



**South  
Derbyshire  
District Council**

**APPLICATION FOR THE GRANT OF A PRIVATE HIRE DRIVER'S LICENCE**

- Please familiarise yourself with our terms and conditions before completing this application
- Please read the guidance notes available on the Council's website on how to apply for a private hire driver's licence
- It is an offence to give false information - all questions must be answered.
- An application will not be deemed valid unless the Licensing Authority receives the following documents in addition to a completed and signed application form, and the relevant fee:

1. Full UK or EU driving licence (held for at least 12 months);
2. Proof of right to work in the UK i.e. passport/visa;
3. One additional piece of identification;
4. Certificate of good conduct (if lived outside of the UK for more than 6 continuous months since the age of 18 years.)
5. DVLA driving licence check from [www.gov.uk/view-driving-licence](http://www.gov.uk/view-driving-licence) \_\_\_\_\_
6. One Passport style photo (must match your current appearance)
7. Eye test certificate (less than 3 months old)
8. Medical certificate (less than 3 months old)
9. Defensive Driver Training practical driving test certificate (less than one year old)
10. DBS certificate registered online at the DBS Update Service
11. Knowledge test pass
12. Blue Lamp Trust Safeguarding Certificate
13. Disability Awareness Training Certificate
14. Tax Check code (if applicable, see question 19)

**Fees for this application are 1 year drivers badge £150  
2 year drivers badge £235  
3 year drivers badge £331**

**PERSONAL DETAILS**

1. Surname:		2. Forenames:	
3. Title:    Mr    Mrs    Miss    Ms    Other (please state)			
4. Current registered address			
Post Code:			
5. Date of Birth:		6. National Insurance Number:	
7. Telephone:		8. Mobile:	

9. Email:

10(a). Are you permitted to work in the UK?: Yes  No

10(b). Are there any restrictions?: Yes  No  (If yes, please detail them below)

10(c) Since the age of 18 years old, have you lived outside of the UK for more than 6 continuous months?  
 Yes  No  (If yes, please provide a Certificate of Good Conduct in English from the relevant Country)

**DRIVING DETAILS**

11. How long have you held your full D.V.L.A licence:

years                      months

**APPLICATION HISTORY**

12. Have you ever held a Hackney or Private Hire driver's licence before with this or any other Council: Yes  No   
 (If yes, please provide details of issuing authority and dates licensed below)

Licensing Authority	Status (Expired / Live)

13. Have you ever had a Hackney or Private Hire driver's licence refused, suspended, or revoked by this or any other Council: Yes  No   
 (If yes, please provide dates below) N/A

Licensing Authority	Date suspended or revoked	Refused,

**PENDING PROSECUTIONS**

14. Do you have any foreign or domestic prosecutions pending against you?: Yes  No   
 (If yes, please give details and continue on separate sheet if needed)

Date of Court hearing	Offence	Court

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**MOTERING ENDORSEMENTS AND DISQUALIFICATIONS**

15. Have you been convicted of any motoring offences, been disqualified from driving, or received any endorsements on your DVLA driving licence? Yes  No  (If yes, please give details below)

**Details Of Motoring Offences, Endorsements and Disqualifications**

Date	Offence	Court	Sentence

**CRIMINAL CONVICTIONS, CAUTIONS, and / or WARNINGS**

16. Have you been convicted of any foreign or domestic offences, or received any Police Cautions, Warnings or Postal Requisition Notices of Summons/Charges?: Yes  No  (If yes, please give details below)

**NB: Please include all offences, except any protected cautions and convictions (see note 1), even those considered "spent" under the Rehabilitation of Offenders Act 1974.**

Date	Offence	Court	Decision of Court

**CIVIL FINDINGS**

17. Have you had any civil actions against you?  
Yes  No  (If yes, please give details below)

Date	Offence	Court	Decision of Court

**PRIVATE HIRE OPERATOR INFORMATION**

18. Name of the operator(s) you intend to drive for? (to be signed by the operator)

Name:	Address:	Signed:
Name:	Address:	Signed:
Name:	Address:	Signed:

19. Do you currently work in any other occupation in addition to driving as a Private Hire Driver?: (If yes, please give details and continue on separate sheet if needed) Yes  No

### TAX CONDITIONALITY CHECK

20. If you currently hold, or have held in the last 12 months before this application, the same type of licence with one or more licensing authority (including South Derbyshire District Council) please provide your 9-character check code

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The link to generate the tax code can be found on the Council's private hire webpage.

If you have never held a licence before or it has been longer than 12 months you do not need to complete a tax check but please be aware of the following GOV.UK website addresses for HMRC guidance about tax registration obligations:

- PAYE information: [www.gov.uk/income-tax/how-you-pay-income-tax](http://www.gov.uk/income-tax/how-you-pay-income-tax)
- registering for Self Assessment: [www.gov.uk/register-for-self-assessment](http://www.gov.uk/register-for-self-assessment)
- Corporation Tax information: [www.gov.uk/corporation-tax](http://www.gov.uk/corporation-tax)

I confirm that I am aware of the content of HMRC guidance relating to my tax registration obligations.

### DECLARATION

#### Right to Work

Your right to work in the UK will be checked as part of your licence application, this could include the licensing authority checking your immigration status with the Home 13 Office. We may also share information with the Home Office. You must either share your immigration status using the Home Office online checking service 'prove your right to work to an employer' if your status is compatible with the service, or provide a document or document combination that is stipulated as being suitable for this check. Where an online check has been carried out, the 'profile' page confirming your right to work will be copied and retained by the Licensing Authority. Where a manual check is carried out, and you have provided a document(s) set out at [www.southderbyshire.gov.uk](http://www.southderbyshire.gov.uk) you must provide the original document(s). The document(s) will be copied, and the copy retained by the Licensing Authority. The original document will be returned to you.

Your application will not be considered valid until all the necessary information and any original document(s) have been produced and the relevant fee has been paid. If there are restrictions on the length of time you may work in the UK, your licence will not be issued for any longer than this period. In such circumstances the check will be repeated each time you apply to renew or extend your licence, if, during this period, you are disqualified from holding a licence because you have not complied with the UK's immigration laws, your licence will lapse, and you must return it to the Licensing Authority. Failure to do so is a criminal offence.

#### Consent for DBS online checking service

I consent to South Derbyshire District Council carrying out an online check on my DBS

certificate in relation to my application for a private hire driver's licence. I have provided my original DBS certificate along with adequate identification to prove my identity. I confirm that I am registered with the online checking service.

**Fraud Act 2006**

I hereby declare that I fully understand, have read and checked the details and questions on this application form and that the foregoing statements are true. I understand that it is a criminal offence if I or anyone else gives false information, or makes a false representation, or fails to disclose information in order for me to obtain a private hire licence. I am fully aware that the provision of a false statement, or information, or the concealment of offences/ convictions/ cautions in order to obtain a licence is an offence under the above Act and under section 57(3) of the Local Government (Miscellaneous Provisions) Act 1976 which may result in refusal of this application. I understand that action will be taken against any licence granted as a result of breaching these Acts.

I have received and read the Private Hire Conditions for Operators, Vehicles and Drivers and I undertake, in the event of a licence being granted, to observe and perform such conditions.

Signed by the applicant.....Date.....

Print Name.....

**Notes**

1. Protected cautions and convictions are certain old and minor cautions and spent convictions that are not disclosable under the Exemption Order. The following do need to be disclosed:

- all cautions and convictions for a specific list of offences – the list of offences is available at <https://www.gov.uk/government/publications/dbs-list-of-offences-that-will-never-be-filtered-from-a-criminal-record-check>
- cautions given less than 6 years ago (where the person was aged over 18 at the time);
- cautions given less than 2 years ago (where the person was aged under 18 at the time);
- all convictions that resulted in a custodial sentence;
- convictions given less than 11 years ago (where the person was aged over 18 at the time);
- convictions given less than 5 ½ years ago (where the person was under 18 at the time of conviction);
- where the person has more than one conviction then all convictions need to be disclosed;
- where a person is convicted of multiple offences then each separate conviction needs to be disclosed.

**Please Note**

**If any part of this application form is not completed it will be returned to the applicant.**

**Your application will only be processed once all the necessary documents and the fee are submitted**

**Privacy Notice**

**How is your information used?**

We collect information to assess your suitability and fitness to be issued with a private hire licence and to assist us in managing your licence. We may also use your contact details in the event that we need to contact you in relation to your licence(s).

### **Who has access to your information?**

Information is shared with other regulatory and enforcement authorities including, but not limited to, other Council services; Councillors; the Police; HM Revenues and Custom; Home Office Immigration; Cabinet Office; National Anti-Fraud Network; NHS services, and other local authorities when allowed to by law for the purposes of the administration and enforcement of authorisations, and for the purposes of the prevention and detection of crime, public safety, public health, protection of the environment and prevention of fraud.

Certain information about licences (including in particular your name and the address of any premises to which a licence applies) may be published on a public register on our website when we are required to by law. Licences that have to be determined by our Councillors will be published in exempt minutes on our website.

*For further information about your personal information will be used, please visit [www.south-derbys.gov.uk](http://www.south-derbys.gov.uk) where you can see a full copy of our privacy notice. Alternatively you can request a hard copy from [licensing@southderbyshire.gov.uk](mailto:licensing@southderbyshire.gov.uk)*

### **National Register of Taxi Licence Refusals and Revocations**

The licensing authority provides information to the National Register of Taxi Licence Refusals and Revocations (NR3), a mechanism for licensing authorities to share details of individuals who have had a hackney carriage or Private Hire Vehicle (PHV) licence revoked, or an application for one refused. This is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the licensing authority – that is, assessing whether an individual is a fit and proper person to hold a private hire driver's licence

Therefore:

- Where a private hire licence is revoked, or an application for one refused, the authority will automatically record this decision on NR3.
- All applications for a new licence or licence renewal will automatically be checked on NR3. If a search of NR3 indicates a match with an applicant, the authority will seek further information about the entry on the register from the authority which recorded it. Any information received as a result of an NR3 search will only be used in respect of the specific licence application and will not be retained beyond the determination of that application.

The information recorded on NR3 itself will be limited to:

- name;
- date of birth;
- address and contact details;
- national insurance number;
- driving licence number;
- decision taken;
- date of decision;
- date decision effective.

Information will be retained on NR3 for a period of 25 years.

This is a mandatory part of being granted private hire driver's licence. The authority has a published policy on the approach it will take to requests by other authorities for further information about entries on NR3, and about the use it will make of any further information provided to it. You can read that policy at <https://www.southderbyshire.gov.uk/our-services/licensing/private-hire>

Information will be processed in accordance with the Data Protection Act (DPA) and General Data Protection Regulation (GDPR). Any searches, provision or receipt of information of or under NR3 are necessary to the authority's statutory licensing functions of ensuring that all drivers are fit and proper to hold the applicable licence. It is not intended that any NR3 data will be transferred out of the United Kingdom.

If you wish to raise any issue related to the data protection legislation, including by relying on any of the rights afforded to data subjects under the GDPR, you can do so to the authority's Data Protection Officer at [dataprotectionofficer@southderbyshire.gov.uk](mailto:dataprotectionofficer@southderbyshire.gov.uk) This includes submitting a subject access request.

