

Bus Service Alteration Request (BSAR)

General Information							
Contract number (V/S/M/L):							
Operator name:							
Proposed commencement date: / / / day month year	Proposed end date: / / / / / / / / / / / / / / / / / / /						
Description of the proposed alteration:							
Type of service alteration (select one): Change route	New route Cancel route						
Reason(s) for the proposed alteration:							
New development Decreased loading	Special event Network review						
New school Rail timetable change	Growth buses Corridor review						
School closing Safety issue	Transit stop change Efficiency review						
Change in bell time Increased loading	Road works Buses running late						
Other (provide details):							
Route Service Details							
Route number:* Route name:							
Route type: School Regular							
Route direction:							
*Proposed changes to Schedule 2 to be detailed in Service Level Schedule docum	ents and provide current and proposed run bats/route descriptions/timetables.						
Proposed Price Adjustment Summary							
Bus hour payments: \$ Hourly \$ maintenance rate:	Bus driver daily sallowance: Total price adjustment						
Bus kilometre \$ payments: \$	Bus overhead: \$						
Proposed costs to be transferred from BSAR estimator spreadsheet.	. 1						
December when and alternation							
Reason for proposed alteration Provide detailed information including benefits for existing and new passengers, any impact on bus routes, bus categories, timetables, dedicated school services and the Operator's ability to meet the Key Performance Indicators in accordance with Clause 5.4 (f).							
services and the Operator's ability to meet the Key Performance Indicators in	accordance with Clause 5.4 (f).						

Changes to passenger journeys						
Provide detailed information of changes to passenger journeys under this proposal including the average daily number of passengers affected.						
Is there sufficient capacity on the existing bus/buses? If no, you must provide information in accordance with Clause 5.4 of the contract.		Yes	☐ No			
II no, you must provide information in accordance with Clause 5.4 of the contract.			Ш			
Written advice regarding road conditions must be obtained from the relevant						
Government Authority, RMS, and uploaded with your application; or if the Co provided on private property, with the permission of the owner of the private property.		Yes	No			
Clause 22.1 (f) of the Contract?						
Have all bus stops been assessed for safety? Advice on choosing locations that been prepared to assist bus operators in their assessment. The advice c	for informal bus stops	□ V ₂₂	□ No			
http://roadsafety.transport.nsw.gov.au/stayingsafe/schools/informal-school-but/ (You must consider the safety aspects of all stops on the route prior to submit	us-stops.html	Yes	∐ No			
(You must consider the salety aspects of all stops on the route prior to submit	illing a BSAR request)					
Are there any safety concerns in relation to any of the bus stops? (If Yes, please provide comment regarding how risks will be mitigated)		Yes	☐ No			
(iii ree, piedee pievide eeiminent regarding neu neite iiiii ze niiiagatea)						
Are there any schools impacted by the route changes? If yes, provide comments.		Yes	☐ No			
Is this request for a retroactive Service Variation (BSAR) due to an unforesee	en diversion of a Contract Rus					
for more than 2 days? If yes, provide comments.	ch diversion of a contract bus	Yes	No			
Is a Communication strategy provided detailing how the public will be notified	d of the proposal?	☐ Yes	□ No			
is a Communication strategy provided detailing now the public will be notified of the proposar:						
Have you attached the proposed changes to the Schedule 2 – Service Level Schedule documents?			∐ No			
Have you attached completed RRBSC BSAR estimator printout?			☐ No			
Certification						
I/We hereby certify and declare that all the information supplied on this form i	is true and correct.					
Signature of Contract Holder S	Signature of Authorised Person (v	vhere a Corpora	ation)			
OR	2	,	,			
	Name of Authorised Person					
Date						
Email the completed form to:						
rrcontracts@transport.ns	<u>sw.gov.au</u>					

TfNSW Office – INTERNAL USE ONLY							
Approved Price Adjustment Summary:							
Payment start date:		Payment end date:					
Reference:							
Bus hour payments:	Hourly maintenance rate:		Bus driver daily allowance:	Total price adjustment			
Bus kilometre payments:	Bus fuel payments:		Bus overhead:				
Signature of Assessor		Signature of Approver					
Name of Assessor		Name of Approver					
Date			Date				