



SUVA CITY COUNCIL
CARRIER APPLICATION/TRANSFER FROM

1. Name of Applicant: (Mr/Mrs/Ms) _____
F/N: _____
2. Residential Address: _____
Postal Address: _____
Phone No.: _____
3. Do you own a Carrier: YES/NO _____
If Yes: Regd. No. _____ Model: _____ No. of Passengers _____
4. Name of Employer: (state if self-employed) _____
Name of Wife/Husband: _____
Employer of Spouse: _____
5. Do you pay business licence? YES/NO _____
6. Do you already operate a Carrier? YES/NO _____
7. Do you own property in city and pay city rates: YES/NO _____
If Yes, Assessment No. _____ (attach copy of recent rates notice)
8. Do you currently hold a Carrier base? YES/NO _____ (if yes state Carrier base(s), location and numbers operating)

NAME OF CARRIER BASE	NUMBER OF CARRIER

9. Were you ever convicted of illegally operating from Parking Meters or from other Council's unauthorized places? YES/NO _____

If Yes, state number of times and nature of offences _____

REQUIREMENTS:

- I. 1 Passport size photo with name written at the back & signed by applicant
- II. ID – (Certified copy of Passport, Driving License or FNPF)
- III. Recent Water bill or Electricity bill
- IV. Current Third Party Policy
- V. Consent letter – (Transfer of ownership)
- VI. Release letter – (Transfer from other municipality)
- VII. Others as requested, to support the application– (Family Transfer or Transfer by Death)

10. **NOTE:** Incomplete applications and applications without relevant attachments will not be considered. Where an application is in the name of a Company insert Common Seal of the company.

11. **DECLARATIONS:**

I certify that all the information contained and described in 1 to 10 above are TRUE and CORRECT and have no objection to having the information verified with the Licensing Authority, Police Department or any other organization.

I AM AWARE THAT ANY FALSE INFORMATION WILL RENDER THIS APPLICATION INVALID.

SIGNATURE OF APPLICANT

DATE

WITNESS (Print Name & Sign)

DATE

FOR OFFICE USE ONLY

Rate Payer	
Parking Meter Due	
Business License Due	
Carrier Owner/Driver	
Base – City/Town/ Rural	
Recommendation	