

FORM 1

Amendment(s) To Existing Taxi Or Shuttle License

Please tick
as appropriate

- Add a New or Substitute Driver to your license - Section 2
- Add a New or Substitute Vehicle to your license - Section 3
- Change your ATO - Section 4

IN ALL CASES THE LICENSE HOLDER MUST COMPLETE SECTIONS 1 & 5

SECTION 1.

Date: / /

(a) Full name of **LICENSE HOLDER**:

(b) Address:

(c) Cell Phone Home Phone:

_____ / _____

(d) Name of ATO:

(e) Registration No Vehicle Fleet No. :

_____ / _____

SECTION 2.

Complete this section only if REPLACING OR ADDING A DRIVER:

2.1 (a) Full name of **Driver Being Replaced** (if applicable):

(b) Full name of **NEW Driver**

(c) New Drivers' address:

(d) New Drivers' Cell Phone No.

2.2 Approval and driver identification card

Please tick
as appropriate

(a) Has been approved by licence holder's ATO

(b) Holds a current drivers identification card under
the Transport Services Licensing Act 1989

(c) Driver's licence number:
(please complete) _____

(d) Driver's unique identifier
(please complete): _____

2.3 Local knowledge

(a) Holds an area knowledge certificate for the area
in which hires will be accepted

(b) Maintains an appropriate standard of
competency in the knowledge of the ATO's
operating area

(c) Training undertaken to improve local area
knowledge

Please detail:

.....

.....

- (d) Other factors influencing local knowledge, eg. length of time driving SPSVs in local area
Please detail:
.....
.....

2.4 Communication

- (a) Has an appropriate ability to communicate in the English language
- (b) Has an appropriate ability to communicate in other languages
Please detail:
.....
.....

2.5 Driver training

- (a) Service training undertaken (eg. Kiwi Host)
Please detail:
.....

2.6 Dress/appearance

- (a) Wears a company uniform that is maintained to a neat and tidy standard consistent with providing a high level of service
- (b) Wears a neat and tidy standard of dress, other than wearing a company uniform, consistent with providing a high level of service

2.7 Disqualification or suspension

- (a) Has in the past been disqualified or suspended from holding a licence to provide SPSV services
Please detail:
.....
.....
- (b) Has been banned or suspended from providing SPSV services from the airport
Please detail:
.....
.....

SECTION 3.

Complete this section only to ADD A NEW OR SUBSTITUTE VEHICLE:

3.1 Existing (**OLD**) Vehicle detailed in licence:

Make: _____

Model: _____

Year of manufacture: _____

Registration number: _____

Fleet taxi number: _____

Driver photo ID: _____

3.2 Substitute (**NEW**) Vehicle:

Make: _____

Model: _____

Year of manufacture: _____

Registration number: _____

Fleet taxi number: _____

Driver photo ID: _____

3.3 External appearance:

Please tick
As appropriate

- Excellent – panels are not damaged and are free of rust, paintwork is unmarked
- Good – panels have minimal damage and are free of rust, paintwork has minimal marking
- Poor – panels are damaged and rusted, and/or paintwork is badly marked or faded
- Exterior is cleaned at least daily
- Exterior is cleaned at least weekly

- 3.4 Internal appearance:
- Interior clean, tidy and uncluttered
 - Soft seat covers in good repair
 - Floor carpeting in good repair
 - Interior is cleaned at least daily
 - Interior is cleaned at least weekly
 - Heating/ventilation in working order
 - Air conditioning in working order
 - Radio in working order
 - Tape deck or CD player in working order

- 3.5 Other:
- Radio communications to dispatch centre
 - Computer linked to dispatch centre
 - Ample luggage storage

SECTION 4.

Complete this section ONLY if you wish to CHANGE YOUR ATO

4.1 Your current ATO:

4.2 Your new ATO:

THIS SECTION MUST BE COMPLETED IN FULL

5. License Holder & ATO Approval

Signed by **LICENSE HOLDER:**

In the presence of:

Witness: _____

Occupation: _____

Address: _____

Signed by ATO:

In the presence of:

Witness: _____

Occupation: _____

Address: _____

6. APPROVAL BY WIAL

Signed on behalf of **WELLINGTON INTERNATIONAL AIRPORT LIMITED** by:

In the presence of:

Witness: _____

Occupation: _____

Address: _____