

APPLICATION FOR



For Office Use Only



Date Payment Received	Receipt Number
Driving Licence	
DVLA Number	Issue Number
[REDACTED]	37

Criminal Records Bureau	
Date Sent	Date Received

TOWN POLICE CLAUSES ACT 1847 AND 1889  
LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976

APPLICATION / RENEWAL OF A LICENCE TO DRIVE A HACKNEY CARRIAGE OR PRIVATE HIRE VEHICLE

Please check all of the details below, filling in any empty boxes as required. Read the notes overleaf and then sign the form, and bring the completed form together with all relevant documentation, as detailed in the accompanying letter, at the appointed time.

PLEASE USE BLOCK CAPITALS AND AMEND ANY INCORRECT DETAILS

SURNAME: BAILEY

FIRST NAME: MICHAEL

DATE OF BIRTH: [REDACTED]

NATIONAL INSURANCE NO.: [REDACTED]

ADDRESS: [REDACTED]

POSTCODE: [REDACTED]

TELEPHONE NUMBER: [REDACTED]

MOBILE NUMBER: [REDACTED]

EMAIL: [REDACTED]

WILL THIS BE YOUR ONLY EMPLOYMENT ?  
 YES   
 NO

IF NO, THEN PLEASE GIVE  
DETAILS OF ALL  
OTHER EMPLOYMENT

DRIVE A SCHOOL RUN FOR  
MAYFIELD SCHOOL

HAVE YOU BEEN CONVICTED OF  
ANY DRIVING OR CRIMINAL  
OFFENCE?

(NB. Where this application is for  
renewed Licence, list only those  
matters arising since the last  
Licence was issued).

YES   
NO

IF YES, WRITE DOWN THE  
DETAILS BELOW:-  
(All convictions must be disclosed,  
continue on separate sheet if  
necessary).

FRAUD BY FALSE REPRESENTATION  
BACK IN 25-10-2010

DATE

25-10-2010

OFFENCE

FRAUD BY FALSE REPRESENTATION

SENTENCE

FINE \$1800 AND 180 HOURS

ARE THERE ANY  
PROSECUTIONS PENDING  
AGAINST YOU?

YES   
NO

IF YES, PLEASE GIVE DETAILS  
OF THE ALLEGED OFFENCE AND  
DATE OF COURT HEARING:-

HAVE YOU EVER SUFFERED  
FROM ANY INJURY OR ILLNESS,  
WHETHER PHYSICAL OR  
MENTAL, WHICH MAY AFFECT  
YOUR DRIVING CAPABILITIES?

YES   
NO

IF YES, PLEASE GIVE DETAILS:-

ARE YOU THE PROPRIETOR OF  
THE LICENSED VEHICLE YOU  
INTEND TO DRIVE?

YES   
NO

