

# TOURISM DRIVERS PERMIT - OTHER (Please Specify)

## VANUATU TOURISM OPERATORS MINIMUM STANDARDS

Your Name:
Name of Business:
Business Licence Number:
Licence Issuing Authority:
Sub Association:
Date of Assessment:



ASK YOUR ASSOCIATION PRESIDENT FOR HELP

GIVE THE COMPLETED FORM TO YOUR ASSOCIATION PRESIDENT

BEFORE DOING SO TICK THE BOXES BELOW FOR ALL THE STANDARDS YOU MEET

### TRANSPORT OPERATIONS

Medical Certificate: Must provide a medical certificate undertaken by a private doctor or hospital. Medical check must include: eyesight, hearing and overall fitness.

Driver's Licence: Must provide a current Vanuatu driver's licence.

Association Membership: Must provide a Land Transport Association membership certificate (if certificate not available, a confirmation letter from the President of the association).

Police Report: Must provide a police report.

Name & Signature of Representative: \_\_\_\_\_

(By signing, I agree that the DoT may conduct spot checks.)

<b>BUSINESS CONTACT DETAILS CHECK FORM</b>
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<b>Contact Person:</b>		
<b>Address:</b>		
<b>Phone No. 1:</b>		
<b>Phone No. 2:</b>		
<b>Email Address:</b>		

<b>HELP US KEEP IN TOUCH</b> Please complete this form so that the Department can ensure your contact details are correct in our Database.
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