Is your contract held in the name of a trust?

Yes

Please enclose a copy of your Deed of Trust (document prepare to establish the Trust) with your application.

No

Regional office use only

Application number

Bus application type

(Age eligible or early replacement)

STIMS Operator number

Part A - School service details

Please note: Only a bus used on a School Transport Assistance Scheme (STAS) or principally STAS funded school service is eligible to be replaced with an upgraded school bus under this scheme.

A1. Is the bus used on a fares or kilometre-based (individual or cluster) STAS Service?

Kilometre-based
(Individual or Cluster)

Department of Transport and Main Roads (TMR) route number

Fares

Please provide a description of route, and attach a route timetable.

| | |
|------------------------------|--|
| Start of service | |
| Route taken | |
| Destination/schools serviced | |

Regional office use only

Verify STAS service

Current category paid (KM - individual and cluster only)

Correct category (KM - individual and cluster only)

Category review date (KM - individual and cluster only)

 / /

PML = (T) (KM - individual and cluster only)

Yes No

Last PML number

Verified pax numbers

A2. Number of passengers carried:

Does this service have ten or more passengers travelling?

Yes You may be eligible for replacement capital funding.

No You are not eligible for replacement capital funding. Refer to Region for Vehicle Purchase Allowance.

| | Distance eligible | Safety-net eligible |
|---|-------------------|---------------------|
| STAS primary (including Prep students) | | |
| STAS secondary | | |
| Fare-paying passengers | | |

pin map here

Please attach your route map.

Details of Defined Urban Areas, National Highway or State Strategic Roads and Environment 3 roads (Notified roads where standing passengers are not permitted) are available online at tmr.qld.gov.au/schoolbus.

Part B - Environment criteria

B1. Is the upgraded school bus to replace a bus used on Environment 3 (gazetted very steep or long steep) road/s?

No

Yes Road names

Regional office use only

Map reference

B2. Is the upgraded school bus replacing a bus used on a route wholly or partly outside a Defined Urban Area?

No

Yes

Verified outside a Defined Urban Area

Yes No

B3. Will the upgraded school bus be operating on a national highway or state strategic road?

No

Yes Name of national highway or state strategic road

Map reference

One way loaded distance on national highway or state strategic road route (do not include any part of a route in a defined urban contract area) kms

Verified distance

B4. Will the upgraded school bus be operating on any other road/s with a speed limit of 100km/h or more?

No

Yes Road names

Map reference

Distance the bus travels on this/these road/s (do not include any road/distance identified in question B3) kms

Verified distance

Part C - Details of vehicle currently operating the service described in Part A.

Please attach a copy of the vehicle's life extension certificate if the bus age is over 25 years.

Registration number

Make and model

Number of passenger seats

Date of manufacture from compliance plate VIN/Chassis number

 / /

Is the vehicle currently registered to the service provider making the application?

Yes This bus may be eligible for replacement capital funding.

No This bus is not eligible for replacement capital funding.

Vehicle ownership details verified

Does this bus have a current Certificate of Inspection (COI)?

Yes This bus may be eligible for replacement capital funding.

No This bus is not eligible for replacement capital funding.

Does this bus have less than 30 passenger seats?

Yes Will the bus become 16 years of age or older within the 2025/26 financial year? Yes This bus may be eligible for replacement capital funding.

No This bus is not eligible for replacement capital funding.

No Will the bus become 20 years of age or older within the 2025/26 financial year? Yes This bus may be eligible for replacement capital funding.

No This bus is not eligible for replacement capital funding.

Part D - Current fleet details

D1. Number of buses in your current fleet? (include all buses)

Single bus service provider Service provider with 5-15 buses
 Service provider with 2-4 buses Service provider with more than 15 buses

D2. Please provide details of your current bus fleet, excluding spare vehicles, by completing the following table (if insufficient space, please attach separate list in Excel spreadsheet format).

| Buses on services carrying STAS students or principally STAS students | | | | | |
|---|------------------------------|------------------------------|--|-------------------------------------|------------------|
| Registration number | Seating capacity (ex driver) | Route environment* 1, 2 or 3 | Projected year to replace this vehicle | KM (individual or cluster) or Fares | TMR route number |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Services carrying principally fare-paying students | | | |
|--|------------------------------|------------------------------|--|
| Registration number | Seating capacity (ex driver) | Route environment* 1, 2 or 3 | Projected year to replace this vehicle |
| | | | |
| | | | |
| | | | |
| | | | |

| |
|--|
| Regional office use only |
| Fleet details confirmed |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |

***Route environment is:** 1. Wholly within the Brisbane City Council or defined urban (commercial contract) areas.
 2. Wholly or partly outside an urban contract area.
 3. A route or part of a route under 1 or 2 above that operates on an approved very steep or long steep road/s.

Part E - Service provider certification

Attachments to be provided:

Application Timetable
 Fleet list Deed of Trust (if applicable)
 Route map

I certify that:

- I have read and understand the Information Statement 16A/2025 and/or 16B/2025 regarding funding for school buses and the information provided on this application is true and correct.

I also understand that a person intentionally providing false information to obtain a benefit may be liable for a fine under Section 149(3) of the *Transport Operations (Passenger Transport) Act 1994*.

Note: TMR collects the information on this form to maintain a database and to assist in assessing your funding application. The personal information held in this database is used for the preparation of correspondence and for the monitoring of bus replacement. The information on this form is accessible by authorised government staff and some of the information may be disclosed to any other body as required by law.

Applicant's name (please print) Signature Date

| |
|----------|
| Comments |
| |
| |
| |

Please return completed form to your local TransLink office.

**Office use only (Regional office)
Contractor performance**

- | | | |
|--|------------------------------|-----------------------------|
| Is the PT audit report satisfactory? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the vehicle COI history satisfactory? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is there a current COI? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the complaint history satisfactory? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the contract performance history satisfactory? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has the vehicle been checked on the most recent signed Fares Based Vehicle Exception Report, Cluster Summary Report or Kilometre Exception Report? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Comments

TMR regional office certification (must be Manager, PTO)

I certify that the details on this application have been assessed in accordance with the SchoolBUS Application Guide and relevant Guideline and Conditions.

Name (please print)

Title

Manager, PTO

Signature

Date

/ /

Regional office action checklist

Date application acknowledged

/ /

Date service provider notified if application is incomplete

/ /