



**Part B - Environment criteria**

B1. Is the bus used on Environment 3 (approved very steep or long steep) road/s?

Yes  Supply road name then go to Part C

No  Go to Part B2

<b>Regional office use only</b>
Map reference

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

Yes  Name of Highest Priority Environment 2 Road

One way loaded distance on National Highway or State Strategic Road Route (do not include any route in a defined urban contract area)  km

No  Funding for upgrading is not available under this scheme

Map reference
Verified distance
Verified outside a Defined Urban Area Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Registration number  Make and model

Number of passenger seats  Date of manufacture from compliance plate  /  /  Vehicle Identification Number/Chassis number

Transmission type: Manual  Automatic

Is the vehicle owned by the operator making the application?

Yes  No  Advise TMR of ownership details

Vehicle ownership details verified
<input type="checkbox"/>

Applying for ADR 68 (Seatbelted) seats  and/or Power-train retarder

**Part D - Operator certification**

I certify that:

- I have read and understand the relevant *Information Statement 16A* and/or *16B*
- 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 application. The personal information held in this database is used for the preparation of correspondence and for the monitoring of the 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



**Please return completed form to your local Queensland TransLink office.**

**Office use only (TMR)**

**TMR regional office certification (must be Manager PTO)**

I certify that the details on this application have been checked and verified

Name (Please print)

Title



Signature

Date