

Vaitele Main Office  
Phone 26740 Fax 26739  
Savaii Office  
Phone 51508 Fax 51207  
Private Mail Bag  
Email: [info@lta.gov.ws](mailto:info@lta.gov.ws)  
Web: [www.lta.gov.ws](http://www.lta.gov.ws)



GOVERNMENT OF SAMOA  
**LAND TRANSPORT AUTHORITY**

Please address all  
correspondence to the:

Chief Executive Officer  
Land Transport Authority

---

## PRIVATE TAXI STAND RE-REGISTRATION FORM

1. Name of Taxi Stand: \_\_\_\_\_

Please attach to the Registration Form a copy of **(essential)**:

i. Business Licence of Taxi Stand (with relevant activity - Transport Service Provider)

2. Name of Taxi Stand Owner: \_\_\_\_\_

3. Contact Details: Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

4. Alternative Contact Details: Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

5. Location of Taxi Stand: SAME LOCATION / DIFFERENT LOCATION: \_\_\_\_\_

6. Copy of Taxi Side Door Sticker and Front Window Sticker

ATTACHED: YES / NO

**6. List of Taxis, Taxi Owners and Taxi Drivers registered with Taxi Stand**

**(Please note, a Taxi Stand must have a minimum of ten (10) taxi's to register with the LTA)**

	<b>Taxi Number Plate</b>	<b>Make and Model</b>	<b>Taxi Owner</b>	<b>Taxi Driver and D/L #</b>	<b>Business Licence #</b>
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
<b>8</b>					
<b>9</b>					
<b>10</b>					

**(Please insert additional page if more than ten (10) taxi's).**

**Signed:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Taxi Stand Owner**

**Date:** \_\_\_\_\_

**REGISTRATION FEE \$100 – RECEIPT NUMBER:** \_\_\_\_\_

***Please return Registration Forms to the Legal Division of the LTA***