

Uniform Ref:	
HCB NO:	



## Application for the Grant of a Hackney Carriage Driver's Licence

**IMPORTANT: PLEASE READ THE GUIDANCE NOTES PROVIDED TO YOU BEFORE COMPLETING THIS APPLICATION FORM.**

PART ONE: APPLICANT AND ADDRESS DETAILS					
Title:		First Name(s):			
Surname: (please include any previous surname(s) used)					
Address:					
Date of Birth:		Email Address:			
Home Tel No:		Mobile No:			
National Insurance Number:					
Do you have a right to live and work in the UK:			Yes	<input type="checkbox"/>	No
PART TWO: DRIVING LICENCE DETAILS					
Driving Licence No:			Expiry Date:		
PART THREE: CONVICTIONS/ PROSECUTIONS/CAUTIONS					
<i>Please declare all convictions including "spent" convictions.</i>					
Having read the guidance notes provided to you, are there any motoring, (including fixed penalties and/or endorsements), criminal convictions or cautions recorded against you?					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(Tick appropriate box) - If yes, please provide the following information:	
Date of Conviction	Offence:		Sentence:		
PART FOUR: PENDING PROSECUTIONS					
Are there any pending motoring (including fixed penalties and/or endorsements) or criminal prosecutions against you?					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(Tick appropriate box) - If yes, please provide the following information:	
Date of next hearing:	Offence:				



**PART FIVE: PREVIOUS LICENSING HISTORY**

Have you ever applied for a driver's licence with any other Local Authority?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(Tick appropriate box) - If yes, please provide details of the local authority and decision:
Local Authority:		Decision (i.e. granted, refused, revoked, application not pursued)		

If the decision was to refuse or revoke a licence please summarise the reasons for this:

**PART SIX: DURATION OF HACKNEY CARRIAGE DRIVER'S LICENCE - Please indicate below which duration of licence you are making application for:**

3 Years	<input type="checkbox"/>	Fee: £289.00	1 Year	<input type="checkbox"/>	Fee: £123.00	(Please tick appropriate box)
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**PART SEVEN: EMPLOYEE (PROPRIETOR) DETAILS - *This part to be completed by Proprietor***

I wish to support the application for a Hackney Carriage Driver's Licence and have seen the information provided by the applicant in this form.

Plate No of Hackney Carriage:	
Radio Circuit Affiliation or "Independent" (please state which circuit/operator)	
Signature:	

Has the applicant declared any convictions/pending prosecutions above? (Please tick appropriate box)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**PART EIGHT A: DECLARATION - LICENSING AUTHORITY**

I wish to apply for the grant of a Hackney Carriage Driver's Licence in Portsmouth. I confirm that I have read the Hackney Carriage Driver's Licence Guidance and understand the Council's policy guidelines. I have personally completed the details provided above. I have not made any false statements and know it is a serious offence to give false or misleading information in support of my application. By making this application, I accept and understand the byelaws regulating the conduct of drivers together with my general obligations to act in accordance with the provisions of the Local Government (Miscellaneous Provisions) Act 1976 and Town Police Clauses Act 1847. I also understand that I may also be subject to general, targeted and test purchase inspections by authorised officers.

**PART EIGHT B: DECLARATION - DBS**

**Privacy Policy - Standard/Enhanced checks (paper and e-Bulk applications) declaration:**

I have read the Standard/Enhanced Check Privacy Policy for applicants (<https://www.gov.uk/government/publications/consent-privacy-policy>) and I understand how DBS will process my personal data and the options available to me for submitting an application.

**Signature of Applicant:**

**Date:**

**PART NINE: LICENSING SERVICE CONTACT DETAILS**

**Address:**

Licensing Service,  
Civic Offices,  
Guildhall Square,  
Portsmouth, Hants, PO1 2AL

**Telephone:**

023 9283 4073

**Fax:**

023 9283 4811

**Email:**

[Licensing@portsmouthcc.gov.uk](mailto:Licensing@portsmouthcc.gov.uk)

**Opening Hours:**

**Mon to Fri: 9 am until 4 pm**  
*These hours may be extended until 5pm at busy periods*

*Portsmouth City Council will process your personal information in accordance with data protection law. The personal details provided by you will be used for licensing service purposes. Your details will be held on a database and where the law allows, may be shared with other departments within the council to update details they hold about you. The council may also be required to disclose personal information to third parties (such as Police, Department for Work and Pensions or for the National Fraud Initiative) for the purposes of preventing or detecting crime or apprehending or prosecuting offenders.*

*For further information about how the Council collects and uses personal information please visit our website: <https://www.portsmouth.gov.uk/ext/the-council/data-protection-privacy-notice>*



**FOR OFFICE USE ONLY**

**Application Details:**

Date Application Received:		Officer Initials:	
Date Licence Issued:		Officer Initials:	

**Fee Details:**

Date Fee Received:		Fee: £		Receipt No:	/
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**Driving Licence Details:**

UK Driving Licence:		EC/EEA Driving Licence:	
Applicant DVLA Check:		DLC Service Check:	

**Officer Notes:**