Application for Replacement of a Hackney Carriage Licence



er	Receipt Number
£	Total Due
£	Interim Test Fee
£	Licence Fee
ee £	Test/Re – Test Fee
e £	Test/Re – Test Fee

Section 1: Vehicle Details						
Make			Model			
Colour			Registration Number			
Section 2: Test Details (To be completed by Examiner)						
Licence Number			Registration Number			
Seating Capacity			Engine Capacity			
Colour			Chassis Number			
Mileage			Tax			
Dated Tested			Tested By			
Castian 2: Vahiala Drav	riotor Do	taila (Diagga lia	t all Drawistar			
Section 3: Vehicle Prop	prietor De	talis (Please lis	t all Proprietor)			
Name		Address				
Telephone Number						
Email Address						
Name		Address				
Telephone Number						
Email Address						
		T				
Name		Address				
Telephone Number						
Email Address						

Name	Address			
Telephone Number				
Email Address				
Section 4: Is the vehicle fitted with a Taxi Meter Yes □ No □				
If Yes please give details:				
Type Of Meter				
Rate per mile at which meter is set				
Section 5: Is the vehicle fitted w	vith a Radio Phone	Yes□ No □		
If Yes please give details:				
Section 6: Vehicle Driver Details (Please record name(s), addresses and existing licence number(s) of any drivers of this vehicle)				
Name	Address	Licence number		
Section 7: Operator Details (Please state the name and address of the company the vehicle will be working for)				
Name	Address			

Section 8: Signature/Declaration (every proprietor listed must sign)

I/we declare that to the best of my knowledge and belief the answers above are true. If a licence is granted I/we undertake to comply with the conditions attached to the licence as well as all relevant legislation and bylaws. Any person knowingly or recklessly making a false statement or omitting any information required in this application shall be guilty of an offence and liable, on conviction, to a fine not exceeding Level 3 on the standard scale.

Signature	
Date	
Signature	
Date	
Signature	
Date	
Signature	
Date	