



When blank, this form is classed as OFFICIAL, when completed, this form is classed as OFFICIAL SENSITIVE

The WA Government has committed funding in its 2022-23 State budget to modernise and improve the Taxi User Subsidy Scheme (TUSS). In preparation for this, we are requesting that TUSS participants confirm their contact details with the Department of Transport (DoT). DoT will use the information you provide to update your information on our systems. Any sections left blank will be considered to not have changed.

PARTICIPANT DETAILS

TUSS PARTICIPANT NUMBER

MR MRS MS MISS OTHER

If you selected other, please specify your title

DATE OF BIRTH

/ /

SURNAME

FIRST NAME

OTHER GIVEN NAMES

GENDER

Male Female X*

* For details about the documents required when X is selected visit:
www.transport.wa.gov.au/licensing/change-my-gender.asp

RESIDENTIAL ADDRESS

SUBURB

STATE POST CODE

Postal address is the same as residential address

POSTAL ADDRESS (IF APPLICABLE)

SUBURB

STATE POST CODE

PHONE NUMBER MOBILE NUMBER

EMAIL ADDRESS

NAME OF RESIDENTIAL CARE FACILITY (IF APPLICABLE)

NATIONAL DISABILITY INSURANCE SCHEME (NDIS) NUMBER (IF APPLICABLE)

PARTICIPANT DETAILS

Do you hold / have you ever held a WA driver's licence?

Yes No

If yes, what is / was your current or previous driver's licence number?

PREFERRED CONTACT

Who is your preferred contact for TUSS-related matters?

Participant Next of kin Carer / other contact

NEXT OF KIN DETAILS

SURNAME

FIRST NAME

OTHER GIVEN NAMES

HOME / WORK PHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

RELATIONSHIP TO THE PARTICIPANT

CARER / OTHER CONTACT DETAILS

SURNAME

FIRST NAME

OTHER GIVEN NAMES

HOME / WORK PHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

RELATIONSHIP TO THE PARTICIPANT

Turn over and complete back of form →

TUSS REFORM UPDATES

The WA Government has committed funding to modernise and improve TUSS. It is estimated that a digital solution will be available across WA by late 2024.

If you have provided an email address, DoT will send you occasional updates about the TUSS reform via email. If you do not wish to receive email updates on the TUSS reform, please indicate below:

I do not wish to receive email updates.

DECLARATION

If you are unable to sign this document, your carer / next of kin can sign on your behalf. If this is not a suitable option for you, you may tick the box at the bottom of this section to indicate your agreement with the declaration.

- I certify that the information I have provided is true and correct.
- I consent for the Department of Transport (DoT) to use the contact details I have provided on this form for all DoT dealings.*

* DoT administers a range of licences and services, including driver's licences; vehicle licences; the Taxi User Subsidy Scheme; WA photo cards; off-road vehicle registration; learner's permits; extraordinary licences; recreational skippers tickets; and boat registration.

TUSS PARTICIPANT'S SIGNATURE

DATE SIGNED

/ /

If signed by other person, please print your full name.

FULL NAME OF AUTHORISED OTHER PERSON

SOURCE OF AUTHORITY IF SIGNED ON PARTICIPANT'S BEHALF

Power of Attorney

Guardianship Order

Other (please specify)

Signature alternative

I am unable to sign this form. By ticking this box, I agree with the declaration above.

Note: if you tick this box, DoT may need to contact you to confirm your declaration and any changes to your details.

HOW TO SUBMIT YOUR FORM

Make sure all sections of this form have been completed correctly, and that you or your Next of kin / Carer have signed the declaration above.

Mail your completed form to DoT using the reply-paid envelope enclosed with your letter, or scan your completed form and email it to tussupdates@transport.wa.gov.au

OFFICE USE ONLY

Both pages of form received. Pages missing?

Declaration signed or ticked.

More information required? If so, contact participant.

Participant details updated in DoT system.

RECEIVING OFFICER NAME

SIGNATURE

DATE SIGNED

/ /