



## Taxi Rank Marshal Application Form

Section 1: Applicant Information	
Surname	First Name
Postal Address	
City/ Town	Post Code
Mobile	
Facsimile	
Email Address	
Taxi Driver ID #	
Section 2: Experience in taxi industry	
Length of Experience in taxi industry	<input type="checkbox"/> 1 Year or less <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> More than 3 years
Working in taxi industry as	<input type="checkbox"/> Taxi Driver <input type="checkbox"/> Taxi Plate Owner <input type="checkbox"/> Taxi Dispatch Service Provider Administration <input type="checkbox"/> Other _____

Section 3: Criminal Conviction History	
Have you ever been convicted of a criminal offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4: Declaration
I hereby declare that the criminal history information I have provided is true and correct.
Signature of Applicant

Date: \_ \_ / \_ \_ / \_ \_ \_ \_

Section 5: Contact Details to submit the form
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Please mail the completed application form to:

Taxi Rank Marshal Project Manager  
Passenger Services Business Unit  
Department of Transport  
Passenger Services  
GPO Box C102  
PERTH WA 6839

Alternatively, deliver the completed form to: Passenger Services Business Unit, 20 Brown Street East Perth Western Australia 6004

Alternatively, email a scan of the completed and signed form to:

[rankmarshal@transport.wa.gov.au](mailto:rankmarshal@transport.wa.gov.au)

Enquiries: Phone: 1300 660 147

Email: [rankmarshal@transport.wa.gov.au](mailto:rankmarshal@transport.wa.gov.au)