You always have the right to make a complaint to the Information Commissioner's Office (ICO). Advice on how to raise a concern about handling of data can be found on the ICO's website: <https://ico.org.uk/make-a-complaint/>

Amended: 10/08/2022







**South  
Derbyshire  
District Council**

**EYE-SIGHT TEST CERTIFICATE**

**Name of applicant** .....

**Address** .....

.....

**Date of Birth** .....

**NOTES**

1. This certificate is for the confidential use of the Licensing Authority. Once complete, please return the completed form to the applicant who will submit the form to the Licensing Authority. Any fee charged is payable direct by the applicant to the Optician.
2. The visual acuity, as measured by the 6 metre Snellen chart, must be at least 6/7.5 (decimal Snellen equivalent 0.8) in the better eye and at least Snellen 6/60 (decimal Snellen equivalent 0.1) in the other eye. Corrective lenses may be worn to achieve this standard. A LogMAR reading is acceptable.

	<b>REPLY TO BE WRITTEN IN THIS COLUMN</b>
1. Date of Test:	
2. Please confirm the scale you are using to express the driver's visual acuities (Snellen, Snellen expressed as a decimal or LogMar):	
3. Please state the visual acuity of each eye. Please convert any 3 metre readings to the 6 metre equivalent.  Vision unaided  Vision with correction (if required)	R=                      L=  R=                      L=
4. Please give the best binocular acuity (with corrective lenses if worn for driving)	
5. If glasses are worn, was the distance spectacle prescription of either lens used of a corrective power greater than plus 8 (+8) diopters?	Yes / No / Not applicable

6. If correction is worn for driving, is it well tolerated?	Yes / No / Not applicable
7. Is there a history of any medical condition that may affect the applicant's binocular field of vision (central and/or peripheral)? If yes, please provide full details.	Yes / No
8. Is there diplopia? If yes, is it controlled? If yes, please provide full details.	Yes / No Yes / No
9. Is there any reason to believe that there is impairment of contrast sensitivity or intolerance to glare?	Yes / No
10. Does the applicant have any other ophthalmic condition?	Yes / No
11. Does the eye test reveal any other medical condition that warrants referral to a GP or specialist such as may impair the applicant's ability to drive?	Yes / No
12. Do you consider further examination necessary/ If so, in what time period?	

I certify that I .....

have this day examined .....

and that the answers to the foregoing questions are correct to the best of my knowledge and belief, and I consider the applicant's acuity of vision to be **satisfactory/unsatisfactory\*** for the purpose of driving a private hire vehicle.

Signature of qualified Ophthalmic Optician .....

Printed name.....

GOC, HPC or GMC number.....

Address .....

.....

Date .....

\*Delete as necessary

If you have any queries relating to the completion of this certificate please contact the Licensing Section of South Derbyshire District Council. **Tel: (01283) 595890/595724.**

MEDICAL DECLARATION

I, .....

confirm that since my eye test examination, I am still fit to perform the duties of a private hire driver. To my knowledge, I have not developed any eye defects that may affect my ability to drive a private hire vehicle. I confirm that any correction prescribed by the Optician will be worn if necessary.

Signed ..... Date .....





**South  
Derbyshire  
District Council**

**MEDICAL CERTIFICATE FOR PRIVATE HIRE DRIVER'S LICENCE**

**Name of applicant**.....

**Address**.....

**Date of Birth**.....

**NOTES**

1. This certificate is for the confidential use of the Licensing Authority. Once complete, please return the form to the applicant who will submit to the Licensing Authority. Any fee charged is payable direct by the applicant to the medical practitioner.
2. Please note that insulin-dependant diabetics are not de-barred from holding a Private Hire Driver's licence provided the medical practitioner considers that the individual can comply with the DVLA C1 exemption rules listed below, and indicates that the individual is fit to drive a Private Hire vehicle. Applicants will be asked to provide evidence that their insurers are aware of their condition and are prepared to cover the risk.
  - You have had no hypoglycaemic event requiring the help of another person in the last 12 months.
  - You must have full awareness of the symptoms of hypoglycaemia.
  - You must be able to show an understanding of the risks of hypoglycaemia and the necessary precautions for safe driving.
  - You must regularly check your blood sugar/glucose levels at least twice daily, even on non-driving days and within 2 hours of the start of the first journey and every 2 hours while driving. This must be done using a blood sugar/glucose meter with a memory function to measure and record blood glucose levels.
  - You must keep a fast acting carbohydrate within reach when driving.
  - You will be required to attend an examination every 12 months with an independent consultant specialising in the treatment of diabetes.
  - You must have at least 3 months of blood sugar/glucose readings available on the memory of your blood sugar/glucose meter for the consultant to inspect. These readings must have been taken whilst treated with insulin.
  - You must have no other debarring medical condition which would make you a danger when driving.
  - You will be required to sign an agreement to comply with the directions of doctors treating your diabetes and immediately report any significant change to your condition to the DVLA.
  - You develop any problems with the circulation or sensation in your legs or feet which makes it necessary for you to drive certain types of vehicles only, for example automatic vehicles, or vehicles with a hand operated accelerator or brake. This must be shown on your driving licence.

	REPLY TO BE WRITTEN IN THIS COLUMN
Has the applicant had any form of seizure?  If yes, please provide details of number of attacks, dates, medication, treatment end date, details of any brain scan, report of any EEG.	Yes / No
Is there a history of blackout or impaired consciousness within the last 5 years?  If yes, please provide dates and details.	Yes / No

<p>Does the applicant suffer from narcolepsy or cataplexy?</p> <p>If yes, please provide dates and details</p>	<p>Yes / No</p>
<p>Is there a history of, or evidence of any of the following conditions?</p> <p>If yes, please provide full details and supply relevant reports.</p> <ul style="list-style-type: none"> <li>a) Stroke or TIA;</li> <li>b) Sudden and disabling dizziness/vertigo within the last year with a liability to recur;</li> <li>c) Subarachnoid haemorrhage;</li> <li>d) Serious traumatic brain injury within the last 10 years;</li> <li>e) Any form of brain tumour;</li> <li>f) Other brain surgery or abnormality;</li> <li>g) Chronic neurological disorders;</li> <li>h) Parkinson's disease.</li> </ul>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
<p>Does the applicant have diabetes mellitus?</p> <p>How is the diabetes mellitus treated?</p> <p>If treated by insulin, please provide the date started on insulin.</p> <p>Does the applicant comply with the DVLA C1 exemption listed at note 2?</p> <p>Is there evidence of loss of visual field and/or severe peripheral neuropathy sufficient to impair limb function for safe driving?</p> <p>If yes, please provide details.</p> <p>Has there been laser treatment or intra-vitreous treatment for retinopathy?</p> <p>If yes, please give details of treatment.</p>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
<p>Is there a history of, or evidence of, any of the following conditions?</p> <p>If yes, please provide full details including dates, period of stability, where appropriate, consumption and frequency of use and any relevant hospital notes.</p> <ul style="list-style-type: none"> <li>a) Significant psychiatric disorder within the past 6 months;</li> <li>b) Psychosis or hypomania/mania within the past 12 months, including psychotic depression;</li> <li>c) Dementia or cognitive impairment;</li> <li>d) Persistent alcohol misuse in the past 12 months;</li> <li>e) Alcohol dependence in the past 3 years;</li> <li>f) Persistent drug misuse in the past 12 months;</li> <li>g) Drug dependence in the past 3 years.</li> </ul>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
<p>Is there a history of, or evidence of any of the following?</p> <p>If yes, please provide full details and any relevant reports.</p> <ul style="list-style-type: none"> <li>a) Coronary artery disease;</li> <li>b) Cardiac arrhythmia;</li> <li>c) Peripheral arterial disease (excluding Buerger's</li> </ul>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>

