



Private Hire Driver Renewal/Additional/Re-Grant Application Form 2B

1. **Data Protection:** We will use the information provided to process your request for a licence, for updating purposes or to take enforcement action. The information is used to ensure the safety of the public and to protect public funds. It may be shared with other local authorities, the Cabinet Office, Insurance Companies and Enforcement Agencies. Information is held as part of a statutory licensing function. The information will be kept for 7 years in line with our retention and disposal schedule. More information on how we handle personal information and your rights under the data protection legislation can be found on our Privacy Notice at: http://www.coventry.gov.uk/info/25/hackney_carriage_ie_taxi_and_private_hire_licensing/3222/taxi_licensing_privacy_notice

2. Please complete this form in BLOCK CAPITALS and in ink

3. Have you been given the 'Driver Information Document 044' with this application?
 (You are advised to read the 'Driver Information Document 044' before filling in this form) Answer YES. or NO

4. Please tick what type of application this is

RENEWAL <input type="checkbox"/> I have a current Coventry private hire driver's licence	ADDITIONAL <input type="checkbox"/> I have a current Coventry hackney carriage driver's licence	RE-GRANT <input type="checkbox"/> I was licensed and that licence expired less than 6 months ago
--	---	--

5. Enter your current/last Private Hire Driver's Licence/Badge number and Expiry Date

PD	/ /
HD	/ /

If you have a current Hackney Carriage Driver's licence enter the Licence/Badge number and Expiry Date

6. Applicant's Details

Title

MR	MRS	MS	MISS	
----	-----	----	------	--

 Please delete as necessary or enter another title in the blank box

Surname

--

 Forename(s)

--

Any other Surname used

--

 (If no other surname write NONE)

Any other Forename(s) used

--

 (If no other forename(s) write NONE)

National Insurance Number

--	--	--	--	--	--	--	--	--	--

 Date of Birth

--	--	--

Address you live at

Post code	

Email address

--

 Home Phone No

--

Mobile Phone No

--

7. To your knowledge do you have any physical or mental impairment that may affect your driving ability?
 If YES see question 10 Answer YES or NO.

8. Are you licensed as a Hackney Carriage or Private Hire Driver with **any** other local authority?
 If YES see question 10 Answer YES or NO.

9. Have you ever had a Hackney Carriage or Private Hire Driver's, Vehicle or Operator's licence, with **any** local authority including Coventry, refused, revoked or suspended?
 If YES see question 10 Answer YES or NO.

(Continued on next page)

10. If you have answered YES to questions 7, 8 or 9 please give more details in this box.

11. Name whose private hire vehicle you drive or intend to drive and the registration and plate number

--	--

12. Name the operator you are/intend taking bookings from

13. Enter the call sign you are/intend using

(Continued on next page)

14. CONVICTIONS, CAUTIONS, WARNINGS and REPRIMANDS.

- You should also refer to the “Driver Information Document 044” for guidance on filling in this section.
- In the box below you must list **ALL** your convictions (including traffic offences and fixed penalty endorsements), police cautions, warnings and reprimands except for "Protected Convictions or Cautions", received by you since you filled in your last application form also include any you have not listed before.
- Include any convictions, cautions, warnings & reprimands received when you were outside the UK since you filled in your last application form.
- You must include the date (i.e. day/month/year) for every conviction/caution/warning/reprimand.
- Use a separate sheet of paper if you need more space.
- If you have not received any convictions, cautions, warnings or reprimands since you filled in your last application form you must write “**NONE**” in the section below.
- If you are in any doubt as to what to write down you must contact the Taxi Licensing Office.

