

**Supplementary information to be supplied by holders of Wheelchair Accessible Taxi licences in line with S.I. No. 234 of 2008 for inclusion in Register of Wheelchair Accessible Taxi Operators**

|                                                                                                                                            |   |
|--------------------------------------------------------------------------------------------------------------------------------------------|---|
| <b>Vehicle licence details</b>                                                                                                             |   |
| SPSV vehicle licence no.                                                                                                                   | W |
| Name of licence holder                                                                                                                     |   |
| Vehicle registration                                                                                                                       |   |
| Number of passengers licensed to carry                                                                                                     |   |
| <b>Additional information required to include your licence details on the Register of Wheelchair Accessible Taxi Operators<sup>1</sup></b> |   |
| Name of dispatch operator(s) you are affiliated to, if any                                                                                 |   |
| Main contact telephone number for booking the vehicle                                                                                      |   |
| Contact email address(es) where available                                                                                                  |   |
| Fax number where available                                                                                                                 |   |
| Other accessible booking methods (e.g. minitel etc.)                                                                                       |   |
| <b>Area of service provision (please insert main towns and / or counties where you operate your service)</b>                               |   |
|                                                                                                                                            |   |
| <b>General times of operation</b>                                                                                                          |   |
|                                                                                                                                            |   |
|                                                                                                                                            |   |

Please return completed form no later than Friday 8<sup>th</sup> August to the Commission for Taxi Regulation, PO Box 773, Togher, Co. Cork.

<sup>1</sup> This information will be supplied by the Commission only on request by intending passengers