



OPERATION OF ACT TAXI LICENCE

Taxi Licence TX _____

Details of Licence Holder

Name:	
Address:	
Contact Number:	Mobile:

Details of Taxi Operator *(person who will be leasing the taxi licence)*

Taxi Operator Accreditation Number: _____	
I intend to affiliate with the following Transport Booking Services:	
<input type="checkbox"/> Aerial Capital Group T/as Elite Taxis	<input type="checkbox"/> Go Catch
<input type="checkbox"/> Aerial Capital Group T/as Silver Service	<input type="checkbox"/> ACT Cabs Pty Ltd
<input type="checkbox"/> Cabxpress	<input type="checkbox"/> Other (please specify) _____
Name:	
Address:	
Telephone:	Mobile:

As the Taxi Licence Holder of the above taxi, I advise that the above nominated Taxi Operator will be leasing my taxi from _____ to _____. This operator has my authority to operate this taxi for ACT Taxi Service Accreditation under the *Road Transport (Public Passenger Services) Act 2001*.

Signature of Taxi Operator
Date:

Signature of Licence Holder
Date: