

OFFICE USE ONLY	
Amount paid	
Receipt number	
Date	

APPLICATION FOR A HACKNEY CARRIAGE / PRIVATE HIRE / DUAL DRIVER LICENCE

**PLEASE READ THE QUESTIONS CAREFULLY BEFORE COMPLETING THE FORM.
PLEASE USE BLOCK CAPITALS**

Local Authorities must protect funds they handle and so the information you have provided on this form may be used to detect and prevent fraud. The information may also be shared for the same purposes, with other organisations which handle public funds including the Audit Commission to be used as part of the National Fraud Initiative. Your personal data will also be shared with the local authorities, which make up the Licensing Partnership, for the purpose of processing your licensing application. Your personal data will not be used for any other purpose without your prior consent, except as permitted under the Data Protection Act 1988.

Please state which Licensing Authority you are applying to operate within (please note one application form per authority):

Maidstone Borough Council		Sevenoaks District Council		Tunbridge Wells Borough Council	
---------------------------	--	----------------------------	--	---------------------------------	--

Please state which type of licence you are applying for (note that only one application per vehicle may be made per form)

Hackney Carriage		Private Hire		Dual	
------------------	--	--------------	--	------	--

New application	
Renewal application	
Expiry date of existing licence	

PART 1	GENERAL (Sole or Principal Applicant to complete in all cases)		
Surname		Forename (s)	
Any previous or other name			
Current home address:	_____ _____ _____		
Post code:	_____		
<i>All previous addresses and dates of occupancy must be provided if you have lived under 5 years at your current address.</i>			
Home telephone number:	Email address:		
Mobile telephone number:	Fax number:		

PART 2	DRIVER DETAILS (Applicant to complete this part if he/she wishes to drive a vehicle licensed by one of the authorities of the Licensing Partnership)		
National Insurance number		Date of birth	
Type of Driving Licence held Full <input type="checkbox"/> UK <input type="checkbox"/> Other <input type="checkbox"/>			
This licence has been held continuously since (enter date): _____			
If 'other' what type of licence?			
UK driving licence number: _____ Date of issue: _____			
Expiry date of licence: _____			
Have you ever been convicted during the past three years of any motoring offence? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you disqualified by an Court from holding or obtaining a driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If you have seven or more penalty points on your driving licence your application may be refused; it will depend upon the nature of the offences.</i>			
Have you ever held a Hackney Carriage or Private Hire Driver's licence Yes <input type="checkbox"/> No <input type="checkbox"/>			
If "yes" which Authority was it with? _____			
Badge number: _____			
If "yes" indicate which of the following is applicable: Current <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended <input type="checkbox"/> Expired <input type="checkbox"/> Surrendered <input type="checkbox"/>			
In any instance of a licence being held which type Hackney Carriage <input type="checkbox"/> Private Hire <input type="checkbox"/> Dual <input type="checkbox"/>			
Name of company you will be driving for: (if you will not be driving for a company please state 'independent')			

PART 3	PREVIOUS CONVICTIONS (If any)
<p>State below details of your conviction/cautions (if any) for any offence (including pending Court appearances), whether driving or other offences.</p> <p>If there are none state 'NONE'. Please note that taxi drivers are not subject to the Rehabilitation of Offenders Act 1974 and you should give details of all convictions, including spent convictions and cautions as well as any pending matters.</p> <p>If you would like to discuss what effect a conviction might have on your application you may telephone the Licensing Officer, in confidence, for advice on:</p> <p>Maidstone – 01622 602255 Sevenoaks – 01732 227004 Tunbridge Wells – 01892 554034</p>	

Date of conviction/caution	Offence	Court	Sentence or Order

PART 4	GENERAL DECLARATION
---------------	----------------------------

IMPORTANT I declare that all the answers given above are true. I understand that it is an offence under Section 57(3) of the Local Government (Miscellaneous Provisions) Act 1976 for any person to knowingly or recklessly make a false statement or omit any material particular in giving the required information.

