

## APPLICATION FOR INITIAL GRANT OF A HACKNEY CARRIAGE DRIVER'S LICENCE

### Warning

It is an offence for an applicant knowingly or recklessly to make a false statement or to omit any material information in order to obtain a licence. Such action will reflect on the suitability of the applicant to hold such a licence.

**Before completing this form, please read all the guidance notes provided with it.**

1) Full name ..... (Mr/Mrs/Miss/Ms)

Residential address .....

.....

..... Postcode .....

Telephone no. .... Mobile telephone no. ....

Email address .....

Date of birth ..... Place of birth .....

Nationality ..... National Insurance No. ....

Do you have a legal right to work in this country?      **YES / NO**

Number of years resident in the UK .....

If you have been resident in any other countries, please list the country and dates resident:-

Country of residence

Dates of residency

Please list all previous surnames including dates surname(s) used (from and to):

.....

.....

2) Please provide the name and address of the hackney carriage vehicle proprietor/operator/company you will be working for:

- 3) You are required to declare every offence for which you have been convicted or received a formal caution from the Police, whether or not it is spent within the terms of the Rehabilitation of Offenders Act 1974, and any driving offences for which you have received penalty points and/or a fine. You should be aware that the Council will check with the Disclosure and Barring Service for the existence and content of any criminal record.

Have you ever been convicted for any offence or offences including driving offences and fixed penalty offences or received a formal caution?

**YES / NO** If YES, please declare below all convictions/driving offences (continue on separate sheet if necessary)

<u>DATE</u>	<u>COURT</u>	<u>OFFENCE</u>	<u>PENALTY</u>

You may wish to explain any mitigating circumstances that gave rise to your conviction(s). You are invited to do so in the space below.

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- 4) When did you obtain a full Driving Licence?.....  
 Groups ..... Number .....

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- 5) Have you ever had a private hire or hackney carriage driver and/or vehicle licence revoked by City of York Council or any other Council?

**Yes / No**                      If yes, please give details

Type of licence .....

Issuing Council .....

Date licence revoked .....

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Do you currently hold or have you previously held a private hire or hackney carriage driver and/or vehicle licence with City of York Council or any other Council?

**Yes / No**

If yes, please give details:

Type of Licence .....

Issuing Council .....

Date of issue .....

Date of expiry .....

Type of licence .....

Issuing Council .....

Date of issue .....

Date of expiry .....

**DECLARATION**

- 6) In connection with the Council granting me a hackney carriage driver's licence, I undertake that:-
- a) I will submit details to the Council of any serious illness or prescription of any medication that may affect my ability to provide a public transport service.
  - b) I will comply with all conditions, regulations and byelaws, copies of which I have received and read.
  - c) I have read and understand the implications of the warning regarding the making of false declaration in relation to this application and confirm that to the best of my knowledge the particulars I have provided with this application are correct.

I hereby apply for a hackney carriage driver's licence.

**SIGNED** ..... **DATE**.....

**Checklist for documents to submit with application form, refer to relevant pages in guidance notes:-**

One colour passport type photograph	Page 4	
Driving licence photocard or old style paper driving licence in your current address	Page 4	
Check code from the DVLA for viewing your driving licence details	Page 4	
Driving Assessment Pass Certificate	Page 5	
Knowledge and Safeguarding Training Day Pass Certificate	Page 6	
Overseas criminal record check/certificate of good conduct (if applicable)	Page 6	
Medical Form	Page 7	
Birth Certificate	Page 7	
Certificate of Naturalisation issued by the Home Office (if applicable)	Page 7	
Biometric Residence Permit (if applicable)	Page 7	
Passport	Page 7	
Proof of national insurance number	Page 24	
Identity documents for Disclosure and Barring Service application	Pages 24 & 25	

Our address is:- Taxi Licensing  
City of York Council  
Eco Depot  
Hazel Court  
York  
YO10 3DS

Our telephone number is (01904) 552422

Our email address is [licensing@york.gov.uk](mailto:licensing@york.gov.uk)

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This authority requires the requested information in order to process your application for a licence. It has a duty to protect and safeguard the public and therefore may share the information you have provided on this form with other service areas within the Council, Government Departments, law enforcement agencies and partners for these purposes. We take your privacy seriously. For details of the information we collect and how we use it, please see the Public Protection Privacy Policy on our website [www.york.gov.uk](http://www.york.gov.uk).

This authority is under a duty to protect the public funds it administers. We may share information internally and externally with other organisations responsible for auditing or administering public funds, or where undertaking a public function, in order to prevent and detect fraud. We may also disclose information to a Specified Anti-Fraud Organisation for the purpose of preventing fraud under Section 68 of the Serious Crime Act 2007.

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### OFFICE USE ONLY

DATE FORM COLLECTED BY/POSTED TO APPLICANT:

**Please tick**

GUIDANCE NOTES GIVEN TO APPLICANT

PLEASE LIST ANY OTHER PAPERWORK GIVEN OUT WITH APPLICATION FORM:

DATE RECEIVED IN OFFICE:

HACKNEY CARRIAGE DRIVER'S LICENCE NO./BADGE NO.

PERIOD OF LICENCE:- FROM: TO:

DATE ISSUED: SIGNED:

Receipt No.	Amount	Date Paid
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APPLICATION FEE PAID:

GRANT FEE PAID: