



**VEHICLE APPLICATION FORM**  
Mechanical Fitness Test

OFFICE USE ONLY:

HEX:            TRN:            PERMIT:

**HACKNEY CARRIAGE / PRIVATE HIRE NUMBER**

**EXPIRY DATE**

**REGISTRATION No.**

**MAKE**

**MODEL**

**COLOUR**

**DATE OF 1<sup>ST</sup> REGISTRATION**

**No. OF PASSENGERS**

**No. OF DOORS**

**FIRST PLATE OWNER / PROPRIETOR**

**SURNAME**   
**TITLE: MR/MRS/MISS/MS**

**FIRST NAMES**

**DATE OF BIRTH**

**PLACE OF BIRTH**  
TOWN & COUNTRY

**HOME ADDRESS INCLUDING POSTCODE**

**TELEPHONE No.**

**Mobile No.**

**SECOND OR JOINT PLATE OWNER / PROPRIETOR**

**SURNAME**   
**TITLE: MR/MRS/MISS/MS**

**FIRST NAMES**

**DATE OF BIRTH**

**PLACE OF BIRTH**  
TOWN & COUNTRY

**HOME ADDRESS INCLUDING POSTCODE**

**TELEPHONE No.**

**Mobile No.**

**DRIVER / DRIVERS**

HAVE YOU EVER BEEN REFUSED A LICENCE OR HAD A LICENCE SUSPENDED OR REVOKED? YES / NO

IF YES, DATE

REASON

WE MUST PROTECT THE PUBLIC FUNDS WE HANDLE AND SO WE MAY USE THE INFORMATION YOU HAVE PROVIDED ON THIS FORM TO PREVENT AND DETECT FRAUD. WE MAY ALSO SHARE THIS INFORMATION, FOR THE SAME PURPOSES, WITH OTHER ORGANISATIONS WHICH HANDLE PUBLIC FUNDS.

LIST ALL OFFENCES FOR WHICH YOU HAVE BEEN CONVICTED BY A COURT (**INCLUDING TRAFFIC OFFENCES**) THAT ARE NOT SPENT UNDER THE REHABILITATION OF OFFENDERS ACT 1974.

NAME	DATE CONVICTED	COURT CODE	OFFENCE	SENTENCE/ORDER OF COURT

COMPANY TO SUPPLY BOOKINGS

**APPLICANTS ARE ADVISED THAT TO KNOWINGLY OR RECKLESSLY MAKE A FALSE STATEMENT OR OMIT ANY MATERIAL PARTICULAR FROM THIS APPLICATION OR ANY DOCUMENT SUPPLIED WITH IT IS AN OFFENCE PUNISHABLE ON CONVICTION BY A FINE OF UP TO £400.**

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ANSWERS GIVEN ABOVE ARE TRUE.  
I AM THE PROPRIETOR OF THE VEHICLE ABOVE AS DEFINED BY SECTION 80 OF THE LOCAL GOVERNMENT (MISC PROVISIONS) ACT 1976.

SIGNATURES OF APPLICANTS

1<sup>st</sup>

2<sup>nd</sup>

DATE

**THIS FORM WILL NOT BE ACCEPTED UNLESS ALL SECTIONS ARE FULLY COMPLETED**

**Official Use Only**

Rec. by		Date	
1 <sup>st</sup> Test Date		Test Time	Telephoned re insurance:
2 <sup>nd</sup> Test Date		Test Time	

Notes: