Transport for NSW
Centre for Road Safety

Assessment of Innovative Technologies
Application Form

If inadequate space is provided for your response(s), please attach any additional information referencing the appropriate section.

Concept name: .....

A. Applicant Details

Full name:

Company name:
(if applicable)

Address: .....

Phone no:	**Mobile no:**	**Fax no:**

Email address:

B. Which of the road safety priority areas does your concept address? *(please tick)*

- ☐ Speeding
- ☐ Alcohol
- ☐ Vehicle restraints
- ☐ Fatigue
- ☐ Driver distraction
- ☐ Pedestrians
- ☐ Cyclists
- ☐ Vehicles
- ☐ Roads
- ☐ Motor cyclists
- ☐ Other *(detail)* .....

C. Concept Details

1. How does your concept work?

.....

2. Where do you see your concept being implemented? (mention any limitations to its usage)

.....

3. What is the estimated impact of your concept on the number and severity of crashes?

.....

4. What is the likely life span of the technology?

5. What are your expectations of the Centre for Road Safety in relation to this concept?

6. Does your concept require integration with other technologies?

(Please tick) ☐ Yes - If 'Yes' explain how. ☐ No

7. Has your concept undergone any testing or field trials?

(Please tick) ☐ Yes - If 'Yes' please attach evidence of testing. ☐ No

8. Is the concept able to be practically demonstrated?

(Please tick) ☐ Yes ☐ No

9. Outline your capacity to put the concept into production.

10. What will your concept cost per unit?

(Also mention any anticipated annual maintenance and running costs)

11. Do you own the Intellectual Property relevant to the concept?

(Please tick) ☐ Yes - If 'Yes' please attach evidence. ☐ No

12. What are the risks you have identified with the concept and what countermeasures do you propose?
e.g. technical, social, price, design, environmental, safety, competitors, reliance on other technologies, service life etc.

Risk(s)	Countermeasure(s)

13. Additional information (if required)

Submit your completed application by -

post to : Road Safety Technology
Centre for Road Safety
Transport for NSW
PO Box 477 Wollongong NSW 2520

OR email to : CRScorrespondence@transport.nsw.gov.au