



# 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 and WWVP card

licence number	authority number	state	expiry date
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Working With Vulnerable People Registration Reference
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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, wear proper uniform and abide by the Dress Code, and By Laws of ACT Cabs.

I authorise ACT Cabs Pty Ltd 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.

..... Date: ..... / ..... / .....  
Driver's signature

## **FOR OFFICE USE ONLY**

date processed ..... / ..... / 20.....
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PIN assigned ..... .....
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notes
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