

Information for mutual recognition applicants

This cover sheet has been provided to assist you when completing a *Declaration for Mutual Recognition*. Please remove this page when submitting your application.

ELIGIBILITY CRITERIA

You may apply for driver accreditation in Victoria if you hold an equivalent authority in another state/territory/New Zealand and that Authority is current at the time of submitting this application.

AUSTRALIAN APPLICANTS

If you hold that equivalent Australian authority, you may apply under the **mutual recognition principle**, which is that (subject to the *Mutual Recognition Act 1992* (Cth)), a person who is registered in the first State for an occupation is, by that Act, entitled after notifying the TSC for the equivalent occupation, to be registered in Victoria for the equivalent occupation of passenger vehicle driver and pending such registration, to carry on the equivalent occupation in Victoria.

TRANS-TASMAN NEW ZEALAND APPLICANTS

Under the Trans-Tasman Mutual Recognition Arrangements (TTMRA) a person registered to practice an occupation in Australia or New Zealand is entitled to practice a similar occupation in the other country.

DOCUMENTATION AND PROOF OF IDENTITY (POI) REQUIREMENTS

You must provide the following documents with this application form

- This completed declaration form
- Your original or a certified copy of your current Driver Licence
- Your original or a certified copy of your current authority to drive commercial passenger vehicles in Australia or New Zealand

HOW TO CERTIFY YOUR IDENTITY DOCUMENTS

- Step 1. Make a photocopy of each identity document. Make sure one of the documents shows your current residential address.
- Step 2. Take your original documents and the photocopies to a member of the police force, an accountant (Chartered Accountant (CA), Certified Practising Accountant (CPA), Member of the National Institute of Accountants (MNIA), bank manager, honorary justice (JP), medical practitioner, dentist, school principal, veterinary surgeon, pharmacist, barrister or a solicitor. Please refer to our website for further information on proof of identity.

DRIVER PHOTOGRAPH (TAXI ACCREDITATION)

Upon receipt of your application, the Taxi Services Commission (TSC) will post to you a confirmation letter with instructions on how to have your photo taken at your local VicRoads office.

LODGEMENT DETAILS

In Person Lower Ground Floor, 1 Spring Street, Melbourne, Victoria (see www.taxi.vic.gov.au for opening hours)
Post GPO Box 1716, Melbourne, 3001

Faxed or emailed applications will not be accepted.

APPLICATION FEE

An application fee applies. Please visit the 'Fees and charges' page of our website for the current fee at www.taxi.vic.gov.au. The application fee must be paid when submitting the application. Payment can be made via the credit card payment authorisation on page 7 of this form or in person at the TSC Customer Service Centre. The TSC does not accept cash payments.

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DEEMED ACCREDITATION

Mutual recognition rules deem you to be registered after you have lodged this completed form while a decision is made on your application. This means that you can drive a commercial passenger vehicle from the date you lodged this completed form, until the TSC advises you otherwise. If you are required to provide additional information you will be contacted in writing.

TSC PUBLIC REGISTER

Once your application for mutual recognition has been finalised and you are accredited as a commercial passenger vehicle driver, your name and driver accreditation endorsements will be published on the register of industry participants, available on the TSC website.

AUTHORISED WITNESS

You are required to sign this form on Page 4 in front of an authorised witness. Please visit the Australian Government website for a list of authorised witnesses: <https://www.ag.gov.au/Publications/Statutory-declarations/Pages/List-of-authorized-witnesses.aspx>

Incomplete applications

If you fail to provide or complete any relevant part of this form, it will not be assessed and will be returned to you as incomplete. You will be required to complete and or provide the missing information requested before re-submitting the whole form.

