



Taxi Driver Agreement Form

Driver's details

surname	given names	date of birth
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address	suburb	postcode
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phone	mobile	email
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Licence details - Attach a copy of driver's licence & driver authority

licence number	authority number	state	expiry date
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I will, at all times, provide high standards of customer service.

I declare that all information above are correct. I am the holder of a current Australian Public Vehicle Driving Licence, within the meaning of all relevant Legislative requirements.

I will, at all times, abide by the Dress Code and By Laws of ACT Cabs.

I authorise ACT Cabs P/L to make such enquiries with any Federal, State or Territory Government Department or Authority which in any way concern my job.

I agree my PIN details are of a confidential nature and my disclosure of these details to any other person can lead to my immediate suspension for an indeterminate period from ACT Cabs.

FOR OFFICE USE ONLY

date processed / / 20.....

PIN assigned

notes

..... Date: / /

Driver's signature