



ELI NVL 4 (new vehicle licence)  
Within standard licence conditions

(To be completed in respect of each Director and/or Partner using a separate sheet as necessary)

Surname DAVIES Forename(s) PETER RONALD  
Address 1 THE PASTURES, LOWER BULLINGHAM, HEREFORD  
Date of Birth 01-08-1944 Driver's Badge No. ....

**PARTICULARS OF VEHICLE**

1. NAME ON REGISTRATION DOCUMENT

2. MAKE <u>CITROEN</u>	8. REGISTRATION NO. <u>MA02 XKD</u>
3. MODEL <u>CS.</u>	9. PLATE NO. <u>H017</u>
4. TYPE OF BODY <u>EST.</u>	10. ENGINE CAPACITY <u>1749cc</u>
5. COLOUR <u>(B) SILVER GRAY</u>	11. FUEL (PETROL/DIESEL/LPG) <u>(B)</u>
6. NO. OF SEATS (EXC DRIVER) <u>4</u>	12. CHASSIS/BODY NO. <u>VF7D E6F2876129875</u>
7. DATE OF 1 <sup>ST</sup> REGISTRATION <u>2002</u>	13. ENGINE NO. <u>LT040434161</u>

**ANY ALTERATIONS TO VEHICLE IN PAST 12 MONTHS IF APPLICATION IS FOR RENEWAL  
YES/NO (if yes, please notify on a separate sheet)**

Is the Vehicle Wheelchair accessible? ~~YES~~/NO

Does the vehicle have a meter fitted? YES/~~NO~~

Make: ..... Model: F7 .....

Address at which vehicle will be garaged A/A .....

Insurance Company ZENITH .....

Insurance Valid From 04-10-08 To 04-10-09 .....

Persons covered to drive with limitations (if any) ie. Age restriction, insured only.

N/A .....

Hackney/Private Hire Cover HACKNEY .....

Where is the Fire Extinguisher kept? BOOT .....

Is the vehicle to be used to undertake Social Service/Education Dept Contract? ~~YES~~/NO

If YES, state type of contract AS REQUIRED .....

Name and address of proprietor of the vehicle A/A .....

Has the applicant held Vehicle Licences granted by this or any other authority: ~~YES~~/NO  
If YES, give details: (Continue on separate sheet if necessary).

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NAME OF AUTHORITY	REGISTRATION NO	PLATE NO
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Have any licences in respect of Private Hire or Hackney Carriage held by you ever been revoked, suspended or refused by any other authority? ~~YES~~/NO

If YES, give details.....

NAME, ADDRESS AND BADGE NO. of all persons who will be driving

..... MR. P. R. DAVIES, 1 THE PASTURES LOWER BULLINGHAM, HEREFORD  
..... MR. P. LEWIS ..... HEREFORD

Name and address of Company/Group for whom vehicle will operate.....

..... P.T.C. TAXIS / HEREFORD TAXIS

Signature of Operator..... P. R. Davies

I certify that the above answers are true and understand that if there are any omissions or false statements, my application will be refused or if a licence has been issued, it will be liable to immediate suspension or revocation.

I understand that any licence issued to me is subject to the provisions of the Town Police Clauses Act 1847, the Local Government (miscellaneous Provisions) Act 1976 and any conditions and byelaws that may be in force from time to time within the Licensing Authority. I further understand that any vehicle licence plate issued to me will remain in the ownership of Herefordshire Council.

I enclose the following:

1. Certificate of Insurance ✓
2. Registration Document ✓
3. Certificate of Compliance (issued by Council testing depot) ✓
4. Vehicle Inspection Certificate (issued by Council testing depot) ✓

I certify that I have received, read and understood the conditions in relation to the issue of a hackney carriage/private hire vehicle licence and agree that information in relation to my application may be shared with other directorates within Herefordshire Council.

Signature..... P. R. Davies ..... Date..... 31/07/09.....

<p><b>ON COMPLETION PLEASE RETURN</b></p> <p>Any queries regarding any aspect of this application please contact the Taxi Licensing Office.</p> <p><b>Tel: 01432 260973</b></p>	<p><b>(Marked PRIVATE AND CONFIDENTIAL</b> Hackney Carriage &amp; Private Hire Licensing Herefordshire Council County Offices Bath Street PO Box 233 Hereford HR1 2ZF</p>
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**PARTNER**

**(THIS FORM TO BE COMPLETED BY THE SECOND LICENCE HOLDER, IF YOU INTEND TO HAVE TWO NAMES ON YOUR LICENCE)**

**VEHICLE LICENCE**

Surname (MR.MRS.MISS.MS).....Maiden Name.....

All Forenames.....Previous Surnames/Aliases.....

Date of Birth.....Place of Birth.....Sex M/F

Present Address.....

.....Post Code.....

Telephone Number: Business.....Home.....

**Particulars of Vehicle**

**REGISTRATION NO.** \_\_\_\_\_

**PLATE NO.** \_\_\_\_\_

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Signature.....Date.....

Data Protection Act 1998

This policy covers the treatment of personal data that Herefordshire Council may collect when you e-mail us, complete an application form, or when you complete and submit an online form on our web site.

When completing forms you may be asked for personal information such as name, address, postcode etc. It is only when you supply this type of information that you can be personally identified.

Herefordshire Council is registered with the Data Protection Act 1998 for the purpose of processing personal data in the performance of its legitimate business. Any information held by the Council will be processed in compliance with the principles set out in the Act.

Further information relating to the Data Protection Act 1998 can be sent to you on request.

If you have concerns about the processing of your personal data by the Council you may contact the Council's Data Protection Officer:

Data Protection Officer,, County Secretary and Solicitor, Herefordshire Council, Brockington, 35 Hafod Road, Hereford HR1 1SH