



**Civic Government (Scotland) Act 1982
Application for the Grant or Renewal of a Taxi Driver's Licence
or a Private Hire Car Driver's Licence**

Each question must be answered

Surname		First Name	
Home Address (Including Postcode)			
Telephone Number			

Age		Date of Birth		Place of Birth	
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Type of licence applied for? **Taxi Driver** or **Private Hire Car Driver**
(Please tick only 1)

If previously licensed, state date and number shown on most recent identification badge	
If previously refused a licence give type and date	
Whether for grant or renewal? <i>(Please tick only 1)</i>	Grant <input type="checkbox"/> Renewal <input type="checkbox"/>
Which licence are you applying for? <i>(Please tick only 1)</i>	1 year <input type="checkbox"/> 3 years <input type="checkbox"/>
Have you held during any continuous period of twelve months prior to the date of this application a full driver's licence issued under the Road Traffic Act 1988?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How long have you been driving motor vehicles?	
Do you intend to work as a driver as a full time occupation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no give further particulars	
Name and address of the operator whose vehicle you will drive.	

Are you subject to any disability likely to affect your fitness as a driver?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, state nature		
Do you suffer from any medical conditions that require you to notify the DVLA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have the right to work in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
You will need to provide original documents as listed in the Guidance Notes for Applicants Right to Work in the UK		

Do you have any convictions or pending cases, including contraventions of Byelaws, Road Traffic Offences and Environmental Health/Food Hygiene Offences?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, give particulars below			
Date	Court	Offence	Sentence

I declare that the particulars given by me on this form are true and I hereby make application to Clackmannanshire Council for the grant or renewal of the licence applied for.

Signature of applicant	
Date	

Please return the completed form together with the relevant fee to:

**The Licensing Administrator
Clackmannanshire Council
Kilncraigs
Alloa
FK10 1EB**

If you require any further information please contact the Licensing Administrator on tel: **01259 452093** or email licensing@clacks.gov.uk

N.B. Any person who in or in connection with the making of this application makes any statement which he knows to be false or recklessly makes any statement which is false in a material particular shall be guilty of an offence and liable, on summary conviction, to a fine not exceeding £2,500.

Clackmannanshire Council has a duty to protect public funds that it administers and may use this information for the protection and detection of fraud. For more details, please contact Senior Auditor, on tel: 01259 452000



Medical Certificate

The Council (Licensing Authority) requires to be satisfied as to the physical fitness of an applicant for a Taxi/Private Hire Car Drivers Licence before a licence can be issued to them. In this connection the Council relies upon the advice of the applicant's Medical Practitioner.

Applicant's Name BLOCK CAPITALS	
Address	

Declaration by Applicant

I declare that all information given by me in connection with the medical examination to which this form relates is true.			
Signature of applicant		Date	

NOTES FOR MEDICAL PRACTITIONER

1. This certificate is for the confidential use of Clackmannanshire Council. Any fee charged is payable by the Applicant.
2. The examination should be carried out to the standard required in terms of the D.V.L.A. Group 2 Drivers Standards as deemed appropriate by the GP relative to the driving of a Taxi or Private Hire Car.
3. Any person who makes any false statement in connection with the application for a licence is liable to prosecution, and **Clackmannanshire Council would suggest that the applicant should be so warned before the examination is made and the applicant should be requested to sign the above declaration.**
4. Special attention should be directed to the condition of the arms, hands, legs and feet, and particularly to the joints of the upper and lower extremities.

I certify that I have this day examined the applicant and find him/her to be FIT / UNFIT* to meet the standards required in terms of the DVLA Group 2 Drivers Standards to undertake duties as a taxi/private hire car driver. <i>*Please delete as appropriate</i>			
Signature of Medical Practitioner			
Print Name		Date	

GP or Surgery Stamp
