



*Basingstoke
and Deane*

LICENSING

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976
TOWN POLICE CLAUSES ACT 1847

APPLICATION FOR A LICENCE TO DRIVE A HACKNEY CARRIAGE AND/OR
A PRIVATE HIRE VEHICLE

Notes for applicants

This application form is for a licence to enable you to **drive** hackney carriages and/or private hire vehicles. Vehicle Licences are issued using a separate application form. Please refer to the notes on the last page, and attached Notes to Applicants, before completing this application.

In accordance with the provisions of Part II of the Local Government (Miscellaneous Provisions) Act, 1976, and/or the Town Police Clauses Act 1847 I hereby make an application to Basingstoke and Deane Borough Council to grant me a licence to act as a driver of a hackney carriage and/or private hire vehicle licensed to operate within the said Borough

PLEASE COMPLETE IN CAPITAL LETTERS USING BLACK INK

WHAT TYPE OF LICENCE ARE YOU APPLYING FOR? NEW RENEWAL

New applicants may only apply for a one year licence. ONE YEAR THREE YEAR

ARE YOU APPLYING FOR A LICENCE TO DRIVE:
HACKNEY CARRIAGE/PRIVATE HIRE VEHICLE PRIVATE HIRE VEHICLE ONLY

1. NAME (in full)		
	2. ADDRESS	
	POSTCODE	

3. DATE OF BIRTH / / 4. NATIONAL INSURANCE NO.

5. HOME TEL. NO. 6. MOBILE TEL. NO.

7. EMAIL ADDRESS

8. CURRENT BADGE NUMBER (if applicable)

9. WHEN DID YOU PASS YOUR DRIVING TEST / /
(New applicants only)

10. HAVE YOU EVER LIVED IN A COUNTRY OTHER THAN THE UK? YES/NO

If YES, when did you become resident in the UK?

Please provide details of ALL countries you have lived in:

COUNTRY	FROM: (date)	To: (date)

<p>For Office Use Only *APPFORM* APPFORM</p>	<p>PLATE/BADGE NO.</p>
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We take into account **ALL** convictions when considering an application for a driver's licence. **ALL** motoring and criminal convictions must be declared on the application form (see Notes to Applicants).

11. PLEASE PROVIDE DETAILS OF ALL CRIMINAL OR MOTORING CONVICTIONS, CAUTIONS OR WARNINGS (continue on a separate sheet if necessary):

NATURE OF OFFENCE	COURT	PENALTY	DATE

12. ARE THERE ANY CHARGES PENDING AGAINST YOU AT THE DATE OF THIS APPLICATION?

YES/NO

If yes, please give details:

13. HAVE YOU EVER BEEN DISQUALIFIED FROM DRIVING?

YES/NO

If yes, please state date/s of disqualification and reason:

14. HAVE YOU EVER HELD A DRIVER'S LICENCE WITH ANY OTHER COUNCIL?

YES/NO

If yes, please state Council and dates:

15. HAVE YOU EVER HAD A LICENCE OR LICENCE APPLICATION REVOKED OR REFUSED? YES/NO

If yes, please state date/s and reason:

16. YOU MUST BE INSURED FOR FULL PUBLIC LIABILITY AS A PRIVATE HIRE/HACKNEY CARRIAGE DRIVER. Please provide details:

POLICY NUMBER:	DATE OF EXPIRY:
NAME OF INSURER:	NAME OF BROKER:
Address:	Address:
Telephone No:	Telephone No:

17. IS DRIVING A HACKNEY CARRIAGE OR PRIVATE HIRE VEHICLE TO BE YOUR ONLY EMPLOYMENT?

YES/NO

If no, please state the nature of your usual employment:

Please state hours of work you intend to drive:

(daily)

(weekly)

18. REFERENCES (NEW APPLICANTS ONLY)

To support your application, please give below the name and address of two people you have known for at least three years and to whom the Council may write for the purpose of obtaining a reference. (These persons should not be connected with family, the hackney carriage or private hire trade. One should be a prominent member of the community eg. Magistrate, Lawyer, Teacher, or Clergyman etc).

NAME (1)	<input type="text"/>	NAME (2)	<input type="text"/>
ADDRESS	<input type="text"/>	ADDRESS	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	POST CODE		POST CODE

Please state in what capacity the referee is known to you (please refer to Notes to Applicants):

<input type="text"/>	<input type="text"/>
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New licences will not be issued without satisfactory references being received by the Council.

19. PRIVATE HIRE AND HACKNEY DRIVERS UNDERTAKING ANY PRE BOOKED WORK

Please provide the name of the Licensed Operator for whom you drive/propose to drive
 If you decide to work for a different operator after submitting this application you must inform the Council

NAME / BUSINESS NAME	<input type="text"/>
ADDRESS	<input type="text"/>
	<input type="text"/>
TEL NO	POST CODE

20. MEDICAL STATUS

New Applicants

Are you aware of any medical condition that may affect your suitability as a private hire/hackney carriage driver? YES/NO

Renewal applicants

(a) Have you been had any new medical symptoms or change in your health (excluding minor ailments) since the date of your last application for a private hire/hackney carriage driver's licence which may affect your suitability as a private hire/hackney carriage driver? YES/NO

If you have answered yes to either of the above, please give full details and continue on a separate sheet if necessary:

(b) If any medical information has been requested with your renewal, please attach it to this application form.

