



Hackney Carriage and Private Hire Vehicle Driver Licence Application

For Office Use: Flare Number

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SECTION 48 LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT, 1976
SECTION 40 TOWN POLICE CLAUSES ACT, 1847

SECTION A – THE APPLICANT

Title		Full Name									
Home Address											
						Postcode					
Date of Birth	d	d	m	m	y	y	Tel				
Mobile							Fax				
Email											
DVLA No.							Issue No.				

SECTION B – WHO DO YOU PROPOSE TO WORK FOR?

Private Hire Operator	<input type="checkbox"/>	Firm Name			
Hackney Carriage	<input type="checkbox"/>	Hackney Carriage No.			
Unknown	<input type="checkbox"/>				

SECTION C – PENDING PROSECUTIONS

Should you be convicted of, or charged with, or receive a fixed penalty notice in respect of any offence, including minor motoring offences, between the date of this application and the issue of any subsequent Hackney Carriage/Private Hire Vehicle Driver’s Licence you must inform this office, in writing, immediately or in any event within seven days.

Have you any pending prosecutions? Yes (Give details below) No

Alleged Offence	Date and Place of Court Hearing

SECTION D – CONVICTIONS

Please note that disclosure of any conviction is a requirement of your application and will be checked against your Criminal Records Bureau disclosure and DVLA records.

It is an offence to withhold details of ANY conviction – continue on a separate sheet if necessary when completing this section overleaf.

See over...

Have you ever been cautioned or convicted for any offence (include warnings/ reprimands)

Yes (Give details below)

No

Conviction Date	Convicting Court	Details of Offence	Sentence or Fixed Penalty Endorsement

SECTION E – LICENCES WITH OTHER AUTHORITIES

If you have previously applied for a hackney carriage or private hire vehicle driver’s licence with this or any another council, please give details. Continue on a separate sheet if necessary.

Year	Name of Council	Decision
		Granted/Suspended/Refused/Revoked

SECTION F – FOR RENEWALS NOT REQUIRING MEDICAL CERTIFICATE

Since the issue of your last medical report dated, have you suffered from any of the following medical conditions?

- Heart Condition Yes No
- Abnormal Blood Pressure Yes No
- Diabetes Yes No
- Epilepsy Yes No
- Sudden attacks of Giddiness or Fainting Yes No
- Deterioration of Eyesight or Hearing Yes No
- Alcohol or Drug Dependency Yes No
- Mental or Psychological Disorder Yes No
- Serious Physical Injury or Disability Yes No
- Any Other Condition Affecting Your Ability to Drive Yes No

SECTION G – APPLICANT DECLARATION AND CAUTION

I declare that I have the RIGHT TO WORK in the United Kingdom and that the information given in this application is true to the best of knowledge.

In making this application I also agree to read and abide by any conditions attached to the licence should it be issued to me. I understand that it is a criminal offence to make a false statement or omit any material particular from this application or any supporting document.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information see www.stoke.gov.uk/fraud

Signature	Date
	d d m m y y

SECTION H – FOR OFFICE USE ONLY

Date Submitted	
Receipt Number	
Fee Paid	£
Last Medical	d d m m y y
Officer Initials	