



ADDITIONAL OMNIBUS PLATES FOR AN EXISTING OPERATOR

TO BE USED BY EXISTING OMNIBUS LICENCE HOLDERS TO APPLY FOR AN ADDITIONAL SET OF PLATES

Omnibus Licence Holder (company or individual)		
Trading Name		
Name of person completing this form		
Contact Details	Home/Office	Mobile
Our Ref (found on top right-hand corner of licence)	OM ____ _	Please circle SCV / TC
Which Licensing centre would you like the plates sent to?		
Would you like the invoices emailed to you to shorten the process?	Email Address:	

Proposed Vehicle Details

Make & Model	
Year of Manufacture	
Number of Passenger Seats (do not include driver's seat)	
VIN/Chassis number	
Registration (plates currently on vehicle)	

Which category of insurance do you require for this new vehicle? (see reverse) **3A 3B 3F**

Please outline the type of service this new vehicle will be providing in the space below:

Once this form is received by Passenger Services you will be sent a plate fee and a new licence for the vehicle.
Once these fees are paid your plates will be sent to your nominated licensing centre.
Please allow 3-4 days for processing.



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Insurance Categories

(as defined by the Insurance Commission of Western Australia)

3A (Metro based vehicle)	8 or more seats, majority of operations within a 40 kilometre radius of the Perth GPO
3B (Country based vehicle)	8 or more seats, majority of operations outside a 40 kilometre radius of the Perth GPO
3F	7 seats or less

Small Charter Vehicle Categories

Group A:	A.1	Luxury Vehicle - 8 year limit - Luxury Car Threshold - \$61,844
	A.2	Luxury People Mover - 8 year limit - LCT - \$61,844
	A.3	Luxury Vehicle - Age Unlimited (over twice LCT threshold)
Group B:		Modified/Stretched Vehicle
Group C:		Classic/Vintage Vehicle (over 25 years old)
Group D:		Green Vehicle - 8 year limit (must have 5 star rating)

APPROVAL

This application meets all the essential criteria and is therefore recommended to the Plates Team Leader for approval by:

Client Services Officer: _____ Date: _____

Stamp

APPROVED / REFUSED

Plates Team Leader Signature: _____

Date: _____