Declaration

I hereby declare that the information and particulars given by me in this application are true and correct to the best of my knowledge and belief and I make it knowing that if it is tendered inaccurately, any licence determined and issued in connection with it may be suspended, modified and /or revoked.

I also understand and consent that the information and particulars given by me in this application may be issued to and verified with other enforcement agencies and consulting bodies; including the DVLA, Hampshire Police, the Home Office, Local Magistrates Court and any of the trade associations mentioned hereon and any other corporate body in accordance with data protection and the Council's disclosure policy.

SIGNED	<input type="text"/>	DATE	<input type="text"/>
PRINT NAME	<input type="text"/>		<input type="text"/>

Note: Any grant of licence will be subject to:

- (a) the applicant having attained the age of 21
- (b) the applicant having held a FULL DVLA driving licence¹ for a minimum period of 12 months
- (c) the applicant being in possession of personal public liability insurance
- (d) the applicant possessing an adequate knowledge of the roads within the area of the Borough of Basingstoke
- (e) the applicant producing, at his own expense, evidence of medical fitness (see Application Notes below)
- (f) a satisfactory response regarding previous convictions of the applicant
- (g) the receipt of satisfactory references (new applicants)

IMPORTANT NOTES TO APPLICANTS TO BE READ BEFORE SUBMITTING YOUR APPLICATION.

For further information please refer to the 'Notes to Applicants'

- All new applicants must undergo medical and Criminal Records Bureau (CRB) checks at first application and then at regular intervals as determined by the Council.
- All new applicants who have been resident in any other country(s) for any length of time since the age of ten will be required to submit a Statement of Good Conduct from each country. Where applicable, evidence of the right to live and work in the UK will also be required. Identification documents may be scanned and forwarded to the Home Office for verification.
- All new applicants must undergo a Driving Standards Agency Private Hire and Hackney Carriage Assessment Test and produce a pass certificate. The DSA will charge a separate fee for this test.
- All new applicants must sit the Basingstoke and Deane Borough Council Driver Awareness Test and provide confirmation that they have passed all sections.
- Existing licensed drivers must undergo a CRB check every three years. You will be advised if this is due at the reminder stage. A separate fee must be paid at the time of application.
- To complete the CRB check you will need to be interviewed at the Council Offices. The results can take up to eight weeks to be returned to the Council. For existing drivers, therefore, please ensure that you arrange an appointment to complete the CRB application form within adequate time before your existing licence expires. If you do not, you may be prevented from driving until your CRB application is completed.
- Existing licensed drivers must undergo a medical check every five years, until the age of 65 when a medical will be required every year.
- A medical appointment must be arranged with your own GP who has access to your medical notes and you must take the BDBC medical form for completion by your GP. You will be assessed under the DVLA group II medical standard. The GP will charge you separately for this. Your GP may wish to post the medical to us direct, or you can bring the completed and signed medical form to the Council when you submit your application. BDBC medical forms are available from the Licensing Team.
- All applicants need to provide evidence of insurance arrangements. This must include a policy number and a date of expiry.

When you have all the necessary documents and the licence application fee, please submit your application to the **Licensing Department, Deanes Building, Basingstoke and Deane Borough Council, Civic Offices, London Road, Basingstoke, Hampshire RG21 4AH**. If your application is not complete, it will be returned to you. If you wish to see an officer to discuss your application, you will need to contact the Duty Officer on (01256) 845374 to arrange a convenient appointment. If you arrive without an appointment, there may not be an officer available to see you.

A complete application includes the following:

NEW APPLICATION

- Application Form – completed and signed
- Criminal Records Bureau (CRB) check
- Statement of Good Conduct (where applicable)
- Evidence of the Right to Work in UK (where applicable)
- Medical Examination Form
- 1 Passport Photograph
- DVLA Driver's Licence
- Evidence of Public Liability Insurance
- IDS Mandate – completed and signed
- DSA Assessment (Pass Certificate)
- Driver Awareness Test (Confirmation of Pass)
- Licence Fee

RENEWAL APPLICATION

- Application Form – completed and signed
- 1 Passport Photograph
- Evidence of Public Liability Insurance
- IDS Mandate – completed and signed
- Criminal Records Bureau (CRB) check (if due)
- Statement of Good Conduct (if applicable)
- Medical Examination Form (if due)
- DVLA Driver's Licence
- Licence Fee

Basingstoke and Deane Borough 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 the Level 2 notice on Basingstoke and Deane Borough Council website which can found at:

<http://www.basingstoke.gov.uk/council/keydocs/antifraud.htm>

or contact David Robb, Head of Corporate Governance on 01256 845315 (direct line) or email: david.robb@basingstoke.gov.uk

¹ Or licence issued in the European Community/European Economic Area with UK counterpart. Further details can be obtained from the DVLA.