Declaration for mutual recognition (driver accreditation)

Please complete all fields in BLOCK LETTERS

I, Surname:

First Name/s
(including middle names):

Date of Birth: Gender: Male Female Unspecified

of

Home Phone: Mobile Phone:

Email Address:

Current Residential Address:

Street:

Suburb: State: Post Code:

Postal Address (if different from above):

Street:

Suburb: State: Post Code:

Do solemnly and sincerely declare that:

1. I am registered in the following state/territory for the occupation as passenger vehicle driver:

- Australian Capital Territory Northern Territory South Australia Western Australia
 New South Wales Queensland Tasmania New Zealand

2. My driver licence/authority number is:

3. My driver licence/authority expires on:

4. I am registered in the above state/territory to drive the following commercial passenger vehicle types:

- Taxi Hire car Bus

5. I am subject to the following special conditions in being a passenger vehicle driver in each state/territory/New Zealand identified above (conditions may include those relating to medical concerns, vehicle types, etc):

6. I am seeking registration as a commercial passenger vehicle driver in accordance with the:
(refer to 'Eligibility' above for more information):
- Australian mutual recognition principle Trans-Tasman mutual recognition principle.
7. I have previously applied for or held a driver accreditation in Victoria and my accreditation number was:
- NA
8. I am applying to drive the following commercial passenger vehicle in Victoria:
- Taxi Hire car Bus
9. I have not been the subject of disciplinary proceedings by any authority in Australia or New Zealand, in relation to my occupation as a passenger vehicle driver.
10. I am not being investigated by any Australian or New Zealand authority in relation to my occupation as a passenger vehicle driver. I am not subject to any action that might lead to disciplinary proceedings in relation to my occupation as a passenger vehicle driver.
11. My registration to drive commercial passenger vehicles has not been cancelled or is currently suspended as a result of disciplinary action by any Australian or New Zealand authority.
12. I am not personally prohibited from being a passenger vehicle driver anywhere in Australia or New Zealand.
13. I am not subject to any special conditions in carrying on being a passenger vehicle driver anywhere in Australia or New Zealand as a result of criminal, civil, or disciplinary proceedings.
14. I consent to the making of inquiries of, and the exchange of information with, the authorities in Australia and New Zealand regarding my registration as a driver of passenger vehicles within Australia and New Zealand and otherwise regarding matters relevant to this notice, including information that I have provided in this declaration.
15. This declaration is accompanied by a document that is either the original or a complete and accurate certified copy of the instrument (certificate, card, etc) evidencing my existing registration as a passenger vehicle driver in another Australian State or Territory or New Zealand.

NOTE: If any of points 11, 12 and 13 above apply to you, you are not eligible to apply under Mutual Recognition

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

Declared at _____

this _____ day of _____ 20 _____

Signature of person making this declaration
[to be signed in front of an authorised witness]

Before me,

Signature of Authorised Witness

DECLARATION, CONSENT AND PRIVACY INFORMATION

I,
(Surname) (First name/s)

CONSENT AND DECLARATION – APPLICATION FOR ACCREDITATION

1. certify that the information provided in this application is true, correct and complete to the best of my knowledge and that the information provided by me in this application may be considered when issuing a driver accreditation under the *Transport (Compliance and Miscellaneous) Act 1983* and during the term of any accreditation issued to me;
2. understand that providing false information is an offence under the *Transport (Compliance and Miscellaneous) Act 1983*;
3. consent to the ongoing checking by the TSC of any criminal, traffic, medical or other records kept by Victoria Police, VicRoads, the Department of Justice, the Sheriff's Office, any other government department or agency, any interstate or federal court or interstate law enforcement agency and to the release of information recorded against my name, including any matters, whether convicted or not, which may be deemed to be relevant to me holding a driver accreditation. Any matters that may be deemed to be relevant to me holding driver accreditation may include certified court extracts, the Law Enforcement Assistance Program (LEAP) narrative relating to an offence and/or the summary of offences obtained from the police brief of evidence;
4. consent to the TSC disclosing my medical information to an independent health professional or review panel and if my medical information is provided to such a professional or panel, I authorise them providing health information about me to the TSC;
5. consent to the disclosure of the status of my accreditation to relevant industry participants and to members of the public; including whether my accreditation is current, has expired, is the subject of lawful administrative action under the *Transport (Compliance and Miscellaneous) Act 1983* and the result of that action;
6. if I am granted a driver accreditation, I accept that the TSC may receive complaints about my conduct as an accredited driver, that such complaints may be made by a person who is or may be aware of my identity (Complainant) and that the TSC may investigate the Complainant's complaint. I consent to the TSC, as the case arises and throughout the entire period of my accreditation, disclosing to the Complainant the result of any such investigation;
7. will at all times hereafter sufficiently indemnify and keep indemnified the Chief Commissioner of Police and all employees of Victoria Police from all liability and against all actions, suits, claims, demands, costs and expenses whatsoever which may be taken or made in respect of the release of any details of any convictions or other information relating to or involving me;