Applicants signature:		Date:	
-----------------------	--	-------	--

Please enclose/produce the following documents with your application	OFFICE USE ONLY
UK Driving Licence (if you have a photo card licence you must produce both parts)	<input type="checkbox"/>
Disclosure and Barring Service (DBS) completed check form	<input type="checkbox"/>
Licence fee	<input type="checkbox"/>
Items/documents to be considered as part of the application	
Medical Certificate	<input type="checkbox"/>
DVLA Mandate form	<input type="checkbox"/>
DBS Update service – Please provide your DBS Registration ID number	ID no: _____
*Driving Standards Agency test (DSA test) or *Transport Training test – new applicants only (<i>please * delete as applicable</i>)	<input type="checkbox"/> Date passed: _____
Topography / Knowledge test – new applicants only	<input type="checkbox"/> Date passed: _____ Routes score: _____ Streets score: _____
For Tunbridge Wells applicants – new applicants only	Seminar arranged on: _____ Seminar attended yes <input type="checkbox"/> no <input type="checkbox"/>

Please telephone 01732 227004 for the up to date fee for the relevant Licensing Authority or go to the website for the relevant Licensing Authority.

Please return the completed form and fee at least ten working days before the renewal date, to:

**The Licensing Partnership,
 P.O. Box 182,
 Sevenoaks, Kent,
 TN13 1GP
 (cheques must be made payable to ‘Sevenoaks District Council’)**

You may have copies taken of your documentation at:

Maidstone Gateway between the hours of 10:00 – 13:00 hours Monday to Thursday.
Tunbridge Wells Gateway between the hours of 08:30 – 12:30 hours Monday to Friday.
Sevenoaks reception, Argyle Road between the hours of 08:45 – 17:00 hours Monday to Thursday and 08:45 – 16:45 hours on Friday.

Note
New applicants: All new applicants will need to arrange an interview with the relevant Licensing Officer for the authority in which they wish to drive. Please see the telephone numbers above.

Renewals: If, for whatever reason, there is a delay in submitting your application form in good time we may not be able to process your application in time for its renewal. We would recommend that you submit the application at the earliest opportunity

EQUAL OPPORTUNITIES MONITORING

We are asking you to complete this section as part of our equal opportunities monitoring. We wish to ensure we are treating all sections of the population equally, to which of these groups do you consider you belong to (PLEASE TICK ONE BOX)

<p style="text-align: center;">WHITE</p> <p>British <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Any other white background <input type="checkbox"/></p> <p>(PLEASE WRITE IN)</p>	<p style="text-align: center;">BLACK OR BLACK BRITISH</p> <p>Caribbean <input type="checkbox"/></p> <p>African <input type="checkbox"/></p> <p>Any other black background <input type="checkbox"/></p> <p>(PLEASE WRITE IN)</p>
<p style="text-align: center;">MIXED</p> <p>White & Black Caribbean <input type="checkbox"/></p> <p>White & Black African <input type="checkbox"/></p> <p>White & Asian <input type="checkbox"/></p> <p>Any other mixed background <input type="checkbox"/></p> <p>(PLEASE WRITE IN).....</p>	<p style="text-align: center;">ASIAN OR ASIAN BRITISH</p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Any other Asian background <input type="checkbox"/></p> <p>(PLEASE WRITE IN).....</p>
<p>Chinese <input type="checkbox"/></p>	<p>Other ethnic group <input type="checkbox"/></p> <p>(PLEASE WRITE IN).....</p>
<p>Unwilling to respond <input type="checkbox"/></p>	<p>GRANTED/REFUSED</p>
<p>Do you consider yourself disabled YES <input type="checkbox"/> NO <input type="checkbox"/></p>	

OFFICE USE ONLY	
Amount paid	
Receipt number	
Date	

MEDICAL IN CONFIDENCE for MAIDSTONE BOROUGH COUNCIL

MEDICAL REPORT ON AN APPLICANT FOR A HACKNEY CARRIAGE OR A PRIVATE HIRE DRIVER'S LICENCE

This application form must be completed by a registered Medical Practitioner only

The details asked for below are in accordance with the criteria set out in the DVLA's latest guide of Medical Aspects of Fitness for LGV or PVC drivers.

