APPLICATION FOR REPLACEMENT BUS PASS

TRANSPORT FOR NSW APPROVED REPLACEMENT FEE \$15 inc. GST

PART A TO BE COMPLETED BY PARENT/GUARDIAN

Tamworth BUSLINES

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

VALID FOR 2 DAYS Rev.14 1 January 2025 FO3056BT

1 STUDENT'S NAME	
	Surname Given Names
2 STUDENTS	
HOME ADDRESS	Postcode Phone
3 SCHOOL	Year
Bus Passes are NON Students who obtain will have the matter r	a replacement pass and give, loan or sell it to another student eferred to the school and rights to free travel withdrawn. mstances which should be taken into account in issuing a replacement
4 DECLARATION	I hereby declare that the Bus Pass previously issued has been
(Lo) If the Bus Pass should	ost/Stolen/Destroyed/Mutilated/etc.) be recovered I undertake to destroy the original pass.
SIGNATURE PARENT/GUARDIAN	DATE
 Giving this completed form to the driver with \$15 payment (see options below). Calling at the company's office between 8:30 and 4:30 weekdays. Sending this completed form to the address below with a cheque or credit card details. Email the completed form with credit card details to info@tamworthbuslines.com.au Ringing our office between 8:30 and 4:30 weekdays on the phone number shown below. Payment method: Cash Cheque Credit Card 	
Card number	
Cardholders Name:	Expiry date: / Amount
Signature:	\$15.00 \$15.00 inc. GST
S Tamworth B U S L I N E S A member of the Buslines Group Buslines Group Pty Limited ABN 99 000 016 339 21 Hume Street Tamworth NSW 2348 Phone: 6762 3999 Fax: 6762 3800	
PART B OFFICE USE (DNLY
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	
204001	Surname Given Names
SCHOOL	
DRIVER'S SIGNATURE	DATE