INFORMATION COLLECTION NOTICE – *Privacy and Data Protection Act 2014*

1. The TSC requires you to provide information about you including personal information and sensitive information as defined in the *Privacy and Data Protection Act 2014* (Information). The Information is required under the *Transport (Compliance and Miscellaneous) Act 1983* (Transport Act). This information will be used for the TSC's functions and activities under the Transport Act, including assessing the application for driver accreditation and if the application is granted, in the monitoring of the person's ongoing suitability to hold a driver accreditation. If it is not provided, the application could be delayed or refused. The Information may also be used for other purposes under the Transport Act such as for the TSC's lawful regulatory purposes, including the prevention, detection, investigation, prosecution or punishment of criminal offences or misconduct.
2. The TSC usually discloses the Information to related transport bodies or associations and government agencies such as ACIC, Victoria Police, other police agencies, VicRoads and the TSC's medical panel any other government agency or other persons whose activities are relevant to the TSC's functions under the Transport Act. The disclosure is for the purposes of the statutory functions of either the TSC or these government agencies or other bodies or persons.
3. You may gain access to the information by contacting or writing to the TSC at the phone numbers or addresses found below.
4. The TSC has a Privacy Policy and this is available on the TSC web site at <http://www.taxi.vic.gov.au/about-us/privacy-policies>. Alternatively you may ask the TSC for a copy of the Privacy Policy at any time or ask that it be sent to you.

DECLARATION – Please indicate (x) next to the following questions:

Are you / have you ever been / had, in any state or territory in Australia or New Zealand:

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| charged with any traffic offence/s where the charge has not yet been determined? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| charged with any criminal offence/s where the charge/s has not yet been determined? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| subject to any reporting obligations under Sex Offenders Legislation? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| the subject of disciplinary proceedings in relation to this authority? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| banned from driving a commercial passenger vehicle? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| subject to special conditions in doing this type of work as a result of criminal, disciplinary or civil proceedings? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If you answered yes to any of the above questions you must provide details on the back of this page.

I have read and understand the requirements outlined in the information sheet Yes

Applicant's signature:

Date:

Continue to page 7 for payment options

ADDITIONAL INFORMATION

[Empty box for additional information]

PAYMENT AUTHORISATION

The authorisation on this form will only be used once. Credit card information will not be stored for future use. Once payment is processed by the TSC, a receipt will be forwarded to the email address provided.

Date:

