|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Issued** |  | **New Expiry** |  | **REFVAL** |  |

**RENEWAL APPLICATION- \*PRIVATE HIRE DRIVER/ \*HACKNEY DRIVER LICENCE**

|  |  |  |
| --- | --- | --- |
| **\*PD/ \*HD/ PD to HD / HD to PD** | **Licence Number** |  |
| **Applicant Full Name** |  |
| **Applicant Address** |  |
| **Postcode** |  | **National Insurance No:** |  |
| **Date of Birth** |  | **Mobile No:** |  |
| **EMAIL ADDRESS (Essential)** |  |
| **OPERATOR/ RADIO CIRCUIT** |  |

**By submitting this form, I am:**

* **Accepting all of the standard licensing conditions or byelaws applicable to this licence type;**
* **Declaring that I have no further convictions or pending matters other than those previously disclosed as listed on my licensing record or as marked below.**
* **All the information and documents to be correct and genuine;**
* **I understand that these facts will be checked and that should any be found to be materially false then the Council reserves the right to revoke the licence as issued.**

**I understand that if granted I will receive a cover letter and email licence for a three month licence only free of charge and that I must carry them in my vehicle and display my expired badges at all times. The licence and documents can only be issued once the forms have been checked and processed. This may take up to 3 working days from submission of the forms.**

|  |  |
| --- | --- |
| **1. New Convictions/ FP’s?** | **\*YES/NO** |
|  |
| **2. New Medical Conditions?** | **\*YES/NO** |
| **3. Licences held elsewhere** | **\*YES/NO** |
| **4. Licences Refused or** **Revoked elsewhere** | **\*YES/NO** |
|  |

**\*I have attached scans of the following documents (tick all that apply):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **DVLA Photo card Licence** |  | **\*Current Passport/ Birth Certificate** |
|  |  |
|  | **Proof of current address** (not from Internet) **i.e. Utility Bill, Bank Statement etc.** |
|  |  |
|  | **Proof of right to work and reside** (ONLY if on a limited approval from Home Office) |
|  |  |
|  | **Completed DBS Self- Declaration Form** |
|  |  |
|  | **\*Medical Self- Declaration Form/Form from \*own GP/ \*Other GP with access to records** |
|  |  |
| **Signed:** |  | **Dated:** |  |