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| Schedule 4A – Application for transfer of licence to operate a non-emergency patient transport service |
| Non-Emergency Patient Transport – Licencing |
| OFFICIAL |

Non-Emergency Patient Transport Amendment Regulations 2021 - Regulation 27A(1)

## Section A – Applicant details

|  |  |  |
| --- | --- | --- |
| Full name of applicant (person) |  | |
| Full postal address of applicant  \**cannot be a PO Box* |  | |
| **If the proposed transferee is a body corporate (e.g., company, charity, incorporated association):**  the name and street address of each director or officer of the body corporate who may exercise control over the NEPT service: | | |
| **Name** | | **Address** |
|  | |  |
|  | |  |
|  | |  |
|  | |  |

### Contact person for the purposes of the application:

|  |  |
| --- | --- |
| Name |  |
| Mobile |  |
| Telephone |  |
| Email |  |

## Section B – Transfer details

|  |  |
| --- | --- |
| **Summary of the proposed transfer** |  |

### Proposed transfer details

#### Transferor (*transferring from*)

|  |  |
| --- | --- |
| Name (individual) |  |
| Mobile |  |
| Postal address \**cannot be a PO Box* |  |
| Telephone |  |
| Email |  |

#### Transferee (*transferring to*)

|  |  |
| --- | --- |
| Name (individual) |  |
| Mobile |  |
| Postal address \**cannot be a PO Box* |  |
| Telephone |  |
| Email |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The name or proposed name of the NEPT service and its street address**  **(transferee)** | Name of NEPT service licence holder (proprietor of licence) |  | | |
| Name of NEPT service  \**if different from above*  *NB: must be a registered business name* |  | | |
| ABN |  | | |
| Entity Type  \*Note   * *Entity “Holder Type” must match ASIC extract* * *The licence holder cannot be a trust* | Individual  Partnership  Company  Charity or Not-for-profit   * ACNC number   Incorporated Association   * Registration number   Other ­­­­­­­­­­­ | | |
| Street address  *\*cannot be a P.O. Box* |  | | |
| Suburb |  | | |
| State |  | Postcode |  |
| Municipal district in which the service is, or is to be, located |  | | |

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### The number and type of vehicles

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of vehicle**  *\*licenced for stretcher vehicles only* | **Number of vehicles** | **Number of vehicles**  **\*(if an existing NEPT licence holder)** | ***Updated total*** |
| ***Transferor*** | ***Transferee***  ***To whom the licence is to be transferred*** |
| ***Stretcher vehicles*** |  |  |  |
| Double stretcher vehicle |  |  |  |
| Single stretcher vehicle |  |  |  |
| Other stretcher vehicle (e.g., High acuity transport vehicle / CPAV) |  |  |  |
| **Total stretcher vehicles** | | |  |
| ***Other vehicles*** |  |  |  |
| Sedan, hatchback or station wagon vehicle |  |  |  |
| Wheelchair vehicle |  |  |  |
| Fixed wing aircraft |  |  |  |
| Rotary wing aircraft |  |  |  |

### Authorisation

|  |  |
| --- | --- |
| Name of transferor |  |
| Signature of transferor |  |
| Date |  |
|  |  |
| Name of transferee |  |
| Signature of transferee |  |
| Date |  |

* Email completed applications to: Attention Manager, [NEPTFirstAidRegulation@health.vic.gov.au](mailto:NEPTFirstAidRegulation@health.vic.gov.au)
* Following receipt and review of an application an invoice will be issued.

NB: The application will be processed once payment is received*.*

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