



When blank, this form is classed as OFFICIAL, when completed, this form is classed as OFFICIAL SENSITIVE
This form is required to be completed to register your partnership or trust as a customer with the Department of Transport and Major Infrastructure (DTMI) to enable your entity to make an online application to become an authorised towing business.

ENTITY DETAILS

NAME OF PARTNERSHIP/TRUST

ENTITY TYPE
 Partnership
 Trust

REGISTERED BUSINESS NAME/S

AUSTRALIAN BUSINESS NUMBER (ABN) OR AUSTRALIAN REGISTERED BUSINESS NUMBER (ARBN)

PRINCIPAL PLACE OF BUSINESS

SUBURB

STATE POST CODE

BUSINESS POSTAL ADDRESS (IF DIFFERENT TO ABOVE ADDRESS)

SUBURB

STATE POST CODE

BUSINESS PHONE NUMBER BUSINESS MOBILE NUMBER

EMAIL ADDRESS

PRIMARY DELEGATE FOR DOTDIRECT (CONT.)

POSITION WITHIN THE PARTNERSHIP/TRUST

RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

SUBURB

STATE POST CODE

POSTAL ADDRESS (IF DIFFERENT TO ABOVE ADDRESS)

SUBURB

STATE POST CODE

BUSINESS PHONE NUMBER BUSINESS MOBILE NUMBER

EMAIL ADDRESS

DOES THE NOMINATED PRIMARY DELEGATE HAVE AN EXISTING DOTDIRECT ACCOUNT?
 Yes
 No - Nominate two DoTDirect account user names (This will enable the creation of an account for online access)

USER NAME (PREFERRED)

ALTERNATE USER NAME

You will be contacted to provide an additional alternative user name/s if the user names provided are unavailable.

PRIMARY DELEGATE FOR DOTDIRECT

A primary delegate is the main contact person for the partnership or trust, who can access a towing business authorisation through their personal DoTDirect account. Once the DoTDirect account has been created the primary delegate can add other users to the account.

FAMILY NAME

FIRST NAME

OTHER NAME/S

DATE OF BIRTH
 / /

GENDER
 Female
 Male
 X (Supporting documents required when gender X is selected, refer to DTMI website)

CONSENT TO ACT AS PRIMARY DELEGATE

By providing your signature below you are giving your consent to act as the Primary Delegate on behalf of the entity listed in this application.

SIGNATURE

DATE
 / /

PRIMARY DELEGATE PROOF OF IDENTITY

The nominated Primary Delegate must provide proof of identity for the DoTDirect Account to be created. Do you have a WA driver's licence?

Yes, please provide your driver's licence number below

No - you must provide proof of identification documentation. Refer to the 'Towing Business Authorisation' Standard Proof of Identity Requirements' fact sheet at transport.wa.gov.au/licensing/towing-industry-reforms/towing-business-authorisation

WA DRIVER'S LICENCE NUMBER

PARTNERS/TRUSTEES

Details of all partners and trustees are required (please print and complete additional copies of this page if necessary)

PARTNER/TRUSTEE 1 - INDIVIDUAL (WHERE APPLICABLE)

FAMILY NAME

FIRST NAME

OTHER NAME/S

DATE OF BIRTH

 / /

GENDER

<input type="checkbox"/>	Female
<input type="checkbox"/>	Male
<input type="checkbox"/>	X (Supporting documents required when gender X is selected, refer to DTMI website)

RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

SUBURB

<input type="text"/>	POST CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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STATE

POSTAL ADDRESS (IF DIFFERENT TO ABOVE ADDRESS)

SUBURB

<input type="text"/>	POST CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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STATE

PHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

PROOF OF IDENTITY

Each Partner/Trustee must provide proof of identity. Do you have a WA driver's licence?

<input type="checkbox"/>	Yes, please provide your driver's licence number below
<input type="checkbox"/>	No - you must provide proof of identification documentation. Refer to the 'Towing Business Authorisation' Standard Proof of Identity Requirements' fact sheet at transport.wa.gov.au/licensing/towing-industry-reforms/towing-business-authorisation

WA DRIVER'S LICENCE NUMBER

PARTNER/TRUSTEE SIGNATURE

DATE

 / /

PARTNERS/TRUSTEES (CONTINUED)

PARTNER/TRUSTEE 1 - ENTITY (WHERE APPLICABLE)

NAME OF ENTITY

ENTITY TYPE

<input type="checkbox"/>	Company
<input type="checkbox"/>	Incorporated body
<input type="checkbox"/>	Other legal entity (please detail type below)

AUSTRALIAN COMPANY NUMBER (ACN)

AUSTRALIAN BUSINESS NUMBER (ABN) OR AUSTRALIAN REGISTERED BUSINESS NUMBER (ARBN)

PRINCIPAL PLACE OF BUSINESS

SUBURB

<input type="text"/>	POST CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BUSINESS POSTAL ADDRESS (IF DIFFERENT TO ABOVE ADDRESS)

SUBURB

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STATE

PHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

SUPPORTING DOCUMENTATION REQUIREMENTS

Please ensure the following requirements have been completed and applicable documentation is attached to your application. Please tick boxes for documents provided.

LEGAL ENTITY IS A COMPANY

- Certificate of Registration
- Record of Registration for Business Name (when Registered Business Names have been provided)
- ASIC Company Extract (less than three months old)

LEGAL ENTITY IS A TRUST

- Trust deed (front page, schedule and signed page)

LEGAL ENTITY IS AN INCORPORATED BODY

- Certificate of Incorporation

PARTNERS/TRUSTEE 2

Details of all partners and trustees are required (please print and complete additional copies of this page if necessary)

PARTNER/TRUSTEE 2 - INDIVIDUAL (WHERE APPLICABLE)

FAMILY NAME

FIRST NAME

OTHER NAME/S

DATE OF BIRTH

 / /

GENDER

<input type="checkbox"/>	Female
<input type="checkbox"/>	Male
<input type="checkbox"/>	X (Supporting documents required when gender X is selected, refer to DTMI website)

RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

SUBURB

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PHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

PROOF OF IDENTITY

Each Partner/Trustee must provide proof of identity. Do you have a WA driver's licence?

