



# 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)

## Application for Renewal of 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

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 most recent Companies Return Form with Receipt of Payment  
obtained from the Ministry of Justice

- Have you (Applicant) or any Share Holders of this Company ever been convicted of any criminal and/or traffic offence in the past 12 months? Please mark YES or NO. If YES please list your offence(s) below.

YES

NO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Provide and Estimated Capital Expenditure: \_\_\_\_\_

### 3. Insurance

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

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

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

3. Has your business undergone any significant changes/events over the past 12 Months including but not limited to increase and/or decrease in fleet of vehicles, drivers being convicted of any criminal and/or traffic offences, any accidents, change of ownership etc. if YES please list below.

YES

NO

---

---

---

---

---

---

---

*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: