

## APPLICATION FOR TRANSFER OF HACKNEY CARRIAGE OR PRIVATE HIRE VEHICLE LICENCE

### DATA PROTECTION ACT 1998

Calderdale Metropolitan Borough Council requires this information in order to process your application for a licence. The Council is under a duty to protect the funds it administers and may use the information you have provided within the Authority for the prevention and detection of fraud. From time to time, as prescribed by Law, we will share your information with other Local Government Departments such as the Inland Revenue, Benefits Agency and the Police.

### DETAILS OF VEHICLE LICENCE TO BE TRANSFERRED

Private Hire Plate Number:		Hackney Carriage Plate Number:	
Registration Number:		Make:	Model:
Colour:		Name of Private Hire Operator	

### FULL DETAILS OF PRESENT LICENCE HOLDER(S) – i.e. person(s) transferring the licence

Surname:		Date of Birth:	
Title: <i>(tick box)</i>	Mr   Mrs   Miss   Ms	Full Forenames:	
Home Address:			
		Post Code:	
Telephone No:		Mobile Telephone No:	
<b>DATE WHEN TRANSFER TO TAKE EFFECT FROM:</b>			
Signature of <b>PRESENT</b> Licence holder:		Date:	

### IF IN JOINT NAMES – PRESENT SECOND LICENCE HOLDER (IF ANY)

Surname:		Date of Birth:	
Title: <i>(tick box)</i>	Mr   Mrs   Miss   Ms	Full Forenames:	
Home Address:			
Post Code:			
Telephone No:		Mobile Telephone No:	
Signature of second <b>PRESENT</b> Licence holder:		Date:	

**FULL DETAILS OF APPLICANT(S) - i.e. person(s) to whom licence is being transferred**

**FIRST OR ONLY PROPRIETOR (The person to whom all correspondence will normally be sent)**

Surname:					Date of Birth:	
Title: <i>(tick box)</i>	Mr	Mrs	Miss	Ms	Full Forenames:	
Home Address:						
					Post Code:	
Telephone No:					Mobile Telephone No:	

**FIRST APPLICANT- (ALL CORRESPONDENCE WILL BE SENT TO THIS PERSON)**

I hereby declare that to the best of my knowledge and belief, the particulars and information stated in this application are true. I hereby authorise the Licensing Unit of the Council to verify the information given on this form by reference to any public authority, including the police. I consent to the police supplying the Licensing Unit of the Council with any information, including that stored on a computer, in respect of the details given on this application form.

I consent to the police supplying the Licensing Unit of the Council with any information, including that stored on a computer, in respect of the details given on this application form. I consent to the Borough Council of Calderdale (the Council) using and processing my personal, sensitive data for the purposes of determining this application and any subsequent review of my licence.

For further information about this please contact the Council's Information Management Co-ordinator on 01422-392298

Should my application be refused or my licence subsequently revoked and if I appeal against either of those decisions, I understand that my personal, sensitive data may be disclosed by the Council in Court.

SIGNATURE ..... DATE .....

**IF THE APPLICATION IS MADE IN JOINT NAMES – SECOND OR PART PROPRIETOR (IF ANY)**

Surname:		Date of Birth:				
Title: <i>(tick box)</i>	Mr	Mrs	Miss	Ms	Full Forenames:	
Home Address:						
Post Code:						
Telephone No:				Mobile Telephone No:		

**SECOND APPLICANT**

I hereby declare that to the best of my knowledge and belief, the particulars and information stated in this application are true. I hereby authorise the Licensing Unit of the Council to verify the information given on this form by reference to any public authority, including the police.

I consent to the police supplying the Licensing Unit of the Council with any information, including that stored on a computer, in respect of the details given on this application form. I consent to the Borough Council of Calderdale (the Council) using and processing my personal, sensitive data for the purposes of determining this application and any subsequent review of my licence.

Should my application be refused or my licence subsequently revoked and if I appeal against either of those decisions, I understand that my personal, sensitive data may be disclosed by the Council in Court.

SIGNATURE ..... DATE .....

**The Applicant(s) is required to submit by post to the Licensing Unit, Town Hall, Halifax or in person to Halifax Customer First, Horton Street, Halifax the following items:**

1. This hackney carriage/private hire vehicle licence transfer form.
2. The vehicle registration document and valid insurance certificate.
3. The vehicle transfer licence fee.

If you would like this information in another format or language please contact: 01422 393093

اگر آپ کو یہ معلومات کسی دوسری زبان  
یا شکل میں چاہیے تو رابطہ کریں:

01422 393093 (Urdu)