



(DRIVERS APPLICATIONS)

**GATESHEAD COUNCIL**

Public Health Act 1875

Town Police Clauses Act 1847

Local Government (Miscellaneous Provisions) Act 1976 – Part II

**APPLICATION FOR A LICENCE TO ACT AS A DRIVER OF  
A HACKNEY CARRIAGE  
AND/OR  
A PRIVATE HIRE VEHICLE**

Licensing Section, Regulatory Services, Civic Centre, Gateshead, NE8 1HH  
Telephone 0191 433 3000

**Applicants should read the following notes before completing the form.**

**1. DRIVING LICENCE REQUIREMENT**

An applicant must have held a full driving licence for at least 12 months.

**2. PREVIOUS CONVICTIONS**

If you have any previous conviction it may be necessary to refer your application to the Regulatory Committee for consideration.

**3. STATUTORY DECLARATION**

- a. The Statutory Declaration (page 7) must be sworn before a Justice of the Peace, Solicitor or a Commissioner for Oaths. Any false information may render the applicant liable to a prosecution for perjury.
- b. Any applicant who knowingly or recklessly makes a false statement, or omits any information required, is guilty of an offence by virtue of Section 57 of the Local Government (Miscellaneous Provisions) Act 1976.
- c. If multiple licensing applications are being made simultaneously, the applicant may swear one Statutory Declaration and refer to each separate application as exhibits "A", "B", etc. The applicant's initials must prefix the exhibit letter.

**4. LICENSING HOURS**

An officer from the Licensing Section will be available to accept application forms between 08:45 and 17:00 hours Mondays to Thursdays (16:30 hours on Fridays) except on official holidays.

## 5. PAYMENT OF FEES

Licence fees must be paid when an application form is submitted. Payments may be made at Licensing Reception in Development and Enterprise or in Financial Services (at the cash desk on the ground floor) and a receipt obtained. Payments may be made between 08:45 – 16:30 hours Mon to Thursday and 08:45 – 16:00 hours on Fridays.

Payment may be made, in cash, by debit card or credit card (except American Express) or by cheque. If payment is made by cheque, no licence will be granted or renewed until the cheque is cleared.

Fees will only be refunded at the discretion of the Head of Service.

**NB Payments of £36 to the Criminal Records Bureau for Enhanced Disclosure are payable in cash only (see item 12).**

## 6. DOCUMENTS TO BE PRODUCED

- a. the application form;
- b. your current Driving Licence (complete licence including photocard if appropriate) ;
- c. the official fee form duly receipted;
- d. the Medical Certificate (Appendix A) completed by -
  - your own General Practitioner,
  - another General Practitioner in the same practice, or
  - a Consultantwith full access to all of your medical records.

Applicants up to the age of 50 years - A Certificate every 5 years

Applicants aged between 50 and 60 years - A Certificate every 2 years

Applicants aged 60 years And over - A Certificate every 1 year

Applications will not be accepted unless all the required documents are produced.

Additional documents are required for the Criminal Records Bureau (see item 12).

## 7. LICENCE CONDITIONS

All licences are subject to conditions. Copies of the standard conditions may be obtained from the Licensing Section, and will be issued with your licence if your application is successful.

## **8. LICENCE AND BADGES**

Any private hire or hackney carriage driver licence held by you must be deposited with the Hackney Carriage or Private Hire Vehicle licence holder, as appropriate, who must keep the licence during your service with them.

Badges remain the property of the Authority at all times. The Authority may demand its return if the licence is suspended or revoked.

## **9. CHANGES OF PARTICULARS**

Any change in the particulars given on your application form must be notified in writing to the Authority within 7 days.

## **10. RENEWAL APPLICATIONS**

A driver licence expires 12 calendar months from the date of issue. Any application for renewal must be made **no later than 14 days** before the licence expiry date.

## **11. LEGIBILITY**

An application may be rejected if the form is not clear and legible.

## **12. CRIMINAL RECORDS BUREAU DISCLOSURE**

Parts A-H of the Disclosure Application Form must be completed by all applicants for the grant of a licence, and then at 3 year intervals on renewal.

The completed form must be returned to the Licensing Section together with the attached driver application form and £36 in cash.

Please refer to the current CRB booklet 'An applicants guide to completing the CRB form' for details about the documentation you must produce with your application.

The Disclosure Form will then be counter-signed by a Registered Person at Gateshead Council and sent to the Criminal Records Bureau.

You will receive your Disclosure in the post. A copy of the Disclosure will also be sent to the person who counter-signed the Disclosure application form.

This process is outside the control of Gateshead Council, and may take up to four weeks.

If your application is for the grant of a licence, the licence cannot be granted until this process is completed.

**APPLICANT TO GIVE THE FOLLOWING INFORMATION:**

1. FULL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 HOME TELEPHONE NO \_\_\_\_\_  
 WORK TELEPHONE NO \_\_\_\_\_

2. PLEASE INDICATE WHICH LICENCE(S) YOU ARE APPLYING FOR:

- |     |                                       |         |                          |
|-----|---------------------------------------|---------|--------------------------|
| (a) | A Private Hire Vehicle Driver Licence | GRANT   | <input type="checkbox"/> |
| (b) | A Private Hire Vehicle Driver Licence | RENEWAL | <input type="checkbox"/> |
| (c) | A Hackney Carriage Driver Licence     | GRANT   | <input type="checkbox"/> |
| (d) | A Hackney Carriage Driver Licence     | RENEWAL | <input type="checkbox"/> |
| (e) | A Dual Driver Licence                 | GRANT   | <input type="checkbox"/> |
| (F) | A Dual Driver Licence                 | RENEWAL | <input type="checkbox"/> |

\* If renewal of licence, please give

- (1) Private Hire Vehicle Driver Licence No:
- (2) Hackney Carriage Driver Licence No:
- (3) Dual Driver Licence No:

3. NAME AND ADDRESS OF PRESENT EMPLOYER: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<p>4. How long have you held a full driving licence?</p>	
<p>5. Give details of <b>all</b> Licences in connection with Hackney Carriages or Private Hire Vehicles which are held or have been held by you and issued either by this Council or by another Licensing Authority. <b>(FULL DETAILS MUST BE GIVEN INCLUDING START DATES OF LICENCES)</b></p>	

<p>6. (a) Have you ever been refused a Licence to drive a vehicle for hire?</p> <p>(b) Have you ever held a Hackney Carriage or Private Hire Licence that has been suspended or revoked?</p> <p>If your answer to either (a) and / or (b) is <b>Yes, you MUST provide full details including</b> dates, the name of the issuing authority, the licence number, the type of licence, and any decision the authority made. NOTE use a separate sheet of paper if necessary.</p>	<p>Yes/No</p> <p>Yes/No</p>
<p>7. Have you any physical disability or medical condition which could affect your driving ability or prevent you assisting passengers with luggage.</p>	<p>Yes/No (if yes, give details)</p>
<p><b>(Note: The Authority may require any applicant to produce a Medical Certificate and / or to submit to an examination by a registered Medical Practitioner)</b></p>	

**8. PREVIOUS CONVICTIONS – REHABILITATION OF OFFENDERS ACT 1974 (See Policy on the Relevance of Criminal Conduct)**

- (1) The provisions of the above Act state that you need not reveal any convictions which are 'spent' convictions within the meaning of the Act. However, this does not apply to Hackney Carriage and Private Hire Vehicle Drivers as these are 'Regulated Occupations'.

**THIS MEANS YOU MUST DISCLOSE ALL CONVICTIONS, INCLUDING CAUTIONS AND FIXED PENALTIES.**

- (2) If you have been convicted or cautioned or accept a fixed penalty for any offence you are required to insert details in respect of each offence.

