



Membership Application Form 2010

| Member Information | | | |
|--|---|--|---|
| Please complete all information and return to the QBIC Office, P.O Box 324, Stones Corner. QLD 4120, e-mail admin@qbic.com.au or via fax 07 3397 1766, thank you. | | | |
| Company Name: | | | |
| OA Number: | | | |
| ABN: | | | |
| Contact Person: | | | |
| Postal Address: | | | |
| Telephone: | | | |
| Mobile: | | | |
| Facsimile: | | | |
| E-Mail: | | | |
| Webpage: | | | |
| Business Sector: | Commercial Contract <input type="checkbox"/> | Long Distance Tour and Charter <input type="checkbox"/> | School Services <input type="checkbox"/> |
| Fleet Information | | | |
| Type of Services - please indicate the number of services in each category | | | |
| School - KM Based | School – Fare Based | School Restricted | Urban |
| | | | |
| Long Distance | Charter | Tour | Courtesy & Community |
| | | | |
| Total Number of Buses | Total Number of Coaches | | |
| | | | |
| Open Classification | Regional Classification | Local Classification | |
| | | | |
| 2 Axle | 3 Axle | Average Vehicle Age | |
| | | | |

| Staffing – please indicate the total number of employees your business has in each category | | | |
|--|----------------|------------------|----------------|
| Drivers | Self Driver | Fulltime Drivers | Casual Drivers |
| | | | |
| Workshop | Fulltime Staff | | Casual Staff |
| | | | |
| Admin/Support | Fulltime Staff | | Casual Staff |
| | | | |

Referred by:.....

MEMBERSHIP

Ordinary Members will have one of the following classifications applied to their membership records as advised by the Operator:

- Commercial Contract (CC)
- Long Distance, Tour and Charter (LDTC)
- School Services (SS)

The Queensland Bus Industry Council Inc has Public Liability Insurance cover of \$10,000,000.00.