### **Scouts Victoria**

### Request to issue bus operators certificate of registration



Scouts Victoria is the holder of a Transport Safety Victoria Certificate of Registration to operate a bus service which is not a commercial bus service or a local bus service.

Scout Groups requiring a copy of the Certificate when hiring a bus from a provider may request a copy using this form. Upon receipt the request will be assessed against the requirements of the Registration and the Certificate forwarded directly to the provider of the bus.

#### IMPORTANT Please note the following instructions:

- 1. You must complete all sections of the Request Form and provide ALL supporting documentation for your request to be processed.
- 2. Use this checklist to ensure ALL requirements are addressed. This checklist is for you to use and retain.

#### Request Form Checklist

Ensure you have completed all sections of the Request Form.

Provide complete details of the Bus Provider.

Complete driver details for each proposed bus driver.

Each driver must initial all five components of the undertaking.

#### **Request Form Attachments**

Attach a copy of the driver's license for each proposed driver.

Attach an assessment of how many passengers can be safely carried on the bus. This may be obtained from the Bus Provider.

If travelling Interstate, also attach your Interstate Travel Form.

For assitance, please contact our Member Services Team on 8543 9200 or email <a href="memberservices@scoutsvictoria.com.au">memberservices@scoutsvictoria.com.au</a>.

Once completed, please submit your application and supporting documents to memberservices@scoutsvictoria.com.au.

### **Formation Details** Group/Formation: Date: District: Region: **Details of Bus Provider** Organisation Name: Contact Name: Postal Address: Suburb: State: Post Code: Phone: Email address: **Duration of Hire** Collection date: Return date: Travel Plans: (tick one box)

Are you intending to travel outside Victoria? No Yes (If yes, complete an Interstate Travel Form)

#### The certificate of registration will be forwarded direct to the provider

Each driver of the bus must complete a Personal Details of Driver section of this form.

If there are more than two drivers, simply fill out another form as required.

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Office Use Only		Received Date:							
Complete driver details and copy of licence provided				Da	Date:		Initial:	Initial:	
Driver licence type suitable for bus type				Da	Date:		Initial:		
Bus Provider verified					Date:		Initial:		
Request accepted?			Sent Certificate to Bus Provider v		with	1 - 11 - 1			
	Yes		covering letter and email copy to		o Group	Group Initial:			
	No		Send advice Group with explana			ation	Initial:		
Personal details of dri	iver #1								
Full Name: (as shown	on licence)								
Mobile Phone:		Home	ne Phone:			Work Phone:			
E mail address:			Member N			r No.:	No.:		
Residential Street Address (Not PO Box):									
Suburb/Town:				State:			Postcode:		
Postal Address Tick if same as residential address									
Postal Address:									
Suburb/Town:				State:			Postcode:		
Driver's Licence (atta	ch a copy of your	licenc	e)						
Licence Number:			Lic	icence Type:			Expiry Date:		
I undertake to:								Initial	
Ensure the bus I am driving has a current (within 12 months) roadworthy certificate issued by a licensed bus tester.									
Ensure that I do not have any alcohol or drugs present in my blood or breath immediately before or while driving a bus.									
Assess the maximum number of passengers that may be safely carried on the bus and provide evidence of the assessment with this form.									
Ensure the bus I am driving is fitted with a properly maintained and tested fire extinguisher.									
Notify Scouts Victoria immediately, through the 24 Hour Incident and Emergency line (03 8543 9877), of any accident that occurs whilst operating the bus.									
Driver's Signature:					Date:				
Personal details of dri	iver #2								
Full Name: (as shown	on licence)								
Mobile Phone: Home Phone:				Work Pho		none:	one:		
E mail address:					Member No.:				
Residential Street Add	dress (Not PO Bo	x):							
Suburb/Town:			State:		Postcode:				

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Postal Address Tick if same as residential address								
Postal Address:								
Suburb/Town:	State:	Postcoo	Postcode:					
Driver's Licence (attach a copy of your licence)								
Licence Number:	Licence Type:	Expiry Date:						
I undertake to:	Initial							
Ensure the bus I am driving has a current (within 12 mo licensed bus tester.								
Ensure that I do not have any alcohol or drugs present in or while driving a bus.								
Assess the maximum number of passengers that may be safely carried on the bus and provide evidence of the assessment with this form.								
Ensure the bus I am driving is fitted with a properly maintained and tested fire extinguisher.								
Notify Scouts Victoria immediately, through the 24 Hou 9877), of any accident that occurs whilst operating the								
Driver's Signature:	Date:							