Queensland Government Wheelchair Accessible Taxi Grant

Application Form

V7 11/11/2025
Fund code: WATG25

Objective

The objective of the Wheelchair Accessible Taxi Grant Scheme (the Scheme) is to modernise and reduce the average age of the operational fleet of wheelchair accessible taxis in Queensland. This will be achieved by providing eligible licence holders with a grant to offset the cost of acquiring a new wheelchair accessible taxi.

The Queensland Government has committed an additional $6.325 million to extending the Scheme for the 2025/26 financial year after successful uptake of the initial combined $21 million commitment across previous rounds.

Section 1 – Applicant type

Please select the application class under which you are applying:

◯ Class 1 – My application is to replace a wheelchair accessible taxi aged over 8 years.

◯ Class 2 – My application is to replace a wheelchair accessible taxi aged between six (6) to eight (8) years with an odometer reading of at least 800,000km and requiring repairs to a value of at least $10,000+GST as determined in writing by a mechanic, panel beater or other relevant tradesperson.

◯ Class 3 – My existing wheelchair accessible taxi has been written-off by an approved insurance assessor and I am applying to acquire a new wheelchair accessible taxi.

◯ Class 4 – I am converting my conventional taxi licence to a wheelchair accessible taxi licence and I am applying to acquire a new wheelchair accessible taxi.

Note – applications for each round will be considered on the above priority basis from Class 1 to Class 4.

Section 2 - Applicant's details

Please select the applicant entity type:

◯ Sole trader

◯ Partnership

◯ Individual trustees

◯ Company directors

Title	Surname	Given names	Date of birth

or

◯ Company

Company name *Please list the Company Director/s' details above.*

or

◯ Trust

Trustee

◯ Individual *(please provide the individual trustee/s details above)*

◯ Company *(please provide the Company name and the Company Directors' details above.*

Trust name

Section 2 – Applicant details (continued)

Trading name

Trading name ABN | | | | | | | | | | | GST registered ◯ Yes ◯ No

Contact name

Landline | Mobile | Email

Street address: | Postal address: ☐ Please tick if same as road address

Town/city | State | Postcode | Town/city | State | Postcode

Licence information

Licence holder/s name

Taxi licence number

Please indicate your taxi service licence area (TSA)

Is the licence leased? ◯ Yes ◯ No

If you are not the licence owner, you must provide a copy of the lease agreement or TMR letter or email Approval of Lease/Sublease provided with the application.

Lease confirmation documents attached? ◯ Yes

If there is a head lease, please confirm who the holder is

Please provide a copy of TMR Annexures B and C for the licence along with this application.

TMR Annexures B and C attached? ◯ Yes

Vehicle information

Registration T Plate number

Please provide current registration certificate along with this application.

Current registration attached? ◯ Yes

Section 3 – Proposed Wheelchair Accessible Taxi (WAT) Replacement

Class 1

Age of the WAT at time of application

Class 2

Age of the WAT at time of application

How many km has the vehicle completed at time of application?

Estimated cost to repair taxi

Please provide a written report from a mechanic, panel beater or other relevant tradesperson. The written report must advise the odometer reading of the vehicle.

Report attached? ◯ Yes

Section 3 – Proposed Wheelchair Accessible Taxi (WAT) Replacement (continued)

Class 3

Only to be completed if vehicle was written off.

Please provide evidence of vehicle write-off ◯ Settlement statement ◯ Bank statement or other evidence of insurance pay-out

Name of Insurance Company

How much was your insurance settlement for the vehicle?

Class 4

If the applicant is the owner:

Please provide evidence to convert licence:

Intent to have licence amended to include a wheelchair accessible taxi condition ◯ I intend to amend my licence

or

Evidence that the licence has been amended to include a wheelchair accessible taxi condition ◯ I have attached evidence

If the licence is not owned by the applicant:

Please provide the licence owner's consent to amend the licence to include a wheelchair accessible taxi condition.

Owner's consent to amend the licence to include a wheelchair accessible taxi condition is attached ◯ Yes

Section 4 – Activity Tables

Please fill out the activity table below providing dollar ($) values from either a quote received or your estimate of the costs. Note, it is not guaranteed that applicant/s will receive this grant amount, which will be based on the invoices submitted with the claim form.

#	Product / service name	Estimated date of services rendered	Estimated cost of service (ex GST)
Item 1			$
Item 2			$
Item 3			$
		Total Cost	$
		Total Grant amount (50% ex GST)	$

Are you able to meet the minimum 50 per cent co-contribution funding as part of eligibility for this grant? ◯ Yes ◯ No
Note that evidence may be sought as part of the assessment if required.

Section 5 – Bank details

This section is only applicable to those who have purchased, modified and paid in full, a wheelchair accessible taxi from July 1 2019.

Please provide the following evidence:

- ◯ Evidence of purchase of vehicle (e.g. invoice/receipt)
- ◯ Evidence of modification certificate
- ◯ Date that vehicle began operations after 1 July 2019
- ◯ Evidence of payments (e.g. bank statement)
- ◯ Proof of identification (e.g. acceptable documents can include any two of the following: Medicare card, assport, Drivers Licence/Proof of age card)

Please provide your bank details for reimbursement of the assistance funds by Electronic Funds Transfer
(Note: Bank account details must match the applicant entity)

Please ensure a copy of your bank account statement is provided to ensure prompt payment. The bank details provided for payment below must match the bank statement. Any variation between the details listed on this application form and the bank statement provided can result in delays in payment.

Bank | Branch | BSB

Account name | Account number

In cases where you have not paid in full, payment options will be provided by QRIDA with any letter of offer.

Section 6 - Identification check

QRIDA requires adequate documentation to verify the identity of at least one owner/director of the business applying for the assistance. Please provide at least two ID documents from the list below:

- Australian passport
- International passport
- Medicare card
- Australian drivers licence (please ensure both the front and back of the card is included)

Note: If QRIDA is unable to verify your identity using the documents provided, you will be contacted to submit alternative forms of identification.

Given name | Middle name | Surname

Date of birth | Email | Residential address

Section 7 – Acknowledgements, consents and privacy statement

In the following sections, titled acknowledgements, consents and privacy statement:

QRIDA means Queensland Rural and Industry Development Authority.

Identify Verification Service Provider means Dun & Bradstreet (Australia) Pty Limited ACN 006 399 677 trading as Illion.

Please tick each of the below to indicate your acceptance. Your acknowledgement and acceptance of each item is a condition of submitting a valid application.

Acknowledgements

☐ I/We have read and understood the guidelines at qrida.qld.gov.au for the Wheelchair Accessible Taxi Grant Scheme and have obtained clarification where needed.

☐ I/We certify that all of the information provided in the whole of this application is true and accurate and discloses my/our correct financial position.

☐ I/We certify that to the extent this application or any information provided in relation to this application contains information of, or about, another person, I/we have the authorisation of that person to provide the information and for it to be used and disclosed in accordance with the above authorisations.

☐ I/We are aware that it is an offence and that penalties may be applied under the Rural and Regional Adjustment Act 1994 (Qld) if any information provided in an application or any document provided in respect of an application is found to be false misleading or incomplete in a material manner.

☐ I/We have read the Collection Notice and the Privacy Statement below and understand how personal information provided in my/our application may be collected, used and disclosed.

☐ I/We have sought value for money to my/our best endeavours in purchasing my/our wheelchair accessible taxi.

☐ I/We acknowledge that the new wheelchair accessible taxi is used to provide a taxi service for a period of at least three (3) years and understand that if it is not used for at least three (3) years, you must repay the assistance on a pro-rata basis for the part of the three (3) year period the taxi was not used to provide the taxi service.

☐ I/We/The applicant consents to the extent that you're a supplier of transport services to children, you must comply with the Child Safe Organisation Act.

☐ I/We certify that the business which is subject of this application is not in administration, liquidation or a state of insolvency and that all of the business owners are similarly, to the best of my/our knowledge, not in a state of bankruptcy, insolvency, financial distress or difficulty.

☐ I/We are aware that QRIDA is bound by the Public Records Act 2023 and are unable to return any documents forwarded as part of this application.

