



Return this application to:

**Road Transport Operator Licensing Unit
Department of Transport, Tourism and Sport
Clonfert House, Bride Street, Loughrea, Co. Galway**

ROAD PASSENGER TRANSPORT OPERATOR LICENCE APPLICATION FORM

This is an application form for a Road Passenger Transport Operator Licence, and for all the appropriate documents for vehicles to be authorised under the licence. Please complete in CAPITAL LETTERS. **You should read the Guide to Road Passenger Transport Operator Licensing (referred to in this form as “the Guide”) before filling in this form.** If you need more space for any part of this application, use a separate page, and enclose it with this application. The fee must be paid in full and accompany the application. All documentation indicated in this form and in the leaflet must be enclosed. Tick boxes as appropriate in this form. If in doubt about any aspect of filling in this form, you should consult the Guide.

Section 1 Type of Licence required (see Section 1 in the Guide)		<i>Office Use Only</i>
1A	National Passenger Operator Licence <input type="checkbox"/> International Passenger Operator Licence <input type="checkbox"/>	
1B	Previous Licence No. (if any) _____	
<i>Office Use Only</i>	<i>Office Use Only</i>	
Application No.		
Licence No.		

Section 2 Applicant Details and Establishment (see Section 2 in the Guide)	
2A	Name of Applicant _____
2B	Business Address of Applicant _____ _____
2C	Registered Office (if different from 2B) _____ _____
2D	Is the business a: Sole Trader <input type="checkbox"/> Company <input type="checkbox"/> Co-operative <input type="checkbox"/> Partnership <input type="checkbox"/>
2E	Office Phone No. _____
2F	Office Fax No. _____
2G	Office E-mail _____
2H	In the case of a company, state Companies Registration Office registration no. _____
2I	If a trade or business name is registered with Companies Registration Office, state registration no. _____ and name _____

Section 3		Details of Sole Trader, Directors or others in the business		(see Section 3 in the Guide)	
3A Name _____ Address _____ _____ Mobile _____ E-mail _____ PPSN _____ Date of Birth _____ Position in firm _____	3B Name _____ Address _____ _____ Mobile _____ E-mail _____ PPSN _____ Date of Birth _____ Position in firm _____				
3C Name _____ Address _____ _____ Mobile _____ E-mail _____ PPSN _____ Date of Birth _____ Position in firm _____	3D Name _____ Address _____ _____ Mobile _____ E-mail _____ PPSN _____ Date of Birth _____ Position in firm _____				
<i>Office Use Only</i>					

Section 4		Vehicles to be used under the Licence		(see Section 4 in the Guide)	
	Registration number	Is vehicle leased or hired Y/N?		PSV Licence valid until	
4A					
4B					
4C					
4D					
<i>If necessary, continue on a separate page, to be signed and dated by the applicant</i>					
4E	Every operator must have adequate parking spaces and operating premises in the State. Please provide address where vehicles are normally parked. Address: _____ _____				
4F	I hereby declare that all vehicles to be used under the licence are insured to operate for hire or reward Yes <input type="checkbox"/> No <input type="checkbox"/>				
<i>Office Use Only</i>					

Section 5 **Transport Manager Details** **(see Section 5 in the Guide)**

5A Name of Transport Manager _____

5B Address _____

5C Mobile _____ **5D** Telephone _____

5E E-mail _____

5F PPSN _____ **5G** Date of Birth _____

5H Country of issue of Certificate of Professional Competence (CPC): _____

5I Transport Manager's CPC No. _____ **5J** Date of issue of CPC _____

5K Type of CPC: National International

Office Use Only

Section 6 **Good Repute** **(see Section 6 in the Guide)**

All persons listed in Section 3 and Section 5 of this application must complete a **Garda Vetting Application Form** and an **Infringement Form**. Additionally, if the applicant is a company or co-operative, the company or co-operative must also complete an Infringement Form. These forms must be completed and submitted, even if there are no convictions against the person or company/co-operative. Photocopy more forms if needed. In addition if any **driver** of any vehicle to be used in the road passenger transport business has been convicted of any of the Serious Offences listed in **Note A of the Guide**, that driver must complete a Garda Vetting Application Form which must be submitted with the licence application.

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Section 7 **Financial Standing** **(see Section 7 in the Guide)**

7A You must enclose the documents required for your formation type demonstrating that you have sufficient resources to launch and administer the business, consisting of capital and reserves or net assets of at least €9,000 for the first vehicle to be authorised on the licence, and at least €5,000 for each additional vehicle.

7B I authorise RTOL to verify my tax cleared position online: Yes No (if no, you must attach a copy of your Tax Clearance Certificate to the application form)

7C Please provide the details of the Tax Certificate holder as they appear on the Tax Clearance Certificate:

Registration Number _____ Certificate Number _____

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Section 8**Fees****(see Section 8 in the Guide)**

8A The appropriate fee for this application and details of how to pay are set out in Note 8 in the Guide. The fee paid is for the consideration of the application and is non-refundable, even if the application is not granted.

Please state the amount of the fee being enclosed with this application: _____

8B Please indicate payment method (do not send cash in the post): Cheque Bank Draft Postal Order
Credit/Debit Card (see Section 11 for credit/debit card payment)

Office Use Only**Section 9****Conditions of Application****(see Section 9 in the Guide)**

9A The Minister may refuse any application where he or she considers that any of the requirements to obtain a licence are not met, where any false declaration is made, or if the application is not satisfactory or is abandoned.

