Assistance Animal Pass Application/Renewal Form Document Name: Document No:

CD/21/178 (V2) Last Modified: 22/09/21



APPLI	CANT DETAILS			
Applica	ant Name:			
Street	Address:			
Suburb	o:	State:	Postcode:	
Email:				
Phone	No (landline):	Mobile No:		
Name	of Animal:	Type of Animal:		
Note:				
•	If your application is incomplete	e, it cannot be considered.		
•	If you do not provide all of the i application can be refused.	nformation requested or your attachi	ments are not currer	nt your
NEW	APPLICATION			
You	must attach evidence for all of th	e following:		Checklist
1.	A medical certificate confirming the <i>Disability Discrimination Act</i>	that the applicant has a disability wit 1992 (Cth).	hin the meaning of	
2.	Documentation showing that the applicant's local Council (if requi	e assistance animal has been register ired).	ed with the	
3.	health care practitioner dated w a. The skills and actions that th the applicant's disability;	rom an animal training organisation, vithin the last three (3) months identifulation and levial exhibits to allevial to the appropriate behaviour and hyperical exhibits to allevial the appropriate behaviour and hyperical exhibits to allevial the appropriate behaviour and hyperical exhibits to allevial the appropriate behaviour and hyperical exhibits to all the appropriate behaviour and hyperical exhibits the appropriate and the appropriate behaviour and hyperical exhibits the appropriate and the appro	fying: ate the effects of	
	for a public place; and	up control of the assistance animal		
4.	A colour photograph of the assis	ve control of the assistance animal.		
RENE	EWAL APPLICATION			
You	must attach evidence for all of th	e following:		Checklist
1.	health care practitioner dated w	rom an animal training organisation, vithin the last three (3) months identif	fying:	
	 a. The skills and actions that the the applicant's disability; 	ne assistance animal exhibits to allevia	ate the effects of	
	b. The assistance animal meeti for a public place; and	ing the appropriate behaviour and hy	giene standards	
	c. The applicant having direct a	and effective control of the assistance	e animal.	

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ASSISTANCE ANIMAL PASS – CONDITIONS OF TRAVEL

- 1. An applicant and their assistance animal must carry or display an accepted type of valid accreditation at all times when travelling on Metro Tasmania (Metro) services.
- 2. An accepted type of valid accreditation must be produced if requested by a Metro Bus Operator or other employee.
- 3. An applicant and their assistance animal with a valid form of accepted accreditation are entitled to access Metro premises and services.
- 4. Only one (1) assistance animal may accompany an applicant on Metro premises and services at any one time.
- 5. An assistance animal must be kept under the applicant's direct and effective physical control at all times on Metro premises and services.
- 6. When accessing Metro premises and services, an assistance animal must not:
 - a. Cause any distress or inconvenience to customers and staff;
 - b. Cause any risk to the health, safety and welfare of any employee or any other person;
 - c. Disrupt the operations;
 - d. Sit on seats provided; or
 - e. Block doorways or aisles.
- 7. An assistance animal must be clean and hygienic at all times whilst on Metro premises and services.
- 8. An applicant is responsible for the care, conduct and hygiene of their assistance animal at all times on Metro premises and services, and must clean up any mess made by their assistance animal.
- 9. Upon review, Metro reserves the right to revoke an Assistance Animal Pass if there is sufficient evidence that an applicant and/or their assistance animal do not comply with these conditions.
- 10. An Assistance Animal Pass can be granted for a period no greater than 24 months and it is the responsibility of the applicant to renew the Assistance Animal Pass prior to the expiry of the current Assistance Animal Pass.

APPLICANT DECLARATION

I confirm the following:

- I will comply with the Assistance Animal Pass Conditions of Travel specified in this form;
- I will comply with the general Conditions of Travel specified at www.metrotas.com.au;
- I acknowledge that Metro reserves the right to revoke the Assistance Animal Pass at any time in the
 event of a breach of any of the Assistance Animal Pass Conditions of Travel or general Conditions
 of Travel by me and/or my assistance animal; and
- I have read and understood all the information in this form and the evidence provided by me is, to the best of my knowledge, true, correct and accurate in every detail.

Name:	Date:
Signature:	

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Submit this completed application form and supporting documents at:

By email: contact@metrotas.com.au

In person: Ground floor, 40 Elizabeth Street, Hobart

Opposite Stop A, Metro Depot, 212 Main Road, Moonah

Depot Office, 168 Wellington Street, Launceston

Depot Office, 28 Strahan Street, Burnie

By post: PO Box 61, Moonah, TAS, 7009

Office Use Only

Received	, scanned,	saved in FO	DL/21/1928 an	d details	included in	Assistance	Animal I	Pass F	legister
DOC/21/3	33025.								

Received, scanned, saved in FOL/21/1928 and details in DOC/21/33025.	ncluded in Assistance Anima	al Pass Register
Name:	ID No:	Date: