



**PUBLIC HEALTH**

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Director of Public Health and Wellbeing

**PUBLIC PROTECTION  
LICENSING SERVICE**

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**NOTES FOR GUIDANCE  
RENEWAL: HACKNEY CARRIAGE 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 attached to this sheet.
- Bring your Photocard/Paper Licence (issued pre 1998) & DVLA code **PRINTED OUT** within 7 days
- Pay the fee of **£72.50**
- Produce National Insurance Number.
- Supply two **RECENT** passport size photographs.

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

**Hackney Carriage Drivers Renewal**

1. Full Name (Mr Ms Mrs Miss)

2. Date of birth Tel No

Email Address

3. Address

4. Current Hackney Carriage Badge Number

5. Present Employer or Operator

6. Do you drive Hackney Carriage 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 the Bylaws and any Conditions attached to the grant of the licence.
- I will take enough **rest** and **refreshments** whilst driving Hackney Carriage 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**

<b>Payment Info</b>	<b>Fee</b>	<b>DVLA Code Printout</b>	<b>Photocard/Licence Produced</b>
	£72.50 Debit/Credit		YES/NO

REV 01/06/2017

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:

Find out how we use your personal information at [rochdale.gov.uk/privacy](http://rochdale.gov.uk/privacy).