

APPLICATION

TO TRANSFER A HACKNEY CARRIAGE / PRIVATE HIRE VEHICLE LICENCE

CITY OF
WOLVERHAMPTON
COUNCIL

LICENSING SERVICES
CHAPEL STREET, BILSTON, WOLVERHAMPTON WV14 0PH
Telephone (01902) 551155

PLEASE
WRITE
IN
CAPITALS

AND
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1

1 DETAILS OF EXISTING VEHICLE LICENCE HOLDER * Delete as necessary

Mr / Mrs / Miss / Ms* Surname (also known as):

Christian / Forenames:

Maiden Name:

Present Residential Address:

..... Postcode:

Telephone No: Home:

Operator:

Mobile:

E-mail:

2 DETAILS OF VEHICLE LICENCE TO BE TRANSFERRED

Please set out below details of the vehicle licence you wish to transfer

Vehicle Licence No:

Vehicle Registration No:

3 DETAILS OF NEW LICENCE HOLDER

Mr / Mrs / Miss / Ms* Surname (also known as):

Christian/Forenames:

Maiden Name:

Present Residential Address:

..... Postcode

Date of Birth

Day	Month	Year

Telephone No: Home:

Business:

Mobile:

E-mail:

4 INTENDED DRIVER(S) OF VEHICLE

(a) When this application to transfer the vehicle licence has been approved, will the new licence holder, drive the vehicle?

Yes No

(b) If the answer to question4(a) is **YES**, is the new licence holder licensed by the Council as a Hackney Carriage driver/Private Hire Vehicle driver?

Yes No

(c) If the answer to question 4(b) is **YES**, please state the new licence holder's Hackney Carriage drivers/Private Hire Vehicle drivers licence number below:

.....

(d) Are you currently suspended as a driver by Wolverhampton City Council?

Yes No

5 Please state below the name and address of the person, proprietor, firm or company who will operate the vehicle.

Name

Address Postcode

DECLARATION

I declare that the replies given by me on this form are true, complete and accurate. I understand that if any information given by me is false, I shall be liable to prosecution and that any licence obtained as a result may be revoked. I understand that on the grant/receipt of my Licence it is my responsibility to ensure that I fully comply with the conditions of licence at all times.

Dated:

Dated:

Signed:

Signed:

Existing Licence Holder

New Licence Holder

6 IMPORTANT CHECK LIST

After you have filled in this form, tick box to show that you have enclosed:

The Log Book and or New Keeper Slip (Vehicle Registration Certificate)

Insurance

APPLICATION FEES WILL NOT BE REFUNDED

PLEASE NOTE ALL DOCUMENTS MUST BE ORIGINALS

THE INFORMATION GIVEN MAY BE HELD IN MANUAL OR COMPUTERISED FORM AND WILL BE SUBJECT TO THE PROVISIONS OF THE DATA PROTECTION ACT 1998.

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FOR OFFICIAL USE ONLY

Date Received:

Amount:

Method of Payment: PDQ

Initials:

Receipt No:

Receipt Issued By: