

## **Schedule 2**

### **Regulation 26**

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

#### **APPLICATION FOR THE RENEWAL OF A NON-EMERGENCY PATINET 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 name of the non-emergency patient transport provider and its street address:
  
2. Date of expiry of current license:

Signature of applicant:

Name of each signatory (in BLOCK LETTERS)

Date:

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