HACKNEY CARRIAGE VEHICLE (TRANSFER)

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Local Government (Miscellaneous Provisions) Act 1976 Town Police Clauses Act 1847

APPLICATION FOR TRANSFER OF A HACKNEY CARRIAGE VEHICLE LICENCE

*Please tick appropriate box*

Check boxCheck boxCheck boxTEMPORARY VEHICLE (INSURANCE COMPANY) TRANSFER VEHICLE TO ANOTHER VEHICLE (1 YEAR)

Check boxCheck boxTRANSFER VEHICLE TO ANOTHER VEHICLE (REMAINDER OF PLATE) TRANSFER VEHICLE LICENCE TO ANOTHER PERSON

CHANGE OF REGISTRATION NUMBER

*Vehicle must be less than 5 years old from date of first registration (If the application is for transfer of a vehicle licence to another person only or for change of registration number the 5 year rule will not apply).*

*(Wheelchair accessible vehicles are exempt from the Age Policy. Specialist vehicles e.g. purpose built hackney carriage, Rolls Royce, stretched limousines etc. may also be exempt from the age policy at the discretion of the Licensing Officers)*

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| **APPLICANT DETAILS** | | | |
| Full Name |  | | |
| Home Address |  | | |
| Home Tel No |  | Mobile Tel No |  |
| Email Address |  | | |

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| **CURRENT VEHICLE DETAILS *(Not to be completed if transfer of vehicle to another person only)*** | | | | |
| Make: | Model: | | Colour: | |
| Reg No:. | Date of first reg: | | | Plate No: |
| Engine Capacity (cc): | | Seating capacity (excl. driver): | | |
| Licence expiry date: | |  | | |

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| **NEW VEHICLE DETAILS *(Not to be completed if transfer of vehicle to another person only)*** | | | | |
| Make: | Model: | | Colour: | |
| Reg No:. | Date of first reg: | | | Plate No: |
| Engine Capacity (cc): | | Seating capacity (excl. driver): | | |
| Purchase Date: | |  | | |

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| **ADDITIONAL VEHICLE DETAILS** | |
| Address where vehicle is normally kept when not in use as a Hackney Carriage Vehicle |  |
| Name of Taxi Company you will be working for |  |

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| Has there been any alteration to the lettering on the body, or signage (whether fixed or not)? | | | | | | YES | NO |
| If YES, please give details |  | | | | | | |
| To your knowledge has the vehicle ever been involved in any accidents or collisions? | | | | | | YES | NO |
| If YES, please give full details with dates and details of any repair works carried out. | | |  | | | | |
| Is the vehicle wheelchair accessible?  *Please refer to Sections 5.3 and 5.4 of the Council’s Hackney Carriage and Private Hire Policy 2018 for the criteria for Wheelchair Accessible Vehicles* | | | | |  | YES | NO |
| To your knowledge has the vehicle been the subject of a successful prosecution for an offence involving a mechanical, electrical or other defect of any nature? | | | | | | YES | NO |
| If YES please give details below | | | | | | | |
| Name | | Date of Conviction | | Court | Sentence | | |
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| **INSURANCE** | | | |
| Name and address of Company insuring vehicle |  | | |
| Insurance Policy Number |  | | |
| Is the vehicle insured for **“full passenger liability”** in its use as a Hackney Carriage Vehicle? | | YES | NO |

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| **ONLY COMPLETE THIS SECTION IF TRANSFER OF VEHICLE TO ANOTHER PERSON** | | | | |
| **Vehicle Registration** | **Vehicle Make** | **Vehicle Model** | | **Licence Plate No.** |
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| I declare that I am the current licence holder for the above vehicles and will be transferring them to the person named in the applicant details section. I will therefore be relinquishing all responsibility for the vehicles and any conditions attached to them to the new applicant: | | | | |
| Signed: (c*urrent licence holder)* | | | Dated: | |

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| **CURRENT LICENCE HOLDER DETAILS (only to be completed if transfer of vehicle to another person)** | | | |
| Full Name |  | | |
| Home Address |  | | |
| Business Address |  | | |
| Home Tel. No. |  | Mobile Tel. No. |  |
| Business Tel. No |  | | |
| Email Address |  | | |

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| **INTENDED USE**  **Please refer to the Intended Use Policy *(Annex 4 of the Hackney Carriage and Private Hire Policy)***  **prior to answering the following questions.** | |
| The West Oxfordshire District Council expects that the hackney carriage vehicle if licensed will be exclusively or  predominantly to ply for hire or take advance bookings within the West Oxfordshire District Council’s area (that is determined as 80% of the time; the journey may finish outside of West Oxfordshire District) | |
| Details of where you intend to work |  |
| If you intend to use your vehicle outside the West Oxfordshire District please indicate the area you will primarily work and the approximate amount of time spent working there: |  |

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| **DECLARATION** | | |
| **CAUTION : YOU ARE WARNED THAT MAKING AN UNTRUE STATEMENT FOR THE PURPOSES OF OBTAINING A HACKNEY CARRIAGE VEHICLE LICENCE IS AN OFFENCE.** | | |
| I, the undersigned hereby apply for a transfer of a Hackney Carriage Vehicle Licence in respect of the vehicles  described above, and if the same is granted, I undertake to comply with the Acts, Byelaws, Regulations and Conditions relating thereto and for the time being in force.  I further agree that if I, or my employees, infringe or neglect to comply with any of the conditions, Acts or Byelaws subject to which the Licence is issued or held, the same shall be liable to be revoked by the Council.  I declare that my answers to all the questions on this form and all the particulars entered on the form are true and that I have not withheld any relevant information. I also agree to be bound by the Council’s Policy, legislation, guidance and bylaws  I intend that the hackney carriage vehicle if licensed will be to ply for hire or take advance bookings within the area of the West Oxfordshire District Council and that the hackney carriage vehicle will not be used either entirely or predominantly for private hire remotely within another Licensing Authorities area.  I agree that I have read and understood the Council’s Hackney Carriage and Private Hire Policy Check box  *(please tick box)* | | |
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| Signed: |  | Dated: |

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| **NOTES** |
| **This application will not be considered unless accompanied by the following:-**   * **the fee** * **valid insurance document** * **valid MOT certificate *(unless the vehicle is less than 1 year old from date of registration)*** * **V5 document** * **LOLER and weight test certificate *(Wheelchair accessible vehicle only)***   *(MOT & LOLER certificate will not be required if application is for a transfer of vehicle to another person only)* |

I understand that I will not be permitted to use this transfer vehicle for hire or reward until such time as I have been granted a transfer of the hackney carriage vehicle licence. If I am found to be using an unlicensed vehicle prior to receipt of my licence I understand that I will be committing an offence and if found guilty of this will be liable to prosecution.

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| **Your completed application form, fee and supporting documentation should be returned to:**  Environmental and Regulatory Services West Oxfordshire District Council Town Centre Shop  3 Welch Way Witney Oxon  OX28 6JH |
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| **Data Protection Statement:**  We will only use your personal information gathered for the specific purposes of your application. We will not give information about you to anyone else or use information about you for any other purpose, unless the law allows us to. Further privacy information can be found on our website. |

For further information please visit our website [www.westoxon.gov.uk](http://www.westoxon.gov.uk/)