

# APPLICATION FOR REPLACEMENT BUS PASS

TRANSPORT FOR NSW APPROVED REPLACEMENT FEE \$12 inc. GST

## PART A TO BE COMPLETED BY PARENT/GUARDIAN

1 STUDENT'S NAME

<input type="text"/>	<input type="text"/>
Surname	Given Names

2 STUDENT'S HOME ADDRESS

<input type="text"/>	
<input type="text"/>	<input type="text"/>
Postcode	Phone

3 SCHOOL

<input type="text"/>	<input type="text"/>
	Year

It is a requirement that Bus Passes be shown when boarding the bus.

Bus Passes are **NON-TRANSFERABLE**.

Students who obtain a replacement pass and give, loan or sell it to another student will have the matter referred to the school and rights to free travel withdrawn.

If there are any circumstances which should be taken into account in issuing a replacement pass, please contact the office.

4 DECLARATION

I hereby declare that the Bus Pass previously issued has been

(Lost/Stolen/Destroyed/Mutilated/etc.)

If the Bus Pass should be recovered I undertake to destroy the original pass.

SIGNATURE

PARENT/GUARDIAN

DATE

Replacement passes may be obtained by either:-

1. Giving this completed form to the driver with \$12 payment (see options below).
2. Calling at the company's office between 8:30 and 4:30 weekdays.
3. Sending this completed form to the address below with a cheque or credit card details.
4. Email the completed form with credit card details to [info@lithgowbuslines.com.au](mailto:info@lithgowbuslines.com.au)
5. Ringing our office between 8:30 and 4:30 weekdays on the phone number shown below.

Payment method:  Cash  Cheque  Credit Card

### Credit card payment

Card number

Visa  
 Mastercard

Cardholders Name: \_\_\_\_\_ Expiry date: \_\_\_\_/\_\_\_\_

Amount  
\$12.00  
inc. GST

Signature: \_\_\_\_\_ Daytime phone no: \_\_\_\_\_



A member of the Buslines Group  
Buslines Group Pty Limited ABN 99 000 016 339

24 Donald Street Lithgow NSW 2790  
Phone: 6352 3888 Fax: 6351 3206

## PART B OFFICE USE ONLY

5 DRIVER'S NAME

SHIFT NO.

PART C Name and school to be completed by parent where form and fee is to be given to the driver.

## INTERIM RECEIPT/PASS (To be shown on boarding until replacement pass issued)

6 STUDENT'S NAME

<input type="text"/>	<input type="text"/>
Surname	Given Names

SCHOOL

DRIVER'S SIGNATURE

DATE



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VALID FOR 2 DAYS

Rev. 2 29 Jan 2019 FO3056BL