<input type="checkbox"/>	Yes, please provide your driver's licence number below
<input type="checkbox"/>	No - you must provide proof of identification documentation. Refer to the 'Towing Business Authorisation' Standard Proof of Identity Requirements' fact sheet at transport.wa.gov.au/licensing/towing-industry-reforms/towing-business-authorisation

WA DRIVER'S LICENCE NUMBER

PARTNER/TRUSTEE 2 SIGNATURE

DATE

 / /

PARTNERS/TRUSTEE 2 (CONTINUED)

PARTNER/TRUSTEE 2 - ENTITY (WHERE APPLICABLE)

NAME OF ENTITY

ENTITY TYPE

<input type="checkbox"/>	Company
<input type="checkbox"/>	Incorporated body
<input type="checkbox"/>	Other legal entity (please detail type below)

AUSTRALIAN COMPANY NUMBER (ACN)

AUSTRALIAN BUSINESS NUMBER (ABN) OR
AUSTRALIAN REGISTERED BUSINESS NUMBER (ARBN)

PRINCIPAL PLACE OF BUSINESS

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PHONE NUMBER

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EMAIL ADDRESS

SUPPORTING DOCUMENTATION REQUIREMENTS

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LEGAL ENTITY IS A COMPANY

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- Record of Registration for Business Name (when Registered Business Names have been provided)
- ASIC Company Extract (less than three months old)

LEGAL ENTITY IS A TRUST

- Trust deed (front page, schedule and signed page)

LEGAL ENTITY IS AN INCORPORATED BODY

- Certificate of Incorporation

APPLICANT DECLARATION

I certify the information provided in this application is true and correct. I have the authority to act on behalf of the entity listed in this application. I declare that I am authorised to submit this application on their behalf. I understand that the provision of false or misleading information in this application is an offence and will be treated seriously.

APPLICANT NAME

APPLICANT SIGNATURE

DATE

 / /

SUPPORTING DOCUMENTATION CHECKLIST

Please ensure the following requirements have been completed and applicable documentation attached to your application.

WHERE ENTITY IS A PARTNERSHIP

<input type="checkbox"/>	Partnership agreement (naming all partners)
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WHERE ENTITY IS A TRUST

<input type="checkbox"/>	Trust deed (front page, schedule and signed page)
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ALL PARTNERS/TRUSTEES

<input type="checkbox"/>	Western Australian driver's licence number, OR
<input type="checkbox"/>	Proof of identification documents (stamped certified copies if not presenting in person) OR
<input type="checkbox"/>	Documentation establishing the identity of a legal entity listed as a Partner/Trustee

PRIMARY DELEGATE

<input type="checkbox"/>	Western Australian driver's licence number, OR
<input type="checkbox"/>	Proof of identification documents (stamped certified copies if not presenting in person)

SUBMITTING YOUR APPLICATION

Partnerships/Trusts based in WA where the Primary Delegate holds a WA driver's licence can email this application form and supporting documents to: towing@transport.wa.gov.au

Partnerships and Trusts based in regional WA or outside of WA can email this application form and certified copies of their proof of identity documents to: towing@transport.wa.gov.au

Or by post to:

Department of Transport and Major Infrastructure
Towing Governance and Regulation
Driver and Vehicle Services
GPO Box R1290
Perth WA

For information on how to certify documents, please refer to the 'Towing Business Authorisation' Standard Proof of Identity Requirements' fact sheet at transport.wa.gov.au/licensing/towing-industry-reforms/towing-business-authorisation

Towing Governance and Regulation contact details:

Telephone enquiries: 08 9320 4111
Email: towing@transport.wa.gov.au
Website: www.transport.wa.gov.au

PRIVACY STATEMENT

DTMI collects your personal information, including your name, date of birth, address, and signature to verify your identity when processing your application to register your partnership or trust as a customer with the DTMI.

Your personal information may be shared with authorised third parties, including law enforcement and other transport agencies, as permitted or required by law or court order. Providing this information is voluntary, but if you do not provide the required information your application may be refused.

DTMI is committed to protecting your privacy. For more information on how we handle your personal information, including the purposes for which it may be used and disclosed, visit transport.wa.gov.au/privacy

You may access or correct your personal information by emailing foi@transport.wa.gov.au or visiting transport.wa.gov.au/foi

OFFICE USE ONLY

The following applicable supporting documentation has been provided by the applicant – original documents for WA based Partnerships or Trusts or electronic or posted certified copies (where applicable).

PARTNERSHIP

<input type="checkbox"/>	Partnership agreement (naming all partners)
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TRUST

<input type="checkbox"/>	Trust deed (front page, schedule and signed page)
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ALL PARTNERS/TRUSTEES

<input type="checkbox"/>	Western Australian driver's licence number, OR
<input type="checkbox"/>	Current Australian driver's licence or primary identification (one document) AND secondary identification (two documents), OR
<input type="checkbox"/>	Documentation establishing the identity of a legal entity listed as a Partner/Trustee

PRIMARY DELEGATE

<input type="checkbox"/>	WA driver's licence, OR
<input type="checkbox"/>	Current Australian driver's licence or primary identification (one document) AND secondary identification (two documents)

I have checked that the applicant, primary delegate and any listed partners/trustees have provided the required supporting documentation and have attached copies of all documents provided.

RECEIVING OFFICER NAME

SIGNATURE

DATE

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