

Wheelchair Accessible Vehicle (WAV)

HACKNEY CARRIAGE / PRIVATE HIRE VEHICLE LICENCE INFORMATION

## Please complete this additional form along with completing the application for your Hackney Carriage / Private Hire vehicle Licence. This information should help to ensure that your application is dealt with and processed as soon as possible. Standard processing times once all evidence and correct payment has been received is 14 days.

Completing the form

Please read the form carefully and answer all questions. The application may not be processed if questions are not answered. Additionally, the form contains a declaration at the end and it is important that you read this carefully before signing.

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| --- | --- | --- | --- |
| Does the vehicle have a mechanical tail lift fitted? Please provide a current LOLER certificate and details below. | | Yes | No |
| Does the vehicle have suitable ramps for a wheelchair user? Which have a secure and safe place to be stored when they are not being used | | Yes | No |
| Does the vehicle have one door entrance designed and constructed to help elderly and disabled passengers get in and out of the vehicle and contain grab handles or rails suitably located to help elderly and disabled passengers? | | Yes | No |
| Have any modifications been made to the vehicle since manufacture? | | Yes | No |
| If yes, please provide details: |  | | |

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| --- | --- | --- | --- |
| **5. Declaration** | | | |
| I am aware that it is an offence to knowingly or recklessly make a false statement or omit any required information in this form. I understand that a false statement may render me liable to prosecution and / or affect the consideration of this application.  I have checked the answers given in this application and to the best of my knowledge and belief they are correct.  I have read and understood the licence conditions that will be attached to the licence.  In the event of a licence being granted I undertake to observe and abide by the conditions applicable to the licence at all times.  Information disclosed on this form may be revealed to other agencies and bodies for the purpose of preventing or detecting crimes. | | | |
| Signature |  | Date |  |

*Please note: This Authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of crime. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.*