ABOUT YOU			
Surname		Forename (s)	
Any previous or other name			
Current home address:	_____ _____ _____ _____		
Post code:	_____		
Home telephone number:			Mobile telephone number:
Work/daytime telephone number:			

ABOUT YOUR GP/GROUP PRACTICE ABOUT YOUR CONSULTANT/SPECIALIST (if applicable)			
GP / Group name:	...	Consultant's name:	
Address:		Address:	
Telephone number:		Telephone number:	
Date last seen:			
Did you hold an HGV licence valid at 1 January 1983?			
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you hold a PSV licence valid at 1 January 1983?			
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever held a Hackney Carriage or Private Hire Driver's licence before?			
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION 1		Eyesight			
A) Is the visual acuity as measured by the Snellen Chart at least 6/9 in the better eye and at least 6/12 in the other?					
				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
B) If corrective lenses have to be worn to achieve this standard					
(1) Is the UNCORRECTED acuity at least 3/60 in the left eye?					
				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
(2) Is the UNCORRECTED acuity at least 3/60 in the right eye?					
				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
(3/60 being the ability to read the top line of the Snellen Chart at 6 metres)					
C) Please state all the visual acuities for all applicants measured.					
		Uncorrected		Corrected (if applicable)	
Left	<input type="text"/>	Right	<input type="text"/>	Left	<input type="text"/>
				Right	<input type="text"/>
D) If there is NO degree of vision whatsoever in one eye, on what date did the applicant become monocular or develop sight in one eye only? _____					
E) Is there documented evidence of a pathological field defect e.g. hemianopia, scotoma or quadrantanopia?					
				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
F) Is there full binocular field of vision on confrontation?					
				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
G) Is there uncontrolled diplopia?					
				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
SECTION 2		Nervous System			
A) Has the applicant a 'liability to epileptic seizures'?					
				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
B) Does the applicant suffer from epilepsy?					
				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
C) Is there a history of a sudden and disabling episode or episodes of unexplained impaired consciousness within the past 5 years?					
				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
D) Is there a history of stroke, TIA or vertebrobasilar insufficiency within the past 5 years?					
				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
E) Is there a history of uncontrolled Meniere's disease or other causes of sudden disabling vertigo within the last 2 years?					
				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
F) Is there evidence with documented signs of neurological or cognitive impairment, of multiple sclerosis?					
				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
G) Is there Parkinson's Disease or other muscle or movement disorder likely to affect vehicle control?					
				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
H) Is there a history of brain surgery since the last licence was issued?					
				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
I) Is there a history or serious head injury associated with an intra-cerebral haematoma or compound depressed skull fracture since the licence was issued?					
				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
(Note: in the case of a first application for a licence please answer H or I above)					
J) Is there a history of brain tumour, either benign or malignant, primary or secondary?					
				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>

SECTION 3		Diabetes Mellitus			
A)	Does the applicant have diabetes mellitus?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'Yes' please answer the following questions. If 'No' proceed to Section 4.					
B)	Is the diabetes managed by:-	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	i) Insulin?				
	If 'Yes' insert the date started on insulin _____				
	ii) Oral hypoglycaemic agents and diet?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	iii) Diet only?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
C)	Is the diabetic control generally satisfactory?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
D)	Is there evidence of:-	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	i) Loss of visual field				
	ii) Severe peripheral neuropathy?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	iii) Significant impairment of limb function or joint position sense?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	iv) Uncontrolled episodes of hypoglycaemia?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	v) Complete loss of warning symptoms of hypoglycaemia?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
SECTION 4		Psychiatric Illness			
A)	Has the applicant suffered or required treatment for a psychotic illness in the past 3 years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
B)	Has the applicant required treatment for a psychoneurotic disorder with psychotropic medication within the past 6 months?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If 'Yes' i) Does the medication cause side effects likely to affect driving ability?				
	ii) Is the condition stable of dementia?				
C)	Is there confirmed evidence of dementia?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
D)	In the past 3 years:-	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	i) Is there a history of continued alcohol abuse or alcohol dependency?				
	ii) Is there a history of illicit drug or substance use or dependency?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'Yes' to either i) or ii) please give dates/details of alcohol intake or type of illicit drugs, treatment and compliance with advice.					

