

Application for an Internal Review of a Decision

Public Passenger Vehicle Driver / Operator

Applicant details

Name

Customer number

Driver authority number (if applicable)

Driver licence number (if applicable)

Operator accreditation number (if applicable)

Address

Postcode

Documents

I wish the person conducting the Internal Review to consider the following documents. (Attach additional pages if required)

Facts

I wish the person conducting the Internal Review to consider the following facts. (Attach additional pages if required)

Personal Information Collection Notice

Transport for NSW is committed to protecting your privacy and ensuring your personal and health information is managed according to law. Find out why we collect your personal information, including how we use and manage it, by reading our privacy statement at transport.nsw.gov.au or phone 13 22 13 to request a copy.

Signature

Name (print)

Date

Day	/	Month	/	Year
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Office Use

Date received

Day	/	Month	/	Year
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Actioned

Yes ☐ No ☐

Signature

Scheme Review

PO Box 73,

Glen Innes NSW 2370

transport.nsw.gov.au | T 02 6732 9101 | F 02 8874 6085 | E schemereview@transport.nsw.gov.auCatalogue No. 45064982
Form No. 5180 (07/2025)**OFFICIAL: Sensitive – Personal**
(when completed)