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HACKNEY CARRIAGE/PRIVATE VEHICLE LICENCE APPLICATION FOR CHANGE OF OWNERSHIP

Note: Section 57(3) of the Local Government (Miscellaneous Provisions) Act 1976, provides that: 'If a person knowingly or recklessly makes a false statement or omits any material particular in giving information under this section, he shall be guilty of an offence' and liable on conviction to a fine not exceeding level 3 on the standard scale of maximum fines.

exceeding level 3 on the standard scale of maximum fines.								
Your personal information will be held and used in accordance with the requirements of the General Data Protection Regulation 2016. We may lawfully disclose information within this authority and to other public sector agencies such as the Police, or the Inland Revenue to (a) Prevent or detect fraud or other crime (b) Protect public funds (c) Make sure the information is accurate. Further information can be found on our website at: www.wiltshire.gov.uk								
				LICENCI	E TYPE:	:		
	Total Number of vehic	les cu	rrently license	ed:				
	Total Number of WAV vehicles currently licensed:							
VEHICLE:			•					
	Registration Mark:			Plate No:	if applicable			
	Make:			Model:				
	Colour:			Engine CC:				
	Passenger Capacity:			Year of Re	gistratio	n:		
	Wheelchair Accessible	:	YES / NO	Number of	Doors:			
	Address where vehicle	is to	be based who	en not in use	:			
APPLICANT:								
	Surname:				Mr /	Mrs	/ Miss / Ms	
	Forenames:							
	Address:							
				Post Code:				
	Telephone No:			Mobile No:				
	Private hire operator licence no. (if PHV vehicle)							
	HC/PH Driver Badge No. (if applicable)							
	Company or Association Name:							
	Address:							
	Post Code:							
	Are you the sole owner of the vehicle?: YES / NO							
	If NO give full details o	f eve	ry proprietor /	part propriet	or overle	eaf		
JOINT PROPRIE		1						
	Surname:				Mr	/ Mrs	s / Miss / Ms	
	Forenames:							
	Address:							
		ı		Post Code:				
	Telephone No:			Mobile No:				

PREVIOUS PROPRIETOR:						
Surname				Mr / Mrs / N	liss / Ms	
Forename	es:			-		
Address:						
			Post Code:			
Telephon	e No:		Mobile No:			
				•		
		DECLARATION				
please tick in the boxes or	the left hand	I side below to sho	w you have re	ead and unders	tood the	
In accordance with the	provisions of	the Town Police C	lauses Act 18	347 and Part II	of the	
Local Government (Mis						
hereby make application					·	
I/We declare that to the					this form	
are true. I have include	ed the names	and addresses of	every proprie	tor or part prop	rietor of	
the above vehicle, and	every persor	n who is concerned	either solely	or in partnershi	p with	
any other person, in the						
I/We undertake to com					rant of	
the vehicle licence. A c		•	n be found at	:		
www.wiltshire.gov.uk/li						
I/We are aware that to						
information from this a						
relevant vehicle licence						
requirement will be sub	ject to revoca	ation and all costs i	nvolved will b	e the responsit	oility of	
the applicant(s).						
Signed Applicant:						
0						
Signed joint Proprietor:						
Signed previous						
Proprietor:						
Date:						
Date:						
Please ensure that the foll	owing doou	monto ara provida	d ac part of	the application		
Please ensure that the foil	owing docui	nents are provide	d as part or	the application		
If now vehicle or transfer sh	adritatal na r	of vahiala liaanaaa l			V /X	
If new vehicle or transfer check total no. of vehicle licences held						
Check no. of WAV vehicles if over 9 vehicle licences held						
Vehicle Registration Document or other suitable proof of ownership						
(if new or replacement vehicle) Current Insurance Certificate						
Current MOT Certificate						
Current WOT Certificate						
Please make an appointment to licence your vehicle by calling the number below.						
Tel: 01225 770271						
Email:fleet.licensing@wiltshire.gov.uk Web: www.wiltshire.gov.uk						