SECTION 5		General			
A)	Has the applicant a significant disability of the spine or limbs which is likely to interfere with the efficient discharge of his/her duties as a vocational driver?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
B)	Is there a history within the past 2 years of bronchogenic or other malignant tumour with a significant liability to metastasise cerebrally?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'Yes', please give dates and diagnosis and state whether there is current evidence of dissemination.					

SECTION 6	Cardiac			
A) Coronary artery disease Is there a history, or evidence, of:				
i) Angina pectoris or heart failure (whether or not maintained symptom free by use of medication)?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> ii)
ii) Myocardial infarction/any episode of unstable angina?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
iii) Coronary artery by-pass graft (CABG)/coronary angioplasty?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'Yes' to i, ii or iii please give details/dates				
<hr/> iv) Has a resting EG been performed previously?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'Yes' did it show pathological Q waves present in 3 leads or more, or left bundle branch block?				
Date ECG performed _____				
(A sight of the ECG tracing would be most helpful).				
Please note that an ECG does not need to be undertaken for the examination.				
B) Other vascular disorders Is there a history, or evidence, of:				
i) Aortic aneurysm, thoracic or abdominal, with a transverse diameter of 5 cm or more (whether or not it has been repaired)?				
ii) Confirmed symptomatic peripheral arterial disease?				
iii) Any other significant vascular disorder (i.e. Marfans)?				
C) Cardiac arrhythmia and heart block Is there a history, or evidence, of:				
i) Significant disturbance of cardiac rhythm within the past 5 years?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'Yes' please give details				
<hr/> ii) Pacemaker or cardioverter defibrillator insertion?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
D) Blood pressure i) Is the casual blood pressure reading (to the nearest 5mm mercury) greater than 200 systolic or over 110 diastolic or over?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
ii) Is there a history, or evidence, of established hypertension, with BP readings greater than 180 systolic or over, or 100 diastolic or over?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
E) Acquired valvular heart disease Is there a history, or evidence, of acquired valvular heart disease, with or without valve replacement?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
F) Other cardiac conditions Is there a history, or evidence, of established cardiomyopathy, heart or lung transplant, cardiac surgery other than above, or significant congenital heart disorder?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

SECTION 7**Medical Practitioner Details (To be completed by Doctor carrying out the examination)****Stamp
Name** _____**Address** _____

_____**Telephone number:** _____**Signature:** _____ (of Medical Practitioner)**Date:** _____**Declaration and Authorisation****(To be completed by applicant in presence of Doctor)****If you have knowingly given false information in this examination you are liable to prosecution.****Consent and Declaration. This section MUST be completed and MUST NOT be altered in any way.****Please sign the statement below:****I declare that I have checked the details I have given and that to the best of my knowledge they are correct.****If a medical condition is declared I authorise my Doctor(s) and Specialist(S) to release reports to the Secretary of State's Medical Advisor about my medical condition.****Signature:** _____ **Date:** _____**Please remember to sign and date this form – MEDICAL IN CONFIDENCE**

MEDICAL CERTIFICATE FOR MAIDSTONE BOROUGH COUNCIL APPLICANTS

This medical has been carried out in accordance with the standards set out in the “Medical Aspects of Fitness to Drive” which is the guide used by Medical Practitioners when examining drivers for LGV and PCV (Group II entitlement). This is the standard, which has been adopted by Maidstone Borough Council for all Hackney Carriage and Private Hire drivers.

Surname		Forename (s)	
Title			
Current home address:	_____		

Post code:	_____		
Date of birth:			
Signature:			

NOTES

This certificate is confidential and for use only by Maidstone Borough Council.

	Question	Response
1.	Using your professional judgement having medically examined the above applicant in accordance with the guide used for examining HGV and PSV drivers which has been adopted as the appropriate standard by Maidstone Borough Council, is he/she considered fit to carry out the duties of a Hackney Carriage or Private Hire driver? (If no, please give reasons).	
2.	If any further investigation or examination is required regarding the applicant's medical fitness, please indicate.	

I certify that I have today examined: _____

Signature of Registered Medical Practitioner: _____

Address: _____

Dated: _____