

**OLDHAM METROPOLITAN BOROUGH COUNCIL**

**APPLICATION FOR HACKNEY CARRIAGE DRIVERS LICENCE**

NAME .....

ADDRESS .....

.....

..... POST CODE .....

DATE OF BIRTH .....

TELEPHONE NUMBERS: HOME .....

MOBILE .....

NAME OF HACKNEY CARRIAGE PROPRIETOR WITH WHOM  
YOU ARE (OR INTEND TO BE) EMPLOYED .....

CALL SIGN .....

WILL YOU BE EMPLOYED FULL OR PART TIME .....

IF PART TIME STATE NATURE OF NORMAL OCCUPATION .....

IF YOU HOLD A CURRENT HACKNEY CARRIAGE DRIVER'S LICENCE  
STATE NUMBER (BADGE) .....

PARTICULARS OF ORDINARY DRIVING LICENCE: NUMBER: .....

GROUPS: .....

DATE ISSUED: .....

HOW LONG HAVE YOU HELD A FULL U.K. LICENCE .....

If a licence is granted to me, I undertake to comply with the Bylaws applicable to hackney carriage drivers licensed in the Metropolitan Borough of Oldham and to act in accordance with them. I also undertake to partake of sufficient rest and refreshment after finishing work in my normal employment and before commencing hackney carriage car driving. I declare that the statements set out above and on the medical history statement completed in conjunction with this application are correct and that any misstatement will render the licence liable to immediate revocation. Furthermore, notwithstanding, the Council's Policy on the Recruitment of ex-offenders:- I hereby acknowledge that my application for a hackney carriage driver's licence will be subject to me obtaining from the Criminal Records Bureau an Enhanced Disclosure. I also understand that having a criminal record will not necessarily bar me from applying for a hackney carriage licence and that any disclosure information about my record will not be used unfairly.

Date ..... Signed .....

**N.B. PLEASE ENSURE YOU HAVE COMPLETED THE STATUTORY DECLARATION BEFORE RETURNING THIS FORM. IT IS IMPERATIVE THAT WHEN MAKING APPLICATION FOR NEW/RENEWAL OF LICENCE YOU ENSURE THAT ANY PENDING CHARGES OR SUMMONSES ARE DISCLOSED ON YOUR STATUTORY DECLARATION**

RECEIPT NO	.....
MEDICAL REPORT-DATE	.....
DRIVING LICENCE: (COPY)	.....
STATUTORY DECLARATION-DATE	.....
CRB (Signed By) .....	
CRB SENT .....	CRB RETURNED.....

DECISION:	APPROVED/REFUSED
DATE	.....
LICENCE TO EXPIRE	.....
LICENCE NO.:	.....

Doc ref:apphd