



Weymouth & Portland
Borough Council

For Office/Scanning Use

Licence No:

Date:.....

APPLICATION FOR A DRIVER'S LICENCE

Type of Application:

Hackney Carriage Driver Only

Private Hire Driver Only

Initial

Renewal

Current Licence No:.....

Full NAMES of Applicant	
ADDRESS including POSTCODE	
Home TELEPHONE Number:	
Mobile TELEPHONE Number:	
EMAIL Address:	
Date of Birth:	
Have you held a full UK/EU motor car driving licence for at least 12 months? <small>N.B. If you hold a EU licence you must apply to the DVLA for a UK Counterpart</small>	YES / NO
Please detail any current endorsements on your driving licence:	
Name of proposed employer (if known):	
Do you have the right to work in the UK?	YES / NO
Have you lived in the UK for the last 5 Years?	YES / NO
Have you ever been refused any application for a Driver's Licence or had a driver's licence suspended or revoked, from this or any other Council? If 'Yes' give details as to which Council, what grounds, and the date:	YES / NO
Have you ever been charged or convicted of any criminal offence? If so, please give full details, including the date of the offence, the date the matter was dealt with by the Court, the name of the Court, the sentence and any other information (Please refer to the Rehabilitation of Offenders guidelines)	YES / NO

Have you since your last medical examination suffered from epilepsy, diabetes or sudden attacks of disabling giddiness or fainting, or from any disease, mental or physical, or from any injury or disability likely to interfere with the efficient discharge of your duties as a licensed driver or to cause the driving by you of a licensed vehicle to be the source of danger to the public? If 'Yes' please give details.	YES / NO
Since your last medical, have any of your medical requirements changed? (i.e. diabetes control has changed) If 'Yes' please give details	YES / NO

(all documents provided should be originals)

(Tick as appropriate)

I have provided my driving licence

I have provided a medical certificate completed by my registered GP (Initial applications or if requested upon renewal – dependant on age)

I am aware I must pass a driving assessment (Initial applications)

I am aware I must complete a DVLA check and DBS check (Initial applications and renewals every 3 years) and online CSE Training.

I hereby declare all answers given are true and if a licence is granted I shall comply with the conditions attached on the grant of the licence and/or the hackney carriage/private hire laws and byelaws.

It is an offence for any person knowingly or recklessly to make a false statement or omit any material particular in giving information – Section 57 Local Government (Miscellaneous Provisions) Act 1976. Upon conviction a fine of up to Level 3 on the Standard Scale may be imposed.

Date: Signature of Applicant

Return by appointment to Licensing, South Walks House, South Walks Road, Dorchester, DT1 1UZ (use DT1 1EE for satnav) together with the licence fee(s) indicated on the current Licensing Charges Notice (Cheques should be made payable to West Dorset District Council). To make an appointment please call 01305 838028.

This authority is under a duty to protect the public funds it administers, and to this end 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. For further information, see the Audit Commission website.

<u>For Office Use Only</u>	Date Received:	Photo Taken: Yes / No / N/A
Fee Paid: £ Receipt: Invoice No:	Medical Received	Yes / Not Due
	DBS Check Complete	Yes / Not Due
	Knowledge Test Passed	Yes / Renewal NA
Authorised for issue by:	Driving Assessment Passed	Yes / Renewal NA
	Safeguarding Training	Yes / Renewal NA
	DVLA Check Completed	Yes / Renewal NA
	Driving Licence Received	Yes / No
	Immigration Check	Yes / Renewal NA