FORM 17A - NEW PUBLIC TRANSPORT OPERATOR APPLICATION FORM

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

NOTICE: ALL APPLICANTS MUST BE CAYMANIAN. DO NOT PURCHASE ANY VEHICLE WITHOUT PRIOR APPROVAL FROM THE PUBLIC TRANSPORT BOARD

NAME OF OPERATOR: FIRSTNAME: _____ MIDDLE-NAME: _____ SURNAME: _____

D.O.B_____ PHONE :(Cell) _____ (Work) _____(Home) _____

House No: _____ Street Name _____District _____

P.O. BOX: _____   Post Office Location, KY#_____E-Mail_____

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 #_____

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: _____**

Have you previously made an application to the Public Transport Board and were refused? Yes ☐ No☐ If yes, please provide date/s _

BUSINESS PLAN REQUIREMENTS (ONLY FOR **NEW APPLICATION** WATERSPORTS, LIMOUSINE,TOUR BUS, CONTRACT HIRE/SCHOOL BUS)	
☐ Cover Letter	☐ Business Plan (Must include Financial Plan)
☐ Contracts	☐ Documentation of Load Factor
☐ Seating Capacity of Vehicle	☐ 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

☐ 1. Payment Receipts.	☐ 8. Traffic Record
☐ 2. General Knowledge Test	☐ 9. Criminal Record / Police Record
☐ **3.** Typed Cover Letter	☐ 10. Medical – (Drug Screening Must Be Done At The Cayman Islands Health Service Authority (CIHSA) **Only**)
☐ 4. Two Reference Letters	
☐ 5. Valid Driver's License	☐ 11. One Photo (Full Faced 2" X 3")
☐ 6. Birth Certificate and Passport	☐ 12. Pride Certificates
☐ 7. Status Certificate	

APPLICATION ACCEPTED	APPLICATION RETURNED. INCOMPLETE SECTION:
PTU OFFICER'S SIGNATURE_____	(_____)
PRINT NAME: _____	PTU SIGNATURE_____
Day _____ Month _____Year_____	Day _____ Month _____Year_____

DOCUMENTATION TO SUPPORT OPERATOR APPLICATION as required by the Public Transport Act 2024 and the Traffic (Public Passenger Vehicles) Regulations (2020 Revision). `

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 in undertake a Customer Service Course.

Print Name:_____ **Applicant Signature**:_____ Date: _____ (DD/MM/YY)

Funds invested in the application are **NON REFUNDABLE**.   **Cayman Brac and Little Cayman residents. PTB Applications are processed by the Treasury Department.**

Notice to Doctor:
Request to have person medically examined for fitness to drive.

To   : _____
<Name of Medical Doctor or personal Doctor of the subject>

From: Director of Public Transport Unit

Date: _____

I hereby request that you examine:

Name	Date of birth	Address

This examination is required to determine this subjects' suitability to drive public transportation vehicles such as taxis.

In making your determination as to this person's suitability to drive, you should be aware of the following facts/circumstances giving rise to requiring this medical examination:

- ☐ Annual Renewal
- ☐ Unexplained motor vehicle accidents.
- ☐ Observations of poor/erratic driving
- ☐ The age of the subject
- ☐ Other:

_____
_____

NOTES TO DOCTOR:

1.   WHERE EXAMINATIONS RELATES TO PUBLIC TRANSPORT, THE EXAMINATION SHOULD INCLUDE FITNESS TO ASSIST CUSTOMERS (I.E. LIFTING BOXES, LUGGAGE ETC.) AND GENERAL ALERTNESS (TO DEAL WITH DIRECTIONS ETC).

2.   **THIS MEDICAL REPORT SHOULD BE <u>SEALED</u> IN AN ENVELOPE** AND RETURNED VIA THE   SUBJECT.

  ➢ Kindly use the **"MEDICAL CERTIFICATE OF FITNESS TO DRIVE A MOTOR VEHICLE"** form *(see the overleaf of this request)* to report your findings.
  Your report should be sealed and returned promptly to the Public Transport Director.

For Director of Public Transport Unit

Declaration: I, _____ hereby authorise _____ to
(Name of Examining Doctor)
release this medical information to the Director of Public Transport Unit For the purposes of the Transport Act (2024) and the
Public Passenger Vehicles Regulations (2020 Revision).

_____
 Signature of Person Examined

FORM 19
<u>MEDICAL CERTIFICATE OF FITNESS TO DRIVE A MOTOR VEHICLE</u>

TRAFFIC (PUBLIC PASSENGER VEHICLES) REGULATIONS (2020 REVISION) SECTION 4 (2)(g)

To: Director of Public Transport Unit, P.O. Box 10432 GT, Grand Cayman KY1-1004 Tel: 946-1323: Fax: 949-5801

From: _____   Date of Examination: _____

                   <Name of Examining Doctor>

I certify that I have examined:

Name of Person Examined	Date of Birth			Address
	D	**M**	**Y**	

<u>Examination Results</u>

ISSUE OF EXMANIATION	YES	NO
EYESIGHT (standard not less than 10/20)?		
EYE- GLASSES REQUIRED?		

ISSUE OF EXMANIATION	RESULTS OF EXAM
RIGHT EYE	
LEFT EYE	

ISSUE OF EXMANIATION	YES	NO
EARS/HEARING		
HEARING AID/S REQUIRED?		

ISSUE OF EXAMINATION	RESULT OF EXAM
RIGHT EAR	
LEFT EAR	
EQUILIBRIUM/BALANCE	

ISSUE OF EXMANIATION	YES	NO
1. CARDIO VASCULAR SYSTEM - Is the subject suffering from any disease or cardiovascular condition which renders him or her unfit or u him or her unsafe to drive a motor vehicle?		
2. MENTAL DISEASE OR DISABILITY - Is the subject suffering from any disease or condition of the mind that renders him or her unfit or unsafe to drive a motor vehicle?		
3. Is this individual, subject to sudden loss of consciousness, due to any disease or condition?		
i) If yes, specify and say whether this is adequately controlled at this time:		
4. Is this individual subject to EPILEPSY, FITS or any other disease, of similar effect?		
5. Does the subject suffer from aneurysm or angina pectoris or other disease of similar effect?		
i) If yes, specify and say whether this is adequately controlled at this time.		
6. Has this subject lost an arm/hand or leg/foot?		
i) If yes, specify which has been lost?		
ii) Does it affect his ability as a driver?		
Specify if the drug screening is positive or negative. **If positive, explain:**		
7. Addiction to alcohol / illicit drug use or dependency?		
i) If yes, specify and say whether the addiction or dependency affects the individual's suitability as a driver.		
8. Is this individual taking any medication that would have any effect on his/her behaviour or driving while conducting business for hire and reward?		
Doctors remarks regarding other serious disorders or any other issues which he/she would wish to bring to the Director of Public Transport Unit attention regarding the suitability of this subject as a driver:		

Doctor's Certificate

I _____, confirm that I have read the memo from the Director of Public Transport Unit contained over

leaf. I certify that in my opinion the above-named person, examined by me on D_____M_____Y_____

is: ☐ **FIT** to drive ☐ **UNFIT** to drive a Public Transport Vehicle *(i.e. a taxi, a tour bus, an omnibus, a water sports vehicle, a school bus or a limousine)* or ☐ has been **referred to**: _____ for the purpose of _____.