

QUESTION (Or Particulars required).	ANSWER (If there is no room on this form attach a separate signed sheet with answer number thereon).
1. Is the applicant (if not a local authority or company) over twenty-one years of age ?	1.
2. (a) State the date since which the service covered by this application has been continuously carried on, whether by applicant or preceding owners of the vehicle or plant.	2. (a)
(b) Give particulars of changes in ownership of the service since 11th November, 1931.	(b)
3. Do you propose to carry mails ? If so, please give details of contract.	3.
4. Please supply the following details regarding contracts in force at the date the application is made :—	4.
(a) Name of other party.	(a)
(b) Term of contract.	(b)
(c) Description of goods covered by contract.	(c)
(d) Charges under contract.	(d)
5. If a new service, give proposed date of commencement.	5.
6. State whether you have taken out an insurance policy over loads to be carried against loss by fire, accidents, &c. A copy of the insurance policy or policies should be attached to this application or the following information should be supplied :—	6.
(a) Name of company.	(a)
(b) Amount of cover.	(b)
(c) Term of policy.	(c)
(d) Commodities covered by insurance.	(d)
7. Give details of number of Vehicle Authorities required. (NOTE.—One Authority is required to be carried on each vehicle while used in the service, but Authorities will be transferable.)	7.

(a) Within Areas.

Number of Authority (1, 2, 3, 4, &c.).	Full Description of Area to be covered by each Authority (where possible a Sketch Plan of the Area should be attached).	Maximum Quantity or Weight of Goods to be carried at One Time under each Authority.	Description of Goods to be carried under each Authority.	Full Details of Charges to be made (if Separate Rates are charged for certain Commodities a List should be given. If Charges are fixed by Tender please say so).	Frequency of Trips (Number of Trips each Way per Day, per Week, &c.) under each Authority.
(Col. 1.)	(Col. 2.)	(Col. 3.)	(Col. 4.)	(Col. 5.)	(Col. 6.)
		Tons cwt.			
1.					
2.					
3.					
4.					

(b) Over Defined Routes.

Number of Authority (1, 2, 3, 4, &c.).	Full Description of Route to which each Authority will apply (where possible a Sketch Plan of the Route should be attached).	Maximum Quantity or Weight of Goods to be carried at One Time under each Authority.	Description of Goods to be carried under each Authority.	Full Details of Charges to be made (if Separate Rates are charged for certain Commodities a List should be given. If Charges are fixed by Tender please say so).	Frequency of Trips (i.e., Number of Trips each Way per Day, per Week, &c.) under each Authority.
(Col. 1.)	(Col. 2.)	(Col. 3.)	(Col. 4.)	(Col. 5.)	(Col. 6.)
		Tons cwt.			
1.					
2.					
3.					
4.					