

Taxi Operator SESTA Equipment Comments

Operator Name: _____

Student Name: _____

1. Is this equipment required to ensure safe transport of the above student?

YES / NO

2. If **YES**, please provide details below that support this claim for equipment including examples of the student's current behaviour or other safety concerns.

3. Does the proposed equipment meet with your operational requirements (i.e. will this equipment be able to fit in your vehicle)?

YES / NO

4. Please confirm that you are happy to transport the above child using this equipment.

YES / NO

Signature: _____

Date: _____