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| APPLICATION TO TRANSFER A VEHICLE LICENCE |

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| Applicant details |
| Title | Forename(s) | Surname |
| Address |
| Email address |
| Phone | Mobile |
| Date of Birth | National Insurance Number |

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| Existing licence holder’s details |
| Title: | First name(s): | Surname: |
| Postal Address: |
| Post Town: | Post Code: |

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| Details of the vehicle |
| Hackney Carriage |  | Private Hire Vehicle |  |
| Licence Plate No.: | Licence Expiry Date: |
| Registration No: | Date Vehicle First Registered: |
| Make: | Model: |
| Colour: | Passenger Seats (excluding driver): |
| Fuel Type: | No. of Doors (excluding boot): |
| Is the vehicle capable of carrying a wheelchair user whilst they remain seated in their wheelchair? | YES | NO |
| Will this vehicle be operated on a radio system? | YES | NO |
| Name of the taxi company whose radio system the vehicle will operate on: |
| Address where vehicle will normally be kept when not in use (if different to applicant’s home address): |

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| I have enclosed the following with my application\* |
| Vehicle Registration Document (V5) or other valid proof of ownership |  |
| Certificate of Insurance for the vehicle |  |
| Letter from existing licence holder confirming they agree to the transfer of the licence |  |
| Confirmation of payment of fee (fees are shown on or website <https://www.lichfielddc.gov.uk/taxi-private-hire-licences/vehicle-licences-taxi-private-hire/3> . This can be paid by calling 01543 308000  |  |
| **\*ALL required documents must be provided AT THE TIME OF APPLICATION. Incomplete applications will not be processed.** |

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| Declarations |
| I declare that the information given above is true to the best of my knowledge and that I have not wilfully omitted any necessary material. I understand that if there are any wilful omissions, or incorrect statements made, my application may be refused without further consideration or, if a licence has been issued, it may be liable to immediate suspension or revocation.I understand that the Authority is collecting my data for the purposes described on this form and will not be used for any other purpose, or passed on to any other body, except as required by law, without my consent. I understand that the Authority is under a duty to protect the public funds it administers, and to this end may use the information I have provided on this form for the prevention and detection of fraud. I understand that it may also share this information with other bodies responsible for auditing or administering public funds for these purposes. |
| Signature: |
| Print Name: |
| Date: |