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| dws_letterhead_aquatics_k_logo.tif | Renewal Hackney Carriage/ Private Hire Driver’s Medical Fitness Declaration **FORM TO BE COMPLETED IN BLOCK CAPITALS ONLY** |

**THIS COMPLETED FORM IS TO BE RETURNED BY EMAIL ONLY TO:** [**taxi.licensing@knowsley.gov.uk**](mailto:taxi.licensing@knowsley.gov.uk)

**1. DRIVERS PERSONAL DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Forenames:** |  | | | |
| **Surname:** |  | | | |
| **Date of Birth:** |  | **Mobile Telephone:** |  | |
| **Email Address:** |  | | | |
| **Home Address** |  | | | |
| *(as shown on DVLA card)* |  | | **Postcode:** |  |

**2. MEDICAL DECLARATION BY LICENSEE NAMED ABOVE**

|  |  |  |  |
| --- | --- | --- | --- |
| **I hereby make this declaration:**   1. In order to satisfy the Council that I am medically “fit and proper” for the re-grant of the licence as shown above; 2. In the full understanding and knowledge that if this declaration is found be untrue and / or materially dishonest then any licence granted in part due to this declaration will be suspended or revoked with immediate effect in order to protect the safety of the travelling public at large; 3. In the knowledge that should the Council elect to take proceedings against me for any discovered dishonest declaration then this declaration will be used against me as evidence of my no longer being regarded as “fit and proper” to retain the licence. | | | |
| **I confirm that I am not aware of:**   * Any recent illness, condition, disability or any other physical or mental impairment which could impair my ability to drive or that anything has changed within my medical history since the last medical which I submitted to the Council for licensing purposes.   **I hereby authorise Knowsley MBC Licensing Team to contact my GP** (or medical practice) identified below if there are any concerns about my medical fitness to drive **and I further authorise the GP** to resolve any such query by disclosing any relevant matter to the Council on receipt of a written request. | | | |
| **Signed:** |  | **Dated:** |  |

**3. Full name/address of GP (or medical practice):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Address:** |  | | |
| **Telephone:** |  | **Postcode:** |  |
| **Email Address:** |  | | |

**ANY EXISTING DRIVER WHO IS UNABLE TO HONESTLY SIGN THE DECLARATION ABOVE IS TO BE**

**REFERRED TO SENIOR OFFICERS BEFORE ANY LICENCE RE-GRANT CAN BE MADE.**