

For Office Use Only

Payment Received :	
Receipt :	
Date CRB Sent	Date CRB Received

For Office Use Only

Client No./Badge No.	
D/L No/Issue No.	
L/K Test/ Employer	

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976

APPLICATION / RENEWAL OF A LICENCE TO DRIVE A PRIVATE HIRE VEHICLE

Please check all of the details below, filling in any empty boxes as required. Read the notes overleaf and then sign the form, and bring the completed form together with all relevant documentation, as detailed in the accompanying letter, at the appointed time.

PLEASE USE BLOCK CAPITALS AND AMEND ANY INCORRECT DETAILS

SURNAME

FIRST NAME

DATE OF BIRTH

NATIONAL INSURANCE NO.

ADDRESS

POSTCODE

TELEPHONE NUMBER

MOBILE NUMBER

EMAIL

**WILL THIS BE YOUR ONLY
EMPLOYMENT ?**

YES/NO (Please delete where inapplicable)

**IF NO, THEN PLEASE GIVE
DETAILS OF ALL
OTHER EMPLOYMENT**

HAVE YOU BEEN CONVICTED OF ANY DRIVING OR CRIMINAL OFFENCE?

(NB. Where this application is for renewed Licence, list only those matters arising since the last Licence was issued).

YES/NO (Please delete where inapplicable)

IF YES, WRITE DOWN THE DETAILS BELOW:-

(All convictions must be disclosed, continue on separate sheet if necessary).

DATE

OFFENCE

SENTENCE

ARE THERE ANY PROSECUTIONS PENDING AGAINST YOU?

YES/NO (Please delete where inapplicable)

IF YES, PLEASE GIVE DETAILS OF THE ALLEGED OFFENCE AND DATE OF COURT HEARING:-

HAVE YOU EVER SUFFERED FROM ANY INJURY OR ILLNESS, WHETHER PHYSICAL OR MENTAL, WHICH MAY AFFECT YOUR DRIVING CAPABILITIES?

YES/NO (Please delete where inapplicable)

IF YES, PLEASE GIVE DETAILS:-

ARE YOU THE PROPRIETOR OF THE PRIVATE HIRE VEHICLE YOU INTEND TO DRIVE?

YES/NO (Please delete where inapplicable)

IF NO, THE PROPRIETOR WILL BE REQUIRED TO COMPLETE THE DECLARATION BELOW:

I, BEING A LICENSED PRIVATE HIRE VEHICLE PROPRIETOR, CONFIRM THAT I AM SATISFIED AS TO THE SUITABILITY OF THE APPLICANT WHOSE DETAILS APPEAR ON THIS FORM AND WHO I AM INTENDING TO EMPLOY DURING THE LICENSING YEAR TO WHICH THE LICENCE RELATES.

NAMESIGNATURELICENCE No.....

NOTES

1. It is an offence under Section 57 of the Local Government (Miscellaneous Provisions) Act 1976 for any person to knowingly or recklessly make any false statement or omit any material particulars in giving this information.
2. Any changes in the circumstances of the applicant or any other person or body which may render any of the provided information invalid must be immediately reported to the Assistant Director of Environmental Health & Consumer Protection.
3. The Council reserves the right to confirm any of the provided information with any other body, including the Devon and Cornwall Constabulary.
4. The Council is under a duty to protect Public Funds, to this end it may use the information provided within the council to prevent and detect fraud. It may also share this information with other bodies, which look after Public Funds solely to prevent and detect fraud.

DECLARATION

I, THE APPLICANT WHOSE DETAILS APPEAR ON THIS FORM, HAVE READ AND UNDERSTOOD THE NOTES HEREON AND DECLARE THAT THE INFORMATION SUPPLIED IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND HEREBY APPLY FOR THE ISSUE TO ME OF THE APPROPRIATE LICENCE.

SIGNED----- DATE-----

Information held by Torbay Council complies with and is stored in accordance with the UK Data Protection Act, 1998. The information you provide on this form will be used to process the application and may be disclosed to any interested party under the requirements of section 51 Local Government (Miscellaneous Provisions) Act 1976. You have a right of access to your personal information. If you wish to access your personal information or exercise any of your rights under the legislation then please contact the Information Governance Team on 01803 207466.

If you have difficulty in completing this form in English, then help will be offered. Please ring on 01803 208126 or email Licensing@torbay.go.uk.