



# 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.

**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.**

**Existing vehicle details**

Plate number: ..... Year and month vehicle first registered.....  
Make:..... Model: .....  
Colour: ..... Registration number: .....  
Number of Passenger seats: ..... Engine size: .....  
Side Loading Wheelchair accessible? (Yes or No) .....

**New vehicle details**

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

**Details of company or person applying for the transfer** (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: .....

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

Address of insurance company: .....

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

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

*NOTE: If private hire and the answer is **No**, you **must** ensure that you hold a current Private Hire Operators Licence*

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 vehicle involved in the business: .....

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

Certificate of insurance	✓
Inspection certificate and MOT from one of the Council's approved garages (completed within the last four weeks)	
Vehicle registration document (or, if recently acquired, proof of purchase)	
Meter Calibration Test Certificate (If Hackney Carriage)	
Current Fee (pay online <a href="http://www.warwickdc.gov.uk/licensing">www.warwickdc.gov.uk/licensing</a> )	

**NB. Hackney carriages require an MOT/Inspection test at first licensing and then at least on the anniversary of first registration and annually thereafter.**

**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: .....