9B The Minister may undertake such additional checks or seek any additional information before granting an application, including vetting checks with An Garda Síochána, as he or she sees fit.

9C The Minister may share details about operators and relevant persons with enforcement authorities in Ireland and the EU, and on request with other Government Departments and their agencies.

9D The information provided in this application will be held on computer by the Minister. Once the licence is granted, certain licence information (see the Guide for details) is published by the Minister on the Department's website and may be inspected by members of the public at any time.

9E Any false declaration made in this application may be prosecuted and can lead to a fine of up to €50,000.

9F This form and the appropriate Garda Vetting Forms, Infringement Forms, document used to demonstrate financial standing and fee together constitute the application. Applicants must complete this form in conjunction with the Guide.

Section 10**Declaration and Signature****(see Section 10 in the Guide)**

10A I hereby declare that all of the information in this application is true and accurate, and all statements or information provided about any person made in this application are made with their agreement.

10B Any changes in the details provided in this application will be notified to the Department no later than one month from that occurrence. Changes to vehicles being operated will be notified immediately.

10C I understand that the Department of Transport, Tourism and Sport may undertake good repute checks on relevant persons before approving this application and during the validity of the licence.

10D I agree to inform the Department of Transport, Tourism and Sport of any convictions for relevant offences against any relevant person to whom this application relates, during the validity of the licence.

10E I agree to abide by the conditions of this application and with any terms and conditions on my licence.

10F I confirm all the following are enclosed (please tick):

- Garda Vetting form and Infringement form for each person listed in Section 3 and Section 5
- Infringement Form for the Company or Co-operative if required (see Section 6)
- Document required to demonstrate financial standing (see Section 7)
- Tax Clearance Certificate if permission not granted to verify tax cleared position online (see Section 7)
- Fee (see Section 8)

Signed _____ Name in BLOCK CAPITALS _____

Date _____ Status _____ (applicant, director, partner, etc.)



An Garda Síochána Use Only
Reference No.:

An Garda Síochána
GARDA VETTING APPLICATION FORM

NOTE TO APPLICANT

- *The Enquiry Form must be completed in full using **BLOCK CAPITALS** (Please state N/A if details are not applicable)*
- *Writing must be clear and legible*
- *Return the completed form to Department of Transport, Tourism and Sport, Clonfert House, Bride Street, Loughrea, Co. Galway*
- ***DO NOT** send this form to the Garda Central Vetting Unit or to any Garda Station*

To be completed by the Applicant

SURNAME:	PREVIOUS NAME (if any):
FORENAME:	ALIAS:
DATE OF BIRTH: (dd/mm/yy)	PLACE/CITY OF ORIGIN:
HAVE YOU EVER CHANGED YOUR NAME?	Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES PLEASE STATE FORMER NAME:	

Please state all addresses from year of birth to present date

House No.	Street	Town	County	Post Code	Country	Year From	Year To

Please Continue Overleaf

Have you ever been convicted of an offence in the Republic of Ireland or elsewhere?

No Yes Please provide details

DATE	COURT	OFFENCE	COURT OUTCOME

DECLARATION OF APPLICANT

I, the undersigned, who have applied for a position as a * _____ hereby authorise An Garda Síochána to furnish to *Department of Transport, Tourism and Sport* a statement that there are no convictions against me in the Republic of Ireland or elsewhere, or a statement of convictions and / or prosecutions, successful or not, pending or completed, in the State or elsewhere as the case may be, subject to the administrative filter implemented by the Minister for Justice and Equality on 31st March 2014.

Signature of Applicant: _____ Date: _____
 PLEASE PRINT ALSO (_____)

* this field is mandatory

To be completed by Department of Transport, Tourism and Sport

Line Manager /Contact Person: _____ Location: _____
 PLEASE PRINT ALSO (_____)

Authorised Signatory: _____ (*Department of Transport, Tourism and Sport*)
 PLEASE PRINT ALSO (_____)

Authorised Signatory Registration Number: _____ Date: _____

To be completed by the Garda Central Vetting Unit

Checks were carried out by this office in accordance with current Garda Vetting policy and based on the information supplied in this application form. The results are as indicated below:

- No convictions
- Convictions
- Prosecutions are pending

NOTE: Checks were carried out by this office based on the information supplied. The convictions may apply to the subject of your enquiry. Please verify information disclosed with the applicant.

Signed: _____ Member I/C

G.C.V.U.

INFRINGEMENT FORM

NOTE TO APPLICANT

- *All members and transport managers must complete an Infringement Form*
- *If the applicant is a company or co-operative, the company or co-operative must complete an Infringement Form listing all convictions for relevant offences and/or infringements*
- *The Infringement Form must be completed in full using **BLOCK CAPITALS** (Please state N/A if details are not applicable)*
- *Writing must be clear and legible*
- *Completed form to be attached to cover letter and returned to RTOL*

SURNAME / NAME OF COMPANY OR CO-OPERATIVE:	PREVIOUS NAME (if any):
FORENAME:	DATE OF BIRTH: (dd/mm/yy)
PPSN:	POSITION IN FIRM:

Name of Applicant:

Have you received a penalty for any infringement (conviction for relevant offence if company or co-operative) in the Republic of Ireland or elsewhere?

No Yes If yes, please provide details

Date of infringement	Nature of infringement (or company conviction)	Place of Infringement	Penalty

I, the undersigned hereby declare that I have included all infringements (and convictions for relevant offences if applicant is company or co-operative) recorded against me in the Republic of Ireland or elsewhere.

Signature of Applicant: _____ **Date:** _____
PLEASE PRINT ALSO ()