



**APPLICATION FOR A PRIVATE HIRE / HACKNEY CARRIAGE VEHICLE LICENCE**

<b>Surname</b>			
<b>Forename(s)</b>			
<b>Home Address &amp; Postcode</b>			
<b>Date of Birth</b>		<b>National Insurance Number</b>	
<b>Home Telephone Number</b>		<b>Mobile Telephone Number</b>	
<b>Email Address</b>			
<b>Name of Operator with Whom You are (or intend to be) Employed</b>		<b>Call Sign</b>	
<b>Will you be Employed Full or Part Time</b>		<b>Existing Badge Number (if applicable)</b>	

<b>Licence Type</b>	<b>Hackney Carriage</b>		<b>Private Hire</b>	
	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Application Type</b>	<b>New</b>	<b>Renewal</b>	<b>Transfer</b>	<b>Change of Vehicle</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IF RENEWAL OR CHANGE OF VEHICLE PLEASE STATE**

<b>Existing Plate Number</b>		<b>Existing Vehicle Registration</b>	
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**IF TRANSFER OF VEHICLE THE PREVIOUS OWNER MUST COMPLETE AND SIGN THE FOLLOWING SECTION**

<b>Surname</b>			
<b>First Name</b>			
<b>Address</b>			
<b>Date of Birth</b>		<b>Badge N°</b>	
<b>Home Telephone</b>		<b>Mobile</b>	
<b>Operator</b>		<b>Call Sign</b>	
<b>Signed</b>		<b>Dated</b>	

**DESCRIPTION OF VEHICLE TO BE LICENSED**

<b>Vehicle Registration</b>		<b>Date of First Registration</b>	
<b>Make and Model of Vehicle</b>		<b>Number of passenger seats</b>	
<b>Colour of Vehicle</b>		<b>Engine CC</b>	
<b>State type of vehicle (i.e. saloon, hatchback, estate, LTI, Minibus)</b>			
<b>Has this Vehicle ever been 'Written Off' by an Insurance Company?</b>			
<b>In the case of a Hackney Carriage Vehicle, will it be working mainly in the Oldham Borough?</b>			

**DISABLED FACILITIES**

<b>None</b>	<b>Disabled Access</b>	<b>Wheelchair Access</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DECLARATION**

please read each of the following statements carefully, and tick to say you understand them, before signing your application

1.	I wish to apply for the licence as detailed above.	<input type="checkbox"/>
2.	I am entitled to work in the United Kingdom.	<input type="checkbox"/>
3.	I have read, understood and undertake to comply with, all conditions and Bylaws set by the Council.	<input type="checkbox"/>
4.	I understand that the Council is under a duty to protect public funds it administers, and to this end may use the information I have provided for the prevention and detection of fraud. It may also share information with other bodies responsible for auditing and administering public funds for these purposes.	<input type="checkbox"/>
5.	I understand that making a false declaration could lead to prosecution.	<input type="checkbox"/>

Signed .....

Dated.....

**\*\*\*For Office Use Only\*\*\***

<b>Amount Paid</b>		<b>Logbook / B.o.S</b>	<input type="checkbox"/>
<b>Date Paid</b>		<b>Insurance Checked</b>	<input type="checkbox"/>
<b>Receipt N<sup>o</sup></b>			
<b>Granted By:</b> (sign & date)			
<b>Checked By:</b> (sign & date)			
<b>Notes</b>			