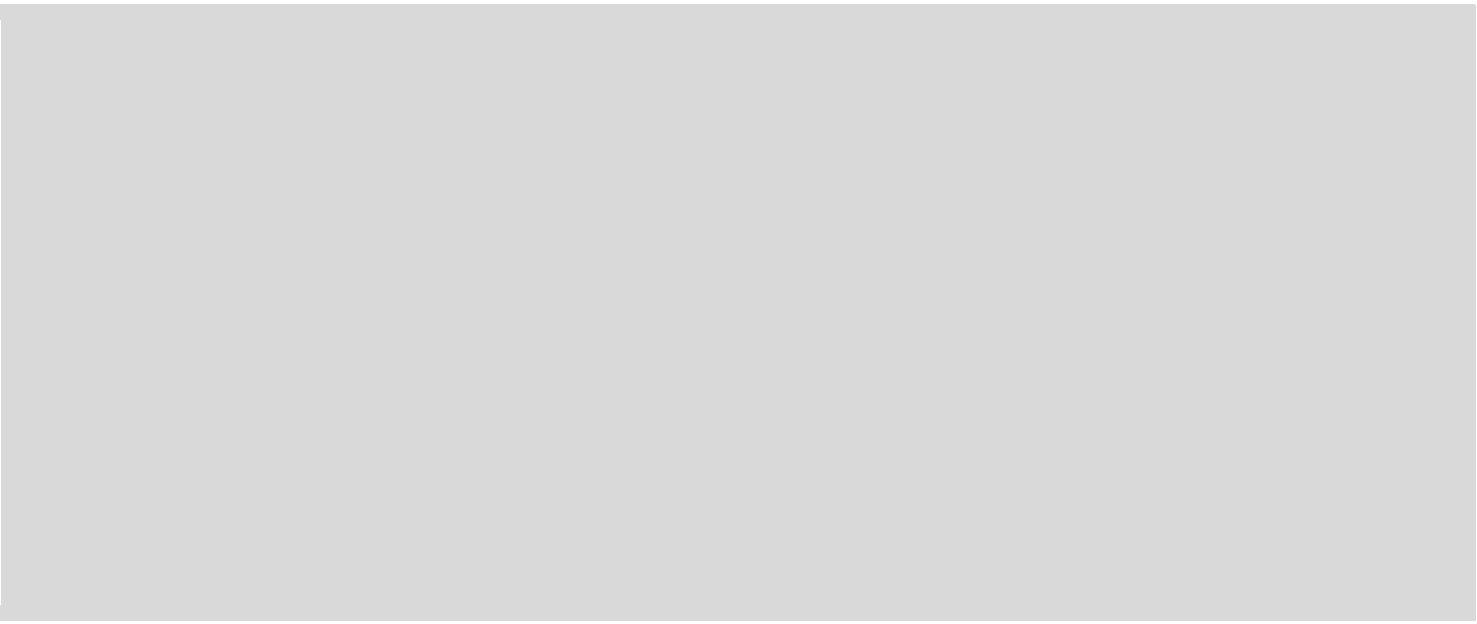
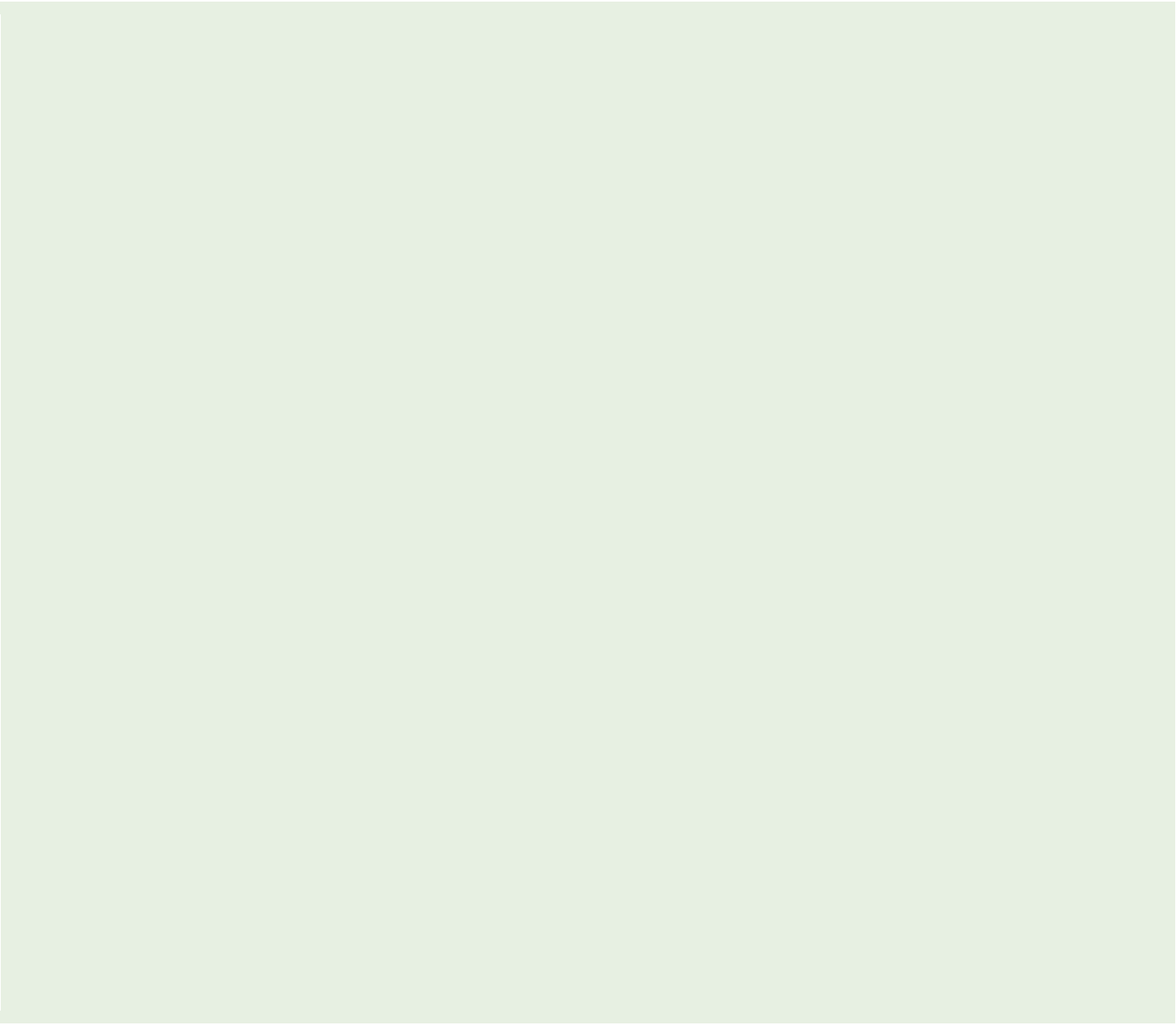
Amount:

