



Hackney Carriage & Private Hire Driver Licence

Application for exemption on medical grounds from the duties placed on Hackney Carriage and Private Hire Drivers to carry Wheelchair Users

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

1. YOUR PERSONAL DETAILS

NAME:

HOME ADDRESS:
POST CODE:

CONTACT NUMBER: DATE OF BIRTH:

DRIVER NUMBER:

PLEASE STATE THE MEDICAL REASON FOR EXEMPTION APPLICATION:

PLEASE ATTACH A RECENT REPORT FROM YOUR GP OR HOSPITAL CONSULTANT DETAILING YOUR MEDICAL CONDITION.

2. VEHICLE DETAILS

VEHICLE PLATE NUMBER: REG NO:

TYPE OF VEHICLE: Wheelchair Accessible
Saloon

3. YOUR MEDICAL PRACTITIONER(S) DETAILS

GP NAME:

SURGERY ADDRESS:
POST CODE:

TELEPHONE NUMBER:

CONSULTANT NAME:

ADDRESS:

POST CODE:

TELEPHONE NUMBER:

4. EXEMPTION REQUEST DETAILS

TYPE OF EXEMPTION APPLIED FOR:

Temporary (Fixed Length):

Life Time (Indefinite Length):

IF TEMPORARY EXEMPTION, PLEASE GIVE START AND END DATES FOR APPLICATION:

FROM ___/___/___ TO ___/___/___

5. DECLARATION

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, of changes in my personal circumstances during the period of any licences issued.

Signature:

PRINT NAME:

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Warwick District 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.