

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. State whether you have taken out an insurance policy over loads to be carried against loss by fire, accident, &c. A copy of the insurance policy or policies should be attached to this application, or the following information should be supplied :— (a) Name of insurance company : (b) Amount of cover : (c) Term of policy : (d) Commodities covered by insurance :	2. .... (a) ..... (b) ..... (c) ..... (d) .....
3. State particulars of any special event, such as a show, sale, &c., in respect of which this application is made.	3. ....
4. State the commencing and closing date of period during which it is proposed to operate.	4. ....
5. If a new service, give proposed date of commencement.	5. ....
6. 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.)	6. ....

(a) Within Areas.

Number of Authority (1, 2, 3, 4, &c.).  (Col. 1.)	Full Description of Area to be covered by each Authority (where possible a Sketch Plan of the Area should be attached).  (Col. 2.)	Maximum Quantity (or Weight of Goods) to be carried at One Time under each Authority.  (Col. 3.)	Description of Goods to be carried under each Authority.  (Col. 4.)	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).  (Col. 5.)	Frequency of Trips (Number of Trips each Way per Day, per Week, &c.) under each Authority.  (Col. 6.)
1.		Tons    cwt.			
2.					
3.					
4.					

(b) Over Defined Routes.

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