



# CHANGE OF REGISTRATION NUMBER ON LICENSED HACKNEY CARRIAGE OR PRIVATE HIRE VEHICLE

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.

**The application process will not commence until all relevant documents have been received and this form is completed fully and correctly.**

**THIS FORM WILL BE RETURNED IF YOU DO NOT ANSWER ALL QUESTIONS.**

### Vehicle details

Plate number: ..... Side Loading Wheelchair accessible? (Yes or No) .....

Make: ..... Model: .....

Colour: ..... Registered number: .....

### New registration number details

New Registration number: .....

### Details of company or person applying for the change. (please enter the company OR your personal name whichever is applicable)

Company Name: .....

Company address: .....  
.....

Company telephone: ..... Mobile: .....

Contact email address:.....

**OR** Family name: ..... First name(s): .....

Home address: .....  
..... Post Code.....

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

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

Contact email address: .....

I enclose the following



Certificate of insurance ( <i>Showing new registration number</i> )	
Vehicle registration document ( <i>Showing new registration number</i> )	
Current Fee ( <i>pay online <a href="http://www.warwickdc.gov.uk/licensing">www.warwickdc.gov.uk/licensing</a></i> )	

**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 and application procedures administered by Warwick District Council and to immediately notify the Council, in writing, within 7 days of changes in my personal/business circumstances, including any accidents and medical conditions.**

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

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

Applicants signature: .....

Print name: .....

Position in company (if applying as a company).....

Date signed: .....