



I, (Please state full name)

Family name

Given name

Date of birth

Mobile number

Landline number

Email address

Current Residential Address;

Street name

Suburb

State

Postcode

Do solemnly and sincerely declare that;

- I currently hold bus driver authority to drive a public passenger vehicle.
(Name other jurisdiction where such certificates currently held)

Issued in (Name of issuing State/Territory/NZ)	Licence Number	Driver Authority Number	Status Current/Expired	Time held (Years/Months)

- If my registration is subject to any conditions, limitations or restrictions in any State, Territory or New Zealand, I have listed them below. (provide details of any conditions, limitations or restrictions).
- I am applying to recognise the registration in accordance with the mutual recognition principle under *Mutual Recognition (NSW) Act 1992* or *Trans-Tasman Mutual Recognition Act 1996*.
- I am not subject of disciplinary proceedings in any jurisdiction of Australia or New Zealand (including any preliminary investigations or action that may lead to disciplinary proceedings) in relation to this occupation.
- My registration is not cancelled or currently suspended as result of disciplinary action in any State, Territory or New Zealand.
- I am not personally prohibited from doing this type of work in any State, Territory or New Zealand.
- I am not subject to special conditions in doing this type of work as result of criminal, disciplinary or civil proceedings in any State, Territory or New Zealand.
- I give consent to Transport for NSW to make enquiries of, and exchange information with the authorities of any jurisdiction regarding my activities in the occupation or otherwise regarding matters relevant to this declaration (including criminal and traffic history checks).
- I have attached the copy of the original instrument that evidences my existing registration, and certify that it is the original or a complete and accurate copy of the original **or** if there is no such instrument; I have attached sufficient information to identify me and my registration.



I, _____, do solemnly and sincerely declare that the
[name of declarant]

contents of this application are true and correct, and by virtue of the provisions of the *Oaths Act 1900*.

Declared at: _____ on _____
[place] *[date]*

in the presence of a Justice of Peace (**JP**), who states:

I, _____, RN: _____
[Name of JP] *[Registration Number]*

certify the following matters concerning the making of this statutory declaration by the person who made: *[*please cross out any text that does not apply]*

1. *I saw the fact of the person **OR** *I did not see the fact of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification* for not removing the covering, and
2. *I have know the person for at least 12 months **OR** *I have confirmed the person's identity using an identification document and the document I relied on was

[describe identification document relied on]

[Signature of JP] *[date]*

*A 'special justification' includes having a legitimate medical reason for not removing the face covering.

NOTE: Your application may be refused if any of the statement or information in this declaration is materially false or misleading.