



# TRANSFER OF HACKNEY CARRIAGE/ PRIVATE HIRE VEHICLE LICENCE

Data protection: We will use the information supplied by you and/or obtained on your behalf for the purpose of licensing and enforcement. This information may be used internally and shared with other bodies administering public funds to prevent and detect crime and fraud and to apprehend offenders. Information held about you will not be released to other third parties unless it is shown that they are entitled to the information by law.

**PLEASE COMPLETE THE FORM IN BLOCK CAPITALS, USING BLACK INK ONLY.  
THIS FORM WILL BE RETURNED IF YOU DO NOT ANSWER ALL QUESTIONS.**

**Existing vehicle details**

Plate number: ..... HC or PH: .....  
Make: ..... Model: .....  
Colour:..... Registration number: .....  
Number of Passenger seats: ..... Engine size: .....  
Year and month vehicle first registered:.....  
If Hackney Carriage is it wheelchair compliant ?.....

**New vehicle details**

Make: ..... Model: .....  
Colour:..... Registration number: .....  
Number of Passenger seats: ..... Engine size: .....  
Year and month vehicle first registered:.....  
Wheelchair compliant .....(Answer Yes or No)

**Details of person applying for the transfer.**

Family name: .....  
First name(s): .....  
Home address: .....  
.....Post Code.....

Home telephone:..... Mobile: .....

National Insurance Number:..... Date of Birth (dd/mm/yyyy): .....

Are you the sole proprietor of the vehicle?: ..... (Answer yes or no)

If no, give name, address and telephone number of co-owner:

.....  
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Have you, or the co-owner been convicted of any offence since the licence was last issued?: .....  
**(This is any offence, not just a driving one)**

If yes, give details: .....

*Please continue overleaf*

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Has your health of body and mind changed?: .....

If yes, give details: .....

Name of insurance company:..... Policy number: .....

Address of insurance company: .....

Full passenger liability: ..... (Answer yes or no)

**Business details**

Do you work for a company: ..... (Answer yes or no)

Own Trading name or trading name of company you work for: .....

Address of business: .....

.....

Business telephone number: ..... Mobile: .....

If a hackney carriage, are there more than one vehicles involved in the business: .....

If Yes, give plate numbers of the other hackney carriages involved: .....

.....

I enclose my **certificate of insurance, vehicle registration document / proof of purchase, inspection and new MOT certificates (from one of the Council's 3 approved garages) and current transfer fee (cheques made payable to Warwick District Council.)**

**NB. Hackney carriages require an MOT test on the anniversary of first registration and annually thereafter.**

**I declare that the information given by me in this application is correct to the best of my knowledge and belief and I understand that, if my circumstances have changed or any information supplied as part of this application changes, I MUST inform the licensing section at Warwick District Council, in writing, immediately of the changes. I further declare that I am the owner or co-owner of the above vehicle.**

**By signing this form, I agree to be bound by all regulations, conditions and bye laws applicable to hackney carriages whilst using the vehicle licensed by Warwick District Council.**

**Anyone who knowingly makes a false declaration is liable to prosecution.**

**NB. The plates from the old vehicle MUST be returned before the new plates are issued**

Applicants signature: .....

Date signed: .....

*Present this form to the reception at Warwick District Council, Riverside House. Milverton Hill, Leamington Spa. CV32 5HZ between the hours of 10.00am to 12.00 noon and 2.00pm to 4.00pm*

**For official use: Plates issued on..... by hand**