



# Dual Hackney Carriage & Private Hire Driver Licence

## Town Police Clauses Act 1847

### Local Government (Miscellaneous Provisions Act 1976)

#### Licensing, Environmental Services

Elizabeth House, Church Street, Stratford-upon-Avon. CV37 6HX

Telephone: 01789 260211 Facsimile: 01789 260808 Minicom: 01789 260747 Website: www.stratford.gov.uk

I hereby apply for (please tick as appropriate)

Grant

Renewal Badge Number

## 1. YOUR PERSONAL DETAILS

Title:

Surname:

Forename:

Previous Names:

Date of Birth:    Place of Birth

Address:

Postcode:

Telephone No:  Mobile No:

National Insurance No:

Have you previously been refused any application for a Hackney Carriage/Private Hire Drivers Licence Yes   
No

## 2. DRIVING LICENCE DETAILS

Time full DVLA driving licence held (years):

Groups:

DVLA driving licence number:

Valid from:

Expiry Date:

Current endorsements on DVLA driving licence (if none, write "NIL"):

Date of Offence	Offence Code	Points	Fine/Costs

Have you ever been disqualified from driving? Yes  No

If Yes, please give details below

Date:

Reason:

Period(s) of disqualification

Do you currently hold a LGV or PCV licence? Yes  No

Have you previously held either a Hackney Carriage or Private Drivers Licence? Yes  No

If Yes, please give details below

Council Licence held with

Date Licence ceased

Reason for not continuing the Licence

### 3. CONVICTIONS

**The Rehabilitation of Offenders (Exception) Order 2002 requires an applicant for a taxi or private hire driver licence to disclose ALL convictions, spent or otherwise, for the purpose of establishing is an applicant is a "fit and proper" person to hold a licence. Failure to disclose previous conviction's, spent or otherwise, may make the applicant liable to be prosecuted for attempting to obtain a driving licence by deception.**

Have you been convicted of any offences? Yes  No

If Yes, please give details below

Offence	Date of Conviction	Sentence

Are there any prosecutions pending against you? Yes  No

If Yes, please give details below

## 4. EMPLOYMENT DETAILS

Please state the name and address of the proprietor who will employ you if this licence is granted:

Name:

Address:

Telephone No:

Will you be working (tick as appropriate)

Full time

Part time

## 5. MEDICAL

A medical form is required for all **new** applications. For **renewal** applications, medicals are not required until a driver reaches 45 years of age when a medical will need to be submitted with each renewal application. Once an applicant reaches 65 years of age, a medical form is required annually.

Have you ever suffered from a prescribed medical disability, epilepsy or from sudden attacks of disabling giddiness or fainting from any disease, mental or physical disability likely to interfere with the efficient discharge of your duties as a driver, or to cause the driving of a Hackney Carriage or Private Hire Vehicle to be a source of danger to the public?

Yes  No

If yes, please give details.

### Please note:

*The Council reserves the right to acquire a certificate from a registered medical practitioner at the applicant's expense. If it is considered appropriate, the necessary forms will be sent to you.*

## 6. I hereby apply for a vehicle driver's licence and enclose:

1. My birth certificate or passport
2. My current UK/EU Driving Licence
3. A CRB disclosure application form with relevant supporting information
4. A signed and completed medical examination form from my GP / GP practice
5. A completed DVLA driving licence check mandate
6. The licence fee
7. One passport sized photograph taken within the preceding month prior to submitting the application

## DECLARATION

I declare that I have checked the information given on this form and that to the best of my knowledge and belief it is correct.

I undertake to comply with the relevant legislation, application procedures administered by Stratford-on-Avon District Council and to notify the Council of changes in my personal/business circumstances during the period of any licences issued.

Signature:

PRINT NAME:

Date of Birth:

dd	mm	year
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Stratford-on-Avon District Council 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 <http://www.stratford.gov.uk/datamatching>

The Council would like to use the information that you provide to ensure that we are using your correct details for all the services the Council provide. Please tick the box below if you do not agree to this.