



TOWN POLICE CLAUSES ACT 1847
LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976
APPLICATION TO TRANSFER A VEHICLE LICENCE

APPLICANT DETAILS (NEW OWNER)		
Title:	First name(s):	Surname:
Postal Address:		
Post Town:	Post Code:	
Phone (Home):	Phone (Mobile):	
e-mail address:		
Date of Birth:	NI number:	

EXISTING LICENCE HOLDER'S DETAILS		
Title:	First name(s):	Surname:
Postal Address:		
Post Town:	Post Code:	

DETAILS OF THE VEHICLE			
Hackney Carriage		Private Hire Vehicle	
Licence Plate No.:		Licence Expiry Date:	
Registration No:		Date Vehicle First Registered:	
Make:		Model:	
Colour:		Passenger Seats (excluding driver):	
Fuel Type:		No. of Doors (excluding boot):	
Is the vehicle capable of carrying a wheelchair user whilst they remain seated in their wheelchair?		YES	NO
Are you going to be the sole proprietor of this vehicle?		YES	NO
Name(s) of any joint proprietor(s):			
Will this vehicle be operated on a radio system?		YES	NO
Name of the taxi company whose radio system the vehicle will operate on:			
Address where vehicle will normally be kept when not in use (if different to applicant's home address):			

CHECKLIST

I have enclosed the following:

Vehicle Registration Document (V5) or other valid proof of ownership	
--	--

Certificate of Insurance for the vehicle	
--	--

Letter from existing licence holder confirming transfer of ownership	
--	--

Appropriate fee (cheques made payable to Bromsgrove District Council)	
---	--

DECLARATIONS

I declare that the information given above is true to the best of my knowledge and that I have not wilfully omitted any necessary material. I understand that if there are any wilful omissions, or incorrect statements made, my application may be refused without further consideration or, if a licence has been issued, it may be liable to immediate suspension or revocation.

I understand that the Authority is collecting my data for the purposes described on this form and will not be used for any other purpose, or passed on to any other body, except as required by law, without my consent. I understand that the Authority is under a duty to protect the public funds it administers, and to this end may use the information I have provided on this form for the prevention and detection of fraud.

I understand that it may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Signature:

Print Name:

Date:

Please return this form with all relevant documents and the appropriate fee (made payable to **Bromsgrove District Council**) to:

Bromsgrove District Council
Parkside
Market Street
Bromsgrove
Worcestershire
B61 8DA