

TOUR OPERATORS REGISTRATION

Date: _____

Tour Name: _____

Company Name:
(if different) _____

Contact Person/s: _____

Telephone No: _____

Email Address: _____

Drivers Names:

1. _____

2. _____

3. _____

	Vehicle Make:	Vehicle Reg:
1.	_____	_____
2.	_____	_____
3.	_____	_____

LTNZ Licence No: _____

Qualmark Certification: YES/NO _____

By forwarding this registration form, I/We hereby agree to comply with all Port of Tauranga rules, directions and procedure protocols.

Please forward this completed form to:

The Manager Security Services
Port of Tauranga Limited
Private Bag 12504
Tauranga Mail Centre
Tauranga 3143

Tel: 07 572 8709

Fax: 07 572 8800

Email: mikel@port-tauranga.co.nz