

FORM 17 A



PUBLIC TRANSPORT OPERATOR'S APPLICATION FORM

OMNIBUS, TAXI, WATERSPORTS, TOUR BUS, LIMOUSINE, CONTRACT HIRE/SCHOOL BUS

NOTICE: ALL APPLICANTS MUST BE CAYMANIAN. PTU will NOT make copies/ will NOT return original documents.

NEW APPLICATION, RENEWAL APPLICATION

NAME OF COMPANY

A. PERSONAL DETAILS OF APPLICANT

FIRSTNAME, MIDDLE NAME, SURNAME

AGE, DATE OF BIRTH (D/M/Y)

House No, Street Name, District

P.O. BOX, Post Office Location, KY#, E-Mail

PHONE: (Cell), (Work), (Home)

Are you currently employed? Yes No. If Yes, state name of your employer Phone #

(Government employees have to provide an updated permission letter from Head of Department)

If No, state name of your last employer Phone #

B. DETAILS OF APPLICANTS BACKGROUND (All applicants must complete this section)

Section 133 (1)(c) & 4 of the Traffic Law 2011 states:-

(1) A person who, with intent to deceive another person -

(c) Makes a false statement or withholds information in order to obtain; or a document relating to anything Under this Law or regulations, or purporting to be such document, commits an offence.

(4) A person who makes a false declaration in an application made under this Law commits an offence."

Have you been convicted for any of the following offences?

- 1. Driving under the influence of alcohol or drugs? Yes No
2. Any offence involving dishonesty (e.g. theft, burglary, fraud, obtaining property by deception)? Yes No
3. Any offence against a person (e.g. assault, wounding etc.)? Yes No
4. Any offence involving drugs? Yes No
5. Any offence involving dangerous or reckless driving (whether or not resulting in death)? Yes No

Have you ever suffered from any of the following disabilities?

Total deafness? Yes No Aneurysm? Yes No Angina Pectoris? Yes No
Mental illness? Yes No Epilepsy? Yes No Do you wear glasses? Yes No
Is your eyesight, in either eye less than 10/20 when corrected with glasses? Yes No
Do you wear a hearing aid? Yes No Have you lost a hand or foot? Yes No If yes, please specify
Any diseases of the nervous system giving rise to lack of coordination? Yes No

C. OTHER INFORMATION

Have you ever held a Public Transport Permit? Yes No. If yes, please indicate specifying any Permit you currently hold:

Do you have a valid driver's license? If yes, please specify details. State D/L #:

Expiry date D M Y. Group D/L State years of driving experience:

Have you attended a P.R.I.D.E. (Personal Responsibility in Delivering Excellence.) workshop? YES NO. If yes,

Please provide date: PROMISES: KNOW YOUR CAYMAN ISLANDS:

Please state details of your Pension Company Policy #

Please state details of your Health Insurance Company, Policy # Expiry Date: D M Y

Have you previously made an application to the Public Transport Board and were refused? Yes No. If so please provide dates/

For renewals, state your Public Transport ID # Expiry Date Day Month Year

**D. MOTOR VEHICLES IN USE/TO BE USED BY COMPANY (Add additional vehicles on plain sheet if needed)**

Make: _____	Model: _____	Vehicle Registration Number: _____	Seating Capacity: _____	Vehicle Mileage: _____	Gas <input type="checkbox"/>
					Diesel <input type="checkbox"/>
Make: _____	Model: _____	Vehicle Registration Number: _____	Seating Capacity: _____	Vehicle Mileage: _____	Gas <input type="checkbox"/>
					Diesel <input type="checkbox"/>
Make: _____	Model: _____	Vehicle Registration Number: _____	Seating Capacity: _____	Vehicle Mileage: _____	Gas <input type="checkbox"/>
					Diesel <input type="checkbox"/>

