



## Changes to passenger journeys

Provide detailed information of changes to passenger journeys under this proposal including the average daily number of passengers affected.

Is there sufficient capacity on the existing bus/buses?  
*If no, you must provide information in accordance with Clause 5.4 of the contract.*  Yes  No

Written advice regarding road conditions must be obtained from the relevant Authority eg Local Government Authority, RMS, and uploaded with your application; or if the Contract Bus Services are to be provided on private property, with the permission of the owner of the private property in accordance with Clause 22.1 (f) of the Contract?  Yes  No

Have all bus stops been assessed for safety? *Advice on choosing locations for informal bus stops has been prepared to assist bus operators in their assessment. The advice can be found at <http://roadsafety.transport.nsw.gov.au/stayingsafe/schools/informal-school-bus-stops.html> (You must consider the safety aspects of all stops on the route prior to submitting a BSAR request)*  Yes  No

Are there any safety concerns in relation to any of the bus stops?  
*(If Yes, please provide comment regarding how risks will be mitigated)*  Yes  No

Are there any schools impacted by the route changes?  
*If yes, provide comments.*  Yes  No

Is this request for a retroactive Service Variation (BSAR) due to an unforeseen diversion of a Contract Bus for more than 2 days? *If yes, provide comments.*  Yes  No

Is a Communication strategy provided detailing how the public will be notified of the proposal?  Yes  No

Have you attached the proposed changes to the Schedule 2 – Service Level Schedule documents?  Yes  No

Have you attached completed RRBSC BSAR estimator printout?  Yes  No

## Certification

I/We hereby certify and declare that all the information supplied on this form is true and correct.

Signature of Contract Holder

Signature of Authorised Person *(where a Corporation)*

OR

Name of Contract Holder

Name of Authorised Person

Date

Date

**Email the completed form to:**

[rrcontracts@transport.nsw.gov.au](mailto:rrcontracts@transport.nsw.gov.au)

**Approved Price Adjustment Summary:**

Payment start date:

Payment end date:

Reference:

Bus hour payments:

Hourly maintenance rate:

Bus driver daily allowance:

**Total price adjustment**

Bus kilometre payments:

Bus fuel payments:

Bus overhead:

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Signature of Assessor

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Signature of Approver

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Name of Assessor

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Name of Approver

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Date

.....  
Date