

PLANNING AND REGULATION SERVICES

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ENVIRONMENTAL HEALTH & LICENSING SERVICE

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PO Box 32, Telegraph House
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Telephone: 01706 924114

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Email: licensing.reg@rochdale.gov.uk

Web site: www.rochdale.gov.uk

NOTES FOR GUIDANCE RENEWAL: PRIVATE HIRE DRIVERS

- If you have been previously licensed with this authority please inform the Admin staff. They will check your previous file and advise you.
- If you have incurred any driving convictions or have been convicted of any offence since your last statutory declaration, please inform the Admin staff.
- Have you had any **illnesses or injuries** since your last medical that may affect your driving ability? If yes, inform the Admin staff.

TO APPLY FOR A NORMAL RENEWAL YOU WILL NEED TO:

- **Complete** the application form on the reverse of this sheet.
- Bring your Current Ordinary drivers licence and badge.
- Pay the fee of **£58.00**
- Produce proof of your National Insurance Number.
- Supply two **RECENT** passport size photographs

Please note: Original documents MUST be produced at every application submitted.

Private Hire Drivers Renewal

1. Full Name (Mr Ms Mrs Miss)

2. Date of birth Tel No

Email Address

3. Address

4. Current Private Hire Badge Number

5. Present Employer or Operator

6. Do you drive Private Hire vehicles FULL or PART TIME?

7. Have you had any licence suspended / revoked / refused by any Authority?

YES / NO if yes please supply details overleaf.

8. National Insurance Number

DECLARATION

I declare that the information I have given on this form is true, and to the best of my knowledge correct.

APPLICANTS SHOULD NOTE THAT TO MAKE A FALSE DECLARATION IS A SERIOUS CRIMINAL OFFENCE.

- I will **read and comply** with any Conditions attached to the grant of the licence.
- I will take enough **rest** and **refreshments** whilst driving Private Hire vehicles. I know that **any** incident involving fatigue reported to the Council will mean I may have to attend a Panel/Committee Meeting and could result in my licence being **SUSPENDED OR REVOKED**.
- I have not incurred any **injury** or **illness** since my last medical, which will affect my driving ability.
- This Authority is under a duty to protect the funds it administers, and therefore may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Signed: _____

Date: _____

Warning: Your attention is drawn to the dangers caused by fatigue due to driving LONG, UNBROKEN HOURS, particularly when heavy goods and other similar vehicles are involved

OFFICE USE ONLY

| Ticket Number | Fee | Receipt Number | Driving Licence |
|---------------|-----------------------|----------------|-----------------|
| | £58.00 cash/cheque | | |

Payment Counterfoil – Private Hire Driver New Application

You can pay for your application by cheque, debit or credit card.
Your complete application, documents and fee should be sent to;

**Licensing Section
PO Box 32
Telegraph House
Baillie Street
Rochdale
OL16 1JH**

If you do not wish to post your application there is a document drop off service available at the above address where you can also pay cash. This is available Mon, Wed, Thurs and Fri 8:45 – 16:45 and Tues 14:00 – 16:45. (The last Tuesday of every month we are open 8:45 – 16:45)

***Please note any credit card payments will incur a 2% charge, any card payments under £10 will incur a further fee of £2 ***

Payment method (please tick relevant box):

- Cheque
- Debit/Credit Card (complete counterfoil below if paying by card)

PAYMENT COUNTERFOIL

Cardholder address details:

| |
|--------------------|
| Flat/House Number: |
| Postcode: |

Please charge my Mastercard/Visa/Delta/Switch or other card number

| | | | | | | | | | | | | | | | | | | | |
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| |
|---------------------|
| Card Start Date: / |
| Card Expiry Date: / |
| Switch Issue No. |

Signature _____

Date _____

Card Security Code (last three digits on signature strip on reverse of card)

| | | |
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Details of application/licenses that have been –
Suspended/Revoked/Refused

(Please delete where applicable)

Name:

Address:

Date of Birth:

| Date | Authority | Details |
|------|-----------|---------|
| | | |

DECLARATION:

I declare that the information I have given on this form is true, and to the best of my knowledge correct.

I declare that I am legally allowed to reside and work in the UK

Signed:

Date: