



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

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
- Third Party including Passenger Risk 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
- Annual Fee receipt from Ministry of Justice
- Current Fares / Timetable of proposed service
- Police Report

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

3. Provide a business plan for your proposed service: **(template is attached)**

4. Provide an estimate Capital Expenditure: _____

5. Do you have Full Cover Insurance that includes Third party including passenger risks? Please provide details of your insurance or security.

Name of Insurer: _____

Type of Insurance Cover: _____

Amount Insured for: _____

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

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

9. 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

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

Full Name	%	DOB	Address	Phone

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

Full Name	Details

12. 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:

