



# TRANSPORT LICENSING AUTHORITY

Government of the Cook Islands

P.O Box 61, Avarua, Rarotonga, Cook Islands | Phone: +682 28-810  
Secretary of Transport Licensing Authority – Email: [leanne.browne@cookislands.gov.ck](mailto:leanne.browne@cookislands.gov.ck)

## New Application for Transport License

Taxicab Service

Rental Service

Passenger Service

Date of Application: \_\_\_\_\_

Full Name of Applicant: \_\_\_\_\_

Occupation: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Registered Company Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_

The following documents *must* be provided with this application.

- A current list of Drivers Full Names (Full time & Part Time)
- A Copy of All Drivers Licenses
- A Copy of your Current Schedule of Insurance Cover
- Registration Certificates for All Vehicles from the Bank of the Cook Islands (BCI)
- A Copy of Warrant of Fitness for All Vehicles used in this Service
- A Copy of your Companies Certificate
- Current Fares
- Current Published Schedule

*Please note that all questions are to be answered truthfully and any questions left unanswered may result or impede any favorable decision by the committee.*

1. Are you a Cook Islander/Permanent Resident? If “no” please specify

YES

NO

2. Have you (applicant) or the company ever been convicted of any Criminal or Traffic Offence? If “YES” please indicate conviction(s) recorded against you or the company.

YES

NO

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3. Provide your financial ability to carry on the proposed service.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Source of funds (name of bank or person(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Provide an estimate Capital Expenditure: \_\_\_\_\_

6. Do you have Third Party Insurance Cover or Passenger Liability Cover? (Licensee to provide Insurance or other Security against his liability in respect of death or injury to any passenger. Please provide details of your insurance or security.)

Name of Insurer: \_\_\_\_\_

Type of Insurance Cover: \_\_\_\_\_

Amount Insured for: \_\_\_\_\_

7. Provide Description, Registration Numbers and Number of Vehicles to be used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Seating Capacity of each Vehicle: (Indicate where applicable to you or to your company)

BUSES		JEEPS	
VANS		MOTOR CYCLES	
CARS		BICYCLES	

9. State Hours of Operation: (Indicate the hours that you would operate)

\_\_\_\_\_

10. The Vehicle(s) used in this service is/are to be Certified Safe and Roadworthy. Provide the details of your Mechanic or Licensed Garage or Company that Services and Certifies the issue of Warrant of Fitness for your Vehicle(s).

Name of Mechanic/Licensed Garage/Company	Qualification

11. Provide details of Share-Holder(s) in Company: (if any)

Full Name	%	DOB	Address	Phone

12. Provide a Background History for the above Share-Holder(s):

Full Name	Details

13. Police Recommendations Required: \_\_\_\_\_

14. BTIB Board Approval Required: \_\_\_\_\_  
*For Foreign Investor(s)*

I declare, the above information to be true and correct, and I understand that if I provide false information, I may be liable for criminal proceedings under the Crimes Act 1969 or other relevant legislation. The Cook Islands Police will record all information noted on this application form and may refer to it, if and when required.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Registered By: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Fees:**

To be paid on filing of Application: (As per Schedule of Fees Section 38 Transport Licensing Act 1967.

Taxicab Service	\$10.00
Passenger Service	\$4.00
Rental Service	\$4.00

**For Office Use Only**

License Number:  Date License Issued:

Date Received:  Date Paid:  Receipt No: