

Vehicle (Plate) Transfer (Putting a plated vehicle into your own name)

SECTION 1 Licence requirements

<p>1.1 What type of licence are you applying for:</p>	<p><input type="checkbox"/> Hackney Carriage</p> <p><input type="checkbox"/> Private Hire</p>
<p>1.2 Licence details: Registration number:</p> <p>Plate number:</p> <p>Expiry date:</p>	<p>.....</p> <p>.....</p> <p>.....</p>

SECTION 2 Previous licence holder details

<p>2.1 Title:</p> <p>Surname:</p> <p>Forenames:</p> <p>Badge number:</p>	<p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/></p> <p>If 'other' please state:</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>2.2 Address:</p> <p>First line of address:</p> <p>Line 2:</p> <p>Line 3:</p> <p>Town/City:</p> <p>Postcode:</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

SECTION 3 Applicant details

<p>3.1 Title:</p> <p>Surname:</p> <p>Forenames:</p> <p>Please state any other names you have previously been known by:</p> <p>I am 18 years old or over (please tick):</p> <p>Date of Birth:</p> <p>Badge number:</p> <p>National Insurance number:</p>	<p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/></p> <p>If 'other' please state:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>3.2 Address:</p> <p>First line of address:</p> <p>Line 2:</p> <p>Line 3:</p> <p>Town/City:</p> <p>Postcode:</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>3.3 Contact Details: (This will be the number we will call to make payment so you must have access to this number during office hours)</p> <p>Telephone number:</p> <p>Mobile number:</p>	<p>.....</p> <p>.....</p>
<p>3.4 Email address: (This is how we will contact you if we need to check or send any documents)</p>	<p>.....</p>

SECTION 4 Operator details

<p>4.1 Name of Private Hire Operator and Call Sign:</p> <p>Name:</p> <p>Call Sign:</p>	<p>.....</p> <p>.....</p>
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SECTION 5 Vehicle owner / user

<p>5.1 Is the vehicle registered in your own name:</p>	<p>.....</p> <p>If 'no', please provide details:</p> <p>.....</p>
<p>5.2 Is the vehicle owned by a limited company:</p>	<p>.....</p> <p>If 'yes', please provide details:</p> <p>.....</p>
<p>5.3 Is the vehicle licensed by any other authority:</p>	<p>.....</p> <p>If 'yes', please provide details:</p> <p>.....</p> <p>(If yes you will need to surrender this licence and bring in proof of this before it can be licensed)</p>

<p>5.4 Will the vehicle be used by any other driver:</p> <p>.....</p> <p>If 'yes', please provide details: (Please continue a separate page if necessary and submit with your application)</p> <p>Name:</p> <p>Address:</p> <p>Badge number:</p> <p>Name:</p> <p>Address:</p> <p>Badge number:</p> <p>Name:</p> <p>Address:</p> <p>Badge number:</p>	<p>.....</p> <p>If 'yes', please provide details: (Please continue a separate page if necessary and submit with your application)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>5.5 Will the vehicle be kept at your home address:</p> <p>.....</p>	<p>.....</p> <p>If 'no', please provide location:</p> <p>.....</p>
<p>5.6 Do you have any other vehicles licensed in your name:</p> <p>.....</p> <p>Name of Council:</p> <p>Plate number:</p> <p>Name of Council:</p> <p>Plate number:</p> <p>Name of Council:</p> <p>Plate number:</p>	<p>.....</p> <p>If 'yes', please provide details: (Please continue a separate page if necessary and submit with your application)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

SECTION 6 Checklist

<p>6.1 I confirm that I have uploaded / attached the following documents required with my application:</p> <ul style="list-style-type: none">- Insurance certificate:- Log book V5 / V55:- MOT and inspection sheet:- Operators form:- Meter test certificate (if applicable)	<p>(Please tick yes)</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
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SECTION 7 Declaration

Please read the following declaration carefully, **DO NOT** submit this form if any part of the following declaration is not true.

By submitting this application form I confirm the information I have supplied above and, in any attachments, or additional documents supplied in support of this application, is true to the best of my knowledge and belief. I understand I may be prosecuted if I make a false statement or omit any relevant information in the completion of this application. I am the person named above and I have either completed the application myself or have satisfied myself the information submitted on my behalf is accurate. I confirm my status and circumstances remain as previously reported, other than where changes have been notified as part of this application.

Ticking this box indicates you have read and understood the above declaration

Print Name:

Date:

The information you provide is confidential and subject to the requirements of the Data Protection Act 2018. This personal data will be held and processed by Birmingham City Council for the purpose(s) of ensuring compliance with legislative requirements. The personal details you provide may also be shared as part of any statutory duties requiring such disclosures and to protect the public funds it collects and administers. Any data may be used to prevent fraud or the misuse of resources. For further information visit our [privacy notice](#) page.