<b>Place and Date of Offence</b>	<b>Offence</b>	<b>Court/Police Station</b>	<b>Date of Conviction</b>	<b>Penalty</b>

Are there any prosecutions pending against you? If so please state:

Alleged Offence:	
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Date of Hearing	
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## STATUTORY DECLARATION

I \_\_\_\_\_ [print full name]

of \_\_\_\_\_ [print full address]

declare that to the best of my knowledge and belief the answers given on this application form are true.

I sign it knowing that I may be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true, or have omitted a material particular.

If a licence is granted I undertake to comply with the conditions attached to the licence.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Declared at \_\_\_\_\_ in the County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Before me \_\_\_\_\_

**Justice of the Peace / Solicitor / Commissioner for Oaths**

### Disclosure of information

We must protect the funds that we handle and so may use the information you have given on this form to prevent and detect fraud. We may also share this information, for the same purpose, with other organisations that handle public funds.

Full name of applicant  
 (block capitals) \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note**  
 This certificate must be completed by your own General Practitioner, another General Practitioner in the same practice, or a Consultant with full access to all of your medical records. This certificate is not one which must be issued free of charge as part of the National Health Service. The Council accepts no liability to pay for any medical examinations.

**Note for Medical Practitioners**  
 In completing this medical certificate Medical Practitioners are asked to have regard to the recommendations by the Medical Commission for Accident Prevention in their booklet 'Medical Aspects of Fitness to Drive' or to the Notes for the Guidance of Doctors conducting those examinations prepared by the British Medical Association must be judged by the Group II criteria.

Drivers of Hackney Carriages and Private Hire Vehicles are required to be judged by the Group II (vocational licence) medical standards of fitness, as defined in the publication 'Medical Aspects of Fitness to Drive'.

<b>Questions</b>	<b>Answers</b>
1 a) Has the applicant, to the best of your knowledge, ever had an epileptic attack, since the age of 3? b) Is the applicant, to the best of your judgement, subject to: I vertigo, or sudden attacks of disabling giddiness or fainting, Or II any mental ailment likely to interfere with the efficient discharge of his duties as a driver of a Hackney Carriage or Private Hire Vehicles.	1 a) Yes/No                      Details  b) I Yes/No                      Details  b) II Yes/No                      Details
2 Has the applicant any deformity, loss of members or physical disability likely to interfere with the efficient discharge of his duties as a driver of a Hackney Carriage or Private Hire Vehicle? (Special attention should be paid to the condition of arms, legs, hands and joints).	2 Yes/No                      Details

3 Does the applicant suffer from any heart or lung disorder likely to interfere with the efficient discharge of his duties as a driver of a Hackney Carriage or Private Hire Vehicle?	3 Yes/No Details
4 Is there any serious defect of hearing?	4 Yes/No Details
5 Does the applicant show any evidence of addiction to or the excessive consumption of alcohol or drugs?	5 Yes/No Details
6 Does the applicant appear to be suffering from any other disease or physical disability likely to interfere with the efficient discharge of his/her duties as a driver or to cause the driving by him/her of a Hackney Carriage or Private Hire Vehicle to be a source of danger to the public?	6 Yes/No Details
7 a) Acuity of vision (with glasses if worn) by Snells test type: b) Did the applicant wear his own glasses*/contact lenses for this test? c) Is the applicant's field of vision by hand test satisfactory? d) Do you consider that the applicant's vision satisfactorily meets the Group II requirements? <b>*Delete as necessary</b>	7a) Yes/No Details b) Yes/No Details c) Yes/No Details d) Yes/No Details
<p>I CERTIFY that I am this applicant's General Practitioner, another General Practitioner in the same practice, or a Consultant with full access to all of the applicant's medical records, and I have this day examined the applicant, who has signed this form in my presence and who in my opinion is fit to drive a Hackney Carriage or Private Hire Vehicle I have made reference to the applicant's medical record in this assessment.</p> <p>Signature of Registered Medical Practitioner _____ Dated _____</p> <p>Practice Stamp</p> <p>Name (BLOCK CAPITALS) _____</p> <p>Address _____</p> <p>_____</p>	