

General Information

Contract number (V/S/M/L): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Operator name:	
Proposed commencement date: day / month / year	Proposed end date: day / month / year <i>(if temporary change only)</i>
Description of the proposed alteration: ----- -----	
Type of service alteration (<i>select one</i>): <input type="checkbox"/> Change route <input type="checkbox"/> New route <input type="checkbox"/> Cancel route	
Reason(s) for the proposed alteration:	
<input type="checkbox"/> New development	<input type="checkbox"/> Decreased loading
<input type="checkbox"/> New school	<input type="checkbox"/> Rail timetable change
<input type="checkbox"/> School closing	<input type="checkbox"/> Safety issue
<input type="checkbox"/> Change in bell time	<input type="checkbox"/> Increased loading
<input type="checkbox"/> Other (<i>provide details</i>):	
<input type="checkbox"/> Special event	<input type="checkbox"/> Network review
<input type="checkbox"/> Growth buses	<input type="checkbox"/> Corridor review
<input type="checkbox"/> Transit stop change	<input type="checkbox"/> Efficiency review
<input type="checkbox"/> Road works	<input type="checkbox"/> Buses running late

Route Service Details

Route number:*	Route name:
Route type: <input type="checkbox"/> School <input type="checkbox"/> Regular	
Route direction: <input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Loop	
<i>*Proposed changes to Schedule 2 to be detailed in Service Level Schedule documents and provide current and proposed run bats/route descriptions/timetables.</i>	

Proposed Price Adjustment Summary

Bus hour payments:	Hourly maintenance rate:	Bus driver daily allowance:	Total price adjustment
Bus kilometre payments:	Bus fuel payments:	Bus overhead:	
Proposed costs to be transferred from BSAR estimator spreadsheet.			

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).

Changes to passenger journeys

Provide detailed information of changes to passenger journeys under this proposal including the average daily number of passengers affected.

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Is there sufficient capacity on the existing bus/buses? Yes No
If no, you must provide information in accordance with Clause 5.4 of the contract.

Written advice regarding road conditions must be obtained from the relevant Authority eg Local Government Authority, RMS, and uploaded with your application; or if the Contract Bus Services are to be provided on private property, with the permission of the owner of the private property in accordance with Clause 22.1 (f) of the Contract? Yes No

Have all bus stops been assessed for safety? *Advice on choosing locations for informal bus stops has been prepared to assist bus operators in their assessment. The advice can be found at <http://roadsafety.transport.nsw.gov.au/stayingsafe/schools/informal-school-bus-stops.html> (You must consider the safety aspects of all stops on the route prior to submitting a BSAR request)* Yes No

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

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 unforeseen diversion of a Contract Bus for more than 2 days? *If yes, provide comments.* Yes No

Is a Communication strategy provided detailing how the public will be notified of the proposal? Yes No

Have you attached the proposed changes to the Schedule 2 – Service Level Schedule documents? Yes No

Have you attached completed RRBSC BSAR estimator printout? Yes No

Certification

I/We hereby certify and declare that all the information supplied on this form is true and correct.

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Signature of Contract Holder

.....
Signature of Authorised Person *(where a Corporation)*

OR

.....
Name of Contract Holder

.....
Name of Authorised Person

.....
Date

.....
Date

Email the completed form to:

rnewcastle@transport.nsw.gov.au or Wollongong@transport.nsw.gov.au

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