DATE OF CONVICTION, CAUTION etc	Details of OFFENCE/CAUTION/WARNING/REPRIMAND received since you filled in your last application form	SENTENCE or PENALTY
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		

15. **1st DECLARATION**

- I declare that the information given by me in this application is correct to the best of my knowledge and belief and if any information supplied as part of this application changes I will immediately inform the Taxi Licensing Office in writing of those changes.
- You are advised that to knowingly or recklessly make a false statement or omit any requested information from this application could lead to you being prosecuted and/or a licence being refused or withdrawn.
- You **MUST** have correct immigration status. The licence will lapse if you cease to be entitled to work in the United Kingdom.
- Have you read and understood this application form? Answer YES. or NO

Applicant's signature Date form submitted to the Taxi Licensing Office / /

16. **2nd DECLARATION** (Please **DO NOT** sign below until requested to do so by the staff at the Taxi Licensing Office)

- I declare that I have checked the information given by me on pages 1, 2 & 3 of this application and it is correct to the best of my knowledge and belief.

Applicant's signature **PLEASE DO NOT SIGN HERE UNTIL REQUESTED TO DO SO** Date / /

RENEWAL/ ADDITIONAL (PHD)

Required at time of application	A = Assistant O = Officer		Date
	Before licence printed	Before licence handed over	
Application form Received & Checked	AorO	}	/ /
DVLA UK Driver Licence Checked, Copied & Date-stamped	AorO		
2 Photographs of Applicant Received & Checked	AorO		
PH Badge or Lost badge declaration (Renewal only) Received & Checked	AorO		
DVLA Enquiry form - if DVLA lic missing or not in current address Received & Checked	AorO		
Medical Certificate – dependant on age Received & Checked	AorO		
DBS Application - every 3 years Check List 049 completed	AorO		
Process before grant/issue			
Application form Checked	_____	O	_____
Right to work/immigration status Checked	AorO	O	_____
Medical (if applicable) Marked 'Fit'	AorO	O	_____
DVLA licence + Declared driving convictions Checked	AorO	O	_____
Declared convictions/cautions (& CRB disclosure if applicable) Checked	AorO	O	_____
LalPac history Checked	AorO	O	_____
Authorised to be REFUSED <input type="checkbox"/> ISSUED <input type="checkbox"/> ISSUED & SUSPENDED <input type="checkbox"/>	AorO	O	_____
Licence Certificate Is PHD, Licensee Name/Address, DoB, Exp Date - Checked	_____	AorO	_____

RE-GRANT (PHD)

Required at time of application	A = Assistant O = Officer		Date
	Before licence printed	Before licence handed over	
Application form Received & Checked	AorO	}	/ /
DVLA UK Driver Licence Received & Checked	AorO		
2 Photographs of Applicant Received & Checked	AorO		
DVLA Enquiry form Received & Checked	AorO		
DBS Application (& supporting documents) Check List 049 completed	AorO		
Process before grant			
Application form Checked	_____	O	_____
Medical Certificate (if applicable) Marked 'Fit'	AorO	O	_____
DVLA licence + DVLA enquiry + Declared driving convictions Checked	AorO	O	_____
DBS disclosure (if applicable) + Declared convictions/cautions etc Checked	AorO	O	_____
LalPac history & Right to work/immigration status Checked	AorO	O	_____
Application REFUSED <input type="checkbox"/> GRANTED <input type="checkbox"/> GRANTED & SUSPENDED <input type="checkbox"/>	AorO	O	_____
Process at issue			
DVLA UK Driver Licence Re-presented, Checked, Copied & Date-stamped	AorO	O	_____
Declarations 1 st & 2 nd signed by Applicant	AorO	O	_____
Authorised to be ISSUED <input type="checkbox"/> ISSUED & SUSPENDED <input type="checkbox"/>	AorO	O	_____
Licence Certificate Is PHD, Licensee Name/Address, DoB, Exp Date - Checked	_____	AorO	_____

INFORMATION

			Date
Date Application Accepted	AorO	Accepted	/ /
Date Application Entered on LalPac	App No	Entered	/ /
Date Licence Issued	AorO	Issued	/ /
Date Licence Commences	AorO	Commences	/ /
Date Licence Expires	AorO	Expires	/ /
DBS Application (If applicable) Posted	AorO	_____	_____
DVLA Enquiry form (If applicable) Posted	AorO	_____	_____
Badge Number Issued	PD	AorO	_____
Receipt Number(s) Issued			