



APPLICATION TO EXTEND PEAK PERIOD COUNTRY TAXI HOURS OF OPERATION

PLATE DETAILS			
Name of Taxi Licence Holder			
CT plate number		Locality	
Name of Lessee			
Email or fax <small>Where approval is to be sent</small>			
DETAILED REASON FOR EXTENSION			
EXTENSION DETAILS			
Start Date		End Date	
Start Time		End Time	

Please submit this form to your regional DoT Office for the Regional Manager's (RM) assessment at least 2 weeks prior to the start date of the extension. If and when the RM supports your application the request will be forwarded to Passenger Services for approval.

The plate owner will then be informed of the outcome in writing. If you are not the owner please give your email address or fax number above where you require a copy of the approval notification to be sent.

Application has been: **approved / refused** Date: _____

Justification for refusal: _____

Signature of RM _____

Regional Manager Stamp

Attach Variation to Country Taxi Plate Conditions letter or notice of refusal.