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| **Personal Details** | | | | | | | | | | | | | | | | | | | | | |
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| First Name | | |  | | | | | | | | | | Date of Birth | | |  | | | | |  |
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| Surname | | |  | | | | | | | | | | NINO | | |  | | | | |  |
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| Previous names or Alias | | | | | | |  | | | | | | | | | | | | | |  |
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| Current  Address | | |  | | | | | | | | | | | | | | | | |  | |
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| Email Add | | |  | | | | | | | | | | | | | \*\* An e-mail address is mandatory\*\* | | | | |  |
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| **Driver Type** | | | | | | | | | | | | | | | | | | | | | |
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| **Application Type – New Driver** | | | | | | | | | | | | | | | | | | | | | |
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| **Driver Type:** | | | | **Private Hire Driver** | | | | **or** | | | | **Hackney Carriage Driver** | | | | | | | \* Delete as appropriate | | |
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| **Documentation Required** | | | | | | | | | | | | | | | | | | | | | |
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|  | To support your application a number of documents must be supplied. Initially copies of these documents should be sent by e-mail along with your completed application form to [taxiapplication@sefton.gov.uk](mailto:taxiapplication@sefton.gov.uk) Your original documents should be retained as these will need to be verified at a later date.  Documents required:   * Your current full valid DVLA driving licence. You must have held this licence for at least 12 months * Sufficient evidence of your identity to satisfy an Enhanced DBS check. Examples of documents are: * Any current and valid passport * Biometric residence permit * Birth certificate - issued within 12 months of birth * Mortgage statement * Bank or building society statement * Applicants should consult <https://www.gov.uk/guidance/documents-the-applicant-must-provide> for a full list of acceptable documents * Applicants who have subscribed to the DBS ‘Update’ service who have had an Enhanced DBS check with access to the Childrens and Vulnerable Adults Barred Lists have no need to provide DBS Identity Documents. * The Immigration Act 2016 came into force on 1st December 2016 and confers an obligation on all Licensing Authorities to undertake a ‘Right To Licence’ check on all applicants. You must provide a prescribed one of the documents in Annexe A within <https://www.gov.uk/government/publications/licensing-authority-guide-to-right-to-work-checks> | | | | | | | | | | | | | | | | | | | |  |
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| **Medical Declaration** | | | | | | | | | | | | | | | | | | | | | |
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| In order to apply for this licence I hereby declare that:   * I understand that I must produce a satisfactory medical certificate obtained with full access to my records from my registered GP’s surgery, any other GP or any GMC (General Medical Council) registered doctor who is licensed to practice in the UK providing the doctor has access to my medical records before I may be granted a licence by Sefton Council. Any cost is my own responsibility. * We will supply you with a Medical Form at the appropriate time. | | | | | | | | | | | | | | | | | | | | | |

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| **Hire and Reward Licence History Declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | I declare in support of my application that:   * No Previous licences or applications have been revoked, refused or suspended. Or * I have had licences \*Suspended / \*Revoked / \*Refused : As listed below | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | Date | |  | | Licence Type | | | | |  | | Which Council | | | | |  | | | Final Decision | | | | | | | |  | |
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| **Convictions, Cautions, Fixed Penalties and Pending Matters** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **For new applicants successful DVLA and DBS checks are initially valid for 6 months. It is expected that applicants conclude their application and are licensed within 6 months. If this isn’t the case new DVLA and DBS checks will be required at the applicant’s expense.**  **I confirm that I know that I must declare ALL convictions, cautions and endorsable fixed penalties, relating to me. I understand that nothing is ever “spent” and that I must provide details of all criminal matters of which I am currently the subject of criminal investigation or prosecution of.**  **I understand that if I fail to disclose a relevant matter I may be prosecuted and my application may be refused. I declare that:** | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | \* I **do not** have any relevant matters to disclose | | | | | | | | | | | | **Or** | \* I disclose all of my relevant matters as below……. | | | | | | | | | | | | |  | |
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|  | Court Code | | |  | | Conviction Date | |  | Offences | | | | | |  | Offence Date | |  | | | Sentence or Disposal | | | | | |  | |
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| **Declaration of understanding & accuracy of information provided by applicant** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I declare that the facts listed and the declarations which I have made within this form are true to the best of my knowledge and belief. I understand that any false statement or omission of material particulars may result in me being prosecuted and that any licence granted can be revoked.  I acknowledge that if I am disqualified from driving after being granted a licence then the licence is automatically void and must be surrendered within 72 Hours.  I understand that Sefton Council is under a duty to protect the public funds and may use the information provided to detect and prevent fraud It may also share the information with other bodies responsible for auditing or administering public funds for these purposes.  Sefton Council will use your personal information for the purpose of assessing your application and administering the licensing regime. This information will be kept in accordance with the Data protection Act. In certain circumstances, Sefton Council may also share your personal information with the Police and other agencies for the purposes of the prevention and detection of crime. Further information on how Sefton Council handles personal data is contained in a privacy policy available on www.sefton.gov.uk’”  Please note that if an application doesn’t result in the issue of a licence all fees already paid are forfeited. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | |  | | | | |  | | | | |
| Signature | |  | | | | | | | | | | | | | | | | | Date | | | |  | | |  | | |
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