Do you have, or have you had, any business dealings with QRIDA that could be considered an actual, potential or perceived conflict of interest with this application? ◯ Yes ◯ No

If Yes - please provide details of all your business dealings with QRIDA that may be considered an actual, potential or perceived conflict of interest:

☐ I/We have read the Privacy Statement below and understand how personal information provided in my/our application may be used.

Consent to Third Party Disclosures

☐ I/We authorise any Relevant Person to disclose to QRIDA and each of its authorised representatives such information as QRIDA or an authorised representative considers to be necessary or appropriate in connection with this application or any aspect of the Scheme from a Relevant Person ^, including my/our financial statements and personal taxation returns and other supporting information to verify my/our identity, determine if my/our business is eligible to receive a grant under the Scheme and in relation to the administration and management of the Scheme and any grant provided to me/us under the Scheme.

^ For the purposes of the above consents, Relevant Person includes:

- the Identity Verification Service Provider and any accountant, solicitor, business consultant, bank, financier, supplier, processor, or other agent named or identified in this application or in supporting documentation provided with, or in support of, this application; and
- any Commonwealth, state or local government department, agency or authority that QRIDA or an authorised representative may consider relevant.

Continued over page...

Information Collection Notice

Collection and use of your personal information

QRIDA and its authorised representatives are collecting and obtaining (from you and from the Relevant Persons) your personal information in connection with the Scheme, for the following purposes:

- verification of your identity;
- assessment of your application and your eligibility for the Scheme at the time of making the application and on an ongoing basis;
- the administration and management of the Scheme or any grant provided to me/us under the Scheme including for compliance and enforcement purposes; and
- any other purposes related, or otherwise necessary to give effect, to the purposes listed above.

QRIDA and its authorised representatives may also use your personal information for the following purposes:

- to contact you in relation to your application, and the evaluation of the Wheelchair Accessible Taxi Grant Scheme;
- to facilitate its internal business operations and fulfil legal obligations;
- to assess the performance of QRIDA and other Queensland and Commonwealth Government grant and loan programs and services;
- to promote or market QRIDA and other Queensland and Commonwealth Government grant and loan programs and services (including the success and outcomes of this scheme);
- research and development of QRIDA and other Queensland and Commonwealth Government actual and proposed services;
- to identify and assess your eligibility for or interest in other QRIDA and Queensland and Commonwealth Government administered grant and loan programs or services;
- to collate statistical data; and
- as permitted by law, including in accordance with QRIDA's disclosure rights under s.40 of the Rural and Regional Adjustment Act 1994.

Disclosure of your personal information

QRIDA may disclose your personal information to the Relevant Persons, QRIDA's employees, contractors, related affiliates and third parties to the extent necessary or convenient to enable QRIDA to further the purposes described above (which do not extend to commercial purposes).
Government agencies to whom personal information is to be disclosed are:

- Department of Transport and Main Roads
- Queensland Treasury

Consent

By completing and submitting this application, you are consenting to QRIDA managing your personal information in the manner described in this Collection Notice and our Privacy Policy.

Privacy Statement

More information about the way QRIDA uses, discloses, and secures your personal information, how you can access and correct that information, and how you can make a complaint about a breach of privacy can be found in its privacy policy. QRIDA will comply with the Human Rights Act 2019 (Qld) when making any decision, including with respect to collection, use, and disclosure of personal information.

☐ By ticking this box, I/we are acknowledging and/or consenting to each of the matters I/we have indicated above.

Further information on the program is available at qrida.qld.gov.au

Authorised Applicant

Print full name			
Signature		Date	
Print company name			
ABN/ACN			
Print full name			
Director signature			
Director/ secretary signature			

Authorised Applicant

Print full name			
Signature		Date	
Print company name			
ABN/ACN			
Print full name			
Director signature			
Director/ secretary signature			

How to apply

Please submit your completed application including all supporting documents to QRIDA by:

Post: GPO Box 211, Brisbane QLD 4001 Email: contact_us@qrida.qld.gov.au

Enquiries

Further information on the program is available on the QRIDA website at qrida.qld.gov.au

If you require assistance with completing your application please contact QRIDA on 1800 623 946