Cardholder Name:

Signature:

Card Number:

Expiry Date:



OFFICE USE ONLY – INTERSTATE AUTHORITY TO COMPLETE

To:

Please complete the attached request for information under the *Mutual Recognition (Vic) Act 1998 and/or the Trans-Tasman Mutual Recognition (Vic) Act 1998.*

If there are further local requirements in your jurisdiction, please attach details and/or more information not covered in this form.

Please email reply to: driveraccreditation@taxi.vic.gov.au

Contact Name:

Contact Number:

Date Sent:

Driver Authority details

Does the applicant hold a Commercial Passenger Vehicle Driver Authority in your jurisdiction? Yes No

If no, please specify details or attach more information:

Status: Current Expired Suspended Cancelled Transferred Interstate

First Issued Date:

Expiry Date:

Specify type(s) of Driver Authority held:

Details of conditions, complaints and convictions

Are there any conditions and/or restrictions placed on this Driver Authority? Yes No

If yes, please specific details or attach more information:

Are there any previous or pending actions in relation to this Driver Authority? Yes No

If yes, please specific details or attach more information:

Are there any disclosable criminal and/or traffic convictions against this applicant? Yes No

If yes, please specific details or attach more information:

Most recent National Police Certificate Date:

Are there any complaints (including previous and pending) against this applicant? Yes No

If yes, please specify details or attach more information:

Most recent National Police Certificate Date:

Are there any complaints (including previous and pending) against this applicant? Yes No

If yes, please specify details or attach more information:

Medical Assessment Details

Are there any medical conditions in relation to this Driver Authority? Yes No

If yes, please specific details or attach more information:

Most recent medical assessment date:

Medical assessment expiry date:

ADDITIONAL INFORMATION

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