

Smartcard Application Form - Cairns

Student Given Name		Student Surname	
Student D.O.B		M/F	
Guardian Given Name		Guardian Surname	
Mobile Number		Email Address	
Address			
Suburb		Postcode	
School Attending			
Year Level			
Postal Address			
Suburb		Postcode	

Application Type (please indicate below)

<input type="checkbox"/> New Smartcard	<input type="checkbox"/> Replacement Smartcard \$17.20
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Office use only

Credentials for Transport ME App registration

Username _____ (Minimum 5 letters, no spaces, full stops, or symbols. **Do not use an email address**)

Password _____ (Minimum 5 characters (letters and numbers only), no spaces or symbols)

/ STAS application submitted: Y <input type="checkbox"/> N <input type="checkbox"/>	/ TME user access created: Y <input type="checkbox"/> N <input type="checkbox"/>
/ STAS Application ID:	/ Email sent to user: Y <input type="checkbox"/> N <input type="checkbox"/>
/ Entered in EDU: Y <input type="checkbox"/> N <input type="checkbox"/>	/ Smartcard created: Y <input type="checkbox"/> N <input type="checkbox"/>
/ STAS Enrollment Number:	/ BLANK FOR OTHER PROCESS