<p>disease);</p> <p>d) Aortic aneurysm/dissection;</p> <p>e) Valvular/congenital heart disease;</p> <p>f) Heart failure;</p> <p>g) Established cardiomyopathy;</p> <p>h) Left ventricular assist device implanted;</p> <p>i) Heart or heart/lung transplant;</p> <p>j) Untreated atrial myxoma;</p> <p>k) Brugada syndrome;</p> <p>l) Long QT syndrome.</p>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
<p>Has any of the following been undertaken or planned?</p> <p>If yes, please provide details and the relevant reports.</p> <p>a) Resting ECG;</p> <p>b) Exercise ECG;</p> <p>c) Echocardiogram;</p> <p>d) Coronary angiogram;</p> <p>e) 24 hour ECG tape;</p> <p>f) Myocardial perfusion scan or stress echo study.</p>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
<p>Please provide today's best resting blood pressure reading.</p> <p>Is the applicant on anti-hypertensive treatment?</p> <p>If yes, please provide previous 3 readings with dates.</p> <p>Are the blood pressure readings - both systolic and diastolic - normal, having regard to the applicant's age?</p> <p>Is there a history of malignant hypertension?</p> <p>If yes, please provide full details including date of diagnosis and any treatment, etc.</p>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
<p>Is there currently any functional impairment that is likely to affect the control of the vehicle?</p>	<p>Yes / No</p>
<p>Is there a history of bronchogenic carcinoma or other malignant tumour with a significant liability to metastasise cerebrally?</p>	<p>Yes / No</p>
<p>Is there any illness that may cause significant fatigue or cachexia that affects safe driving?</p>	<p>Yes / No</p>
<p>Is the applicant profoundly deaf?</p> <p>If yes, do you consider that it would interfere with the efficient performance of the applicant's duties as a private hire driver?</p>	<p>Yes / No</p>
<p>Does the applicant have a history of liver disease of any origin?</p>	<p>Yes / No</p>

Is there a history of renal failure?	Yes / No
Is there a history of, or evidence of, obstructive sleep apnoea syndrome or any other medical condition causing excessive sleepiness?  If yes, please indicate the severity, date of diagnosis, is it controlled successfully, details of any treatment and the applicant's compliance with the treatment and period	Yes / No
Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia?	Yes / No
Does any medication currently taken cause the applicant side effects that could affect safe driving?  If yes, please provide details of medication and symptoms.	Yes / No
Does the applicant have an ophthalmic condition?	Yes / No
Is the applicant profoundly deaf?  If yes, is the applicant able to communicate in the event of an emergency by speech or by using a device e.g. a text phone?	Yes / No
Does the applicant have a history of liver disease of any origin?	Yes / No
Does the applicant have any other medical condition that could affect safe driving?	Yes / No
Is the applicant in your opinion, generally fit as regards  <ul style="list-style-type: none"> <li>• bodily health</li> <li>• temperament, for the duties of a private hire driver?</li> </ul>	Yes / No
Is there any abnormality present that is not included in the above questions?	Yes / No
Do you consider further examination necessary? Is so, in what period of time?	Yes / No

I certify that I.....

have this day examined.....

and that the answers to the foregoing questions are correct to the best of my knowledge and belief.

I confirm that, at the time of the appointment, the applicant meets the relevant DVLA Group 2 medical standards for vocational drivers.



Signature of qualified and registered Medical Practitioner.....

Printed name.....

GMC Registration Number.....

Address.....

.....

Phone Number.....

Email address.....

Date.....

If you have any queries relating to the completion of this certificate please contact the Licensing Section of South Derbyshire District Council. **Tel: (01283) 595724/595890**

**MEDICAL DECLARATION**

I,.....

confirm that since my medical examination, I am still fit to perform the duties of a Private Hire driver. To my knowledge, I have not developed any medical condition that may affect my ability to drive a Private Hire vehicle.

Signed ..... Date .....

