

Application for a Dual Driver Licence

Title				
Surname				
Forenames				
Postal Address				
Postcode				
Telephone Numbers	Home			
	Work			
	Mobile			
Email Address				
Date of Birth				
National Insurance Number				
Ethnic Origin (Please tick the appropriate box)	<input type="checkbox"/>	White British	<input type="checkbox"/>	Bangladeshi
	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	Other Asian Background
	<input type="checkbox"/>	Other White Background	<input type="checkbox"/>	African
	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Caribbean
	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	Other Black Background
	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Chinese
	<input type="checkbox"/>	Other Mixed Background	<input type="checkbox"/>	Any Other
	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Not Stated
	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	
Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
	<p>As Defined under the Equalities Act 2010 a person has a disability if - (a) a person has a physical or mental impairment (b) Such impairment has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.</p>			
Under this definition do you consider yourself to have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
DVLA Driving Licence Number				
Issue Number		Valid From:	Valid To:	
How many years have you held a full driving licence?				
Have you any illness or infirmity that might impair your driving ability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you any serious allergy or phobia towards dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name & address of person(s) who will employ you if granted a licence				
Please tick the licence type required		DUAL	<input type="checkbox"/>	
If granted, please specify which area you intend to work in				

Will you work	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Please state the hours per week you expect to work		
How many years have you lived in the Telford area?		
How many years driving experience in the Telford area do you have?		
Do you intend to follow any occupation in addition to driving a private hire or hackney carriage vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have a right to work in the UK?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Declaration of Convictions – (Please circle 'yes' or 'no')

Have you ever been sentenced to a term of imprisonment (whether suspended or otherwise) for more than thirty months?	Yes	No
Have you been sentenced to a term of imprisonment (whether suspended or otherwise) of six to thirty months within the last 10 years?	Yes	No
Have you been sentenced to a term of imprisonment (whether suspended or otherwise) of six months or less within the last 7 years?	Yes	No
Have you been sentenced to a period in a Young Offenders Institution within the last 7 years?	Yes	No
Have you been sentenced to a period of training in a Detention Centre within the last 3 years?	Yes	No
Have you been fined within the last 5 years? (Including motoring offences)	Yes	No
Have you been made the Subject of a Community Service Order within the last 5 years?	Yes	No
Have you received an Absolute Discharge within the last 6 months?	Yes	No
Have you been subject to a Probation Order, Care Order, a Supervision Order or an Approved School Order, an Attendance Order, a Conditional Discharge or Bound Over within the last year?	Yes	No
Have you been subject to a Hospital Order within the last year?	Yes	No
Do you have any prosecutions pending?	Yes	No

Important - Please give full and accurate details below and on a continuation sheet if necessary of any convictions already recorded against you or pending including motor offences/fixed penalties

Date of Conviction	Court	Offence	Sentence

Declaration of Applicant:

I hereby declare that the above information is a true, complete and correct record of my convictions and that I have no objections to this information being verified.

I understand that if my disclosures or any information provided in this application are found to be inaccurate or untrue that I may be liable for legal action being taken against me, or the revocation of any hackney carriage or private hire drivers licence which may be issued to me, (or both), under Section 57 (3) of the Local Government (Miscellaneous Provisions) Act 1976 which makes it an offence to knowingly or recklessly make a false statement or omits any material particular in giving any information under this section.

References

Complete the names and addresses of two persons who are willing to give you a character reference. You should ensure that the details you give are correct and that they are able to reply to the Authority by return of post. Failure to do so may delay your application.

Please note that in cases where applicants wish to change referees once the application process has started, an additional £35.00 administration fee will be due.

Licensing staff have no control over referees or the postal services and are not responsible for delays caused by circumstances beyond their control.

- **All referees must be known to the application for a period of at least 1 year**
- **Referees must not be related to the applicant by either blood or marriage**
- **References *will not* be accepted from any persons involved in the hackney carriage or private hire licensed trade.**

Referee Details:

Full Name	Full Name
Postal Address	Postal Address
Occupation	Occupation
Period Applicant Known to Referee	Period Applicant Known to Referee

Registered GP's Details: Please give details of the Doctor who will be carrying out your medical

Name of Doctor
Address of Medical Practice
Postcode

Sharing of Personal Information

- In considering the fit and proper person test and in order to ensure the Council is in a position to make as accurate an assessment of the applicant's fitness to hold a licence as is reasonably practicable, Telford & Wrekin Council will also make additional checks on your personal information held on other relevant local authorities' systems; directly with West Mercia Police (and other relevant police forces where appropriate); or with any other appropriate organisation, agency or person,.
- Where Telford & Wrekin Council has concerns regarding your suitability to drive a taxi, the Council will share your relevant personal information with other external organisations.

National Fraud Initiative

This Authority is under duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud.

It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information on this please refer to the link below:

<http://www.telford.gov.uk/council+democracy/customer+charter/DPA.htm>

Name of Applicant:

Date:

Signature of Applicant:

Important - Applicants are asked to bear in mind the following when completing this form:

1. If statements made in this form are found to be false before the grant of a licence, the application may be refused and/or legal action may be taken.
2. Forms must be fully completed in ink and must be clearly legible. Forms not fully completed will be returned to the applicant unprocessed.

Any grant of licence will also be subject to –

- a) Successful completion of a group 2 medical examination (to be required again at intervals as outlined in the current conditions of licence).
- b) Provision of two satisfactory references.
- c) Successful completion of the driver training and street knowledge test.
- d) Staff inspection of the applicants DVLA driving licence.
- e) Successful completion of Telford & Wrekin Council's Driving Standards Assessment.
- f) Completion of DVLA mandate.
- g) Satisfactory DBS check or certificate of good conduct.

Application forms should be returned to:

Licensing Service, Telford & Wrekin Council, Darby House, Lawn Central, Telford TF3 4JA

Telephone: 01952 381818 Fax: 01952 381993 Email: licensing@telford.gov.uk