



13 CABS Newcastle - Driver Authorisation Application Form

Application Date: / City:
DA Number: Expiry Date: / /
DL Number: Expiry Date: / /
Date Of Birth: / /
Given Names:
Surname:
Street Address:
Suburb/Town:Postcode:
Email Address:
Email Advice: ☐ I wish to receive 13CABS newsletters and industry information by email.
Home Telephone: Mobile:
Next of Kin:
Relationship to you:Contact Number:
ABN:
Do you have accreditation to drive a WAT vehicle YES NO (please circle)
I have received and read the 13CABS Codes of Conduct. I understand and agree to comply with the terms of the 13CABS Codes of Conduct. I also understand that 13CABS may change/alter the Codes of Conduct and in force from time to time. I confirm that I understand that not following the Codes of Conduct of 13CABS may result in my authorisation to access the 13CABS Dispatch System being cancelled.
Driver Signature: Date: / /
Witness Signature: Date: / /
Office Use Only □Dispatch system PIN created □13CABS student □ CRM record