

Schedule 1

Regulation 25

Non-Emergency Patient Transport Act 2003 Non-Emergency Patient Transport Regulations 2005

APPLICATION FOR A NON-EMERGENCY PATIENT TRANSPORT SERVICE LICENCE

SECTION A

1. Full name of applicant:
2. Postal address of applicant:
3. The name, telephone and facsimile numbers and email address of a contact person for the purposes of the application:

4. If the applicant is a body corporate, the name and address of any director or officer of the body corporate who may exercise control over the non emergency patient transport provider:

SECTION B

1. The class of non-emergency patient transport provider licensing is being sought:
 - *transport of low acuity patients
 - *transport of medium acuity patients
 - *transport of high acuity patients

2. The proposed name of the non-emergency patient transport company, its street address and the municipal district in which the business is located:

3. The proposed number and types of vehicles:

Type of vehicle:	Number of vehicles:
* road	
*fixed wing aircraft	
*rotary wing aircraft	

Signature of applicant:

Name of each signatory (in BLOCK LETTERS)