**PTB Policy - Third vehicle must be wheelchair accessible**

**E. LIST OF DRIVERS (add additional names on plain sheet if needed)**

Name \_\_\_\_\_ Caymanian Yes  No

Name \_\_\_\_\_ Caymanian Yes  No

Name \_\_\_\_\_ Caymanian Yes  No

Name \_\_\_\_\_ Caymanian Yes  No

**F. DOCUMENTS (CHECK LIST) TO BE SUBMITTED WITH THIS APPLICATION. ORIGINAL DOCUMENTS ONLY.**

**BUSINESS PLAN REQUIREMENTS**

**(ONLY FOR NEW APPLICATION WATERSPORTS, LIMOUSINE, TOUR BUS, CONTRACT HIRE/SCHOOL BUS)**

- |  |   |
|--|---|
| <input type="checkbox"/> Cover Letter                | <input type="checkbox"/> Business Plan ( Must include Financial Plan)           |
| <input type="checkbox"/> Contracts                   | <input type="checkbox"/> Documentation of Load Factor                           |
| <input type="checkbox"/> Seating Capacity of Vehicle | <input type="checkbox"/> Details of vehicle intending to purchase (i.e. photos) |

**ADDITIONAL INFORMATION FOR WATERSPORTS OPERATORS**

Name of Vessel: _____	Name of Vessel: _____
Seating Capacity: _____	Seating Capacity: _____
Length of Vessel: _____	Length of Vessel: _____
US Coast Guard Certification : Y/N	US Coast Guard Certification : Y/N
Photos of Vessel Interior and Exterior	Photos of Vessel Interior and Exterior

**FOR OFFICIAL USE ONLY**

SUPPORTING DOCUMENTS FOR THE APPLICANT

- |  |  |
|--|--|
| <input type="checkbox"/> 1. PAYMENT RECEIPTS.                            | <input type="checkbox"/> 9. TRAFFIC RECORD   |
| <input type="checkbox"/> 2. GENERAL KNOWLEDGE TEST (NEW APPLICANTS ONLY) | <input type="checkbox"/> 10. CRIMINAL RECORD / POLICE RECORD   |
| <input type="checkbox"/> 3. TYPED COVER LETTER (NEW APPLICANTS ONLY)     | <input type="checkbox"/> 11. MEDICAL – (Drug Screening MUST be done at the Cayman Islands Health Service Authority (CIHSA) ONLY) |
| <input type="checkbox"/> 4. TWO REFERENCE LETTERS (NEW APPLICANTS ONLY)  | <input type="checkbox"/> 12. ONE PHOTO (FULL FACED 2" X 3")  |
| <input type="checkbox"/> 5. PASSPORT                                     | <input type="checkbox"/> 13. PRIDE CERTIFICATES  |
| <input type="checkbox"/> 6. VALID DRIVERS LICENSE                        | <input type="checkbox"/> 14. INFORMATION FROM NWDA (Employers Only)  |
| <input type="checkbox"/> 7. BIRTH CERTIFICATE                            | <input type="checkbox"/> 15. TRADE AND BUSINESS LICENCE (Employers Only)   |
| <input type="checkbox"/> 8. STATUS CERTIFICATE                           |  |

**APPLICATION ACCEPTED**

PTU OFFICER'S SIGNATURE \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**APPLICATION RETURNED. INCOMPLETE SECTION:**

( \_\_\_\_\_ )

PTU SIGNATURE \_\_\_\_\_

Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**DOCUMENTATION TO SUPPORT DRIVERS APPLIED FOR**

NOTE: APPROVAL OF THIS APPLICATION IS NOT TO BE CONSIDERED AS PERMISSION TO OPERATE FROM THE DOCK OR AIRPORT. APPLICATIONS MAY BE MADE TO THE DIRECTORS OF THE PORT AND AIRPORT AUTHORITY AFTER A PUBLIC TRANSPORT PERMIT HAS BEEN APPROVED. I declare that the information provided in this application is true. I understand that if I am successful in this application that I will be subject to any guidelines and conditions set out by the Public Transportation Board in relation to any permit granted by the Board. I have read and fully understand all correspondence issued with this application. I fully understand that I will be required to pass a test administered by the Public Transportation Unit and if successful in this application I will be required to undertake a Customer Service Course. A FALSE DECLARATION IS PUNISHABLE BY A FINE OF TWO THOUSAND DOLLARS AND IMPRISONMENT FOR TWELVE MONTHS or BOTH S.133 T.L. 2011

Applicant Signature \_\_\_\_\_ Date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ 2

Funds invested in the application are **NON REFUNDABLE**  
**To Cayman Brac and Little Cayman residents: Application process is carried out by the Treasury Department.**