

**East Renfrewshire Council Civic Government (Scotland) Act 1982
Application to change a vehicle in a Private Hire Car Driver or Taxi Driver Licence**

License No (Please complete last 3 digits)			
Private Hire Car (PHC)			
Taxi Licence (TL)			

Details of Licence Holder										
Title	Mr	Mrs	Ms	Others:	Delete as appropriate					
First Name										
Surname										
Address & Postcode										
Contact Number										
Email Address										
Date of Birth										Eg: DD/MM/YYYY
Place of Birth										

Company Details	
Company Name	
Address & Postcode	
Company Registration Number	
Contact Number	
Email Address	

Right to Work in the UK																			
Have you lived in the UK for a period of less than 5 Years?	Yes		No																
Do you have the right to work in the UK?	Yes		No		(If No, please refer to guidelines)														
If Yes, Biometric Residence card or Permit number:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																		
Valid From									Eg: DD/MM/YYYY										
Valid To									Eg: DD/MM/YYYY										
Home Office Share Code (Case Sensitive)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																		

Details of Existing Vehicle									
Registration Number									
Number of passenger seats (Excluding Driver)									
Vehicle Make									
Vehicle Model									
Vehicle Style (Delete as appropriate)	Saloon	Estate	MPV	Others:					
Vehicle Colour									
Emission Type (Delete as appropriate)	Diesel	Petrol	Hybrid	Electric	Others:				
Date Vehicle first registered									Eg: DD/MM/YYYY
Was the vehicle be metered	Yes		No						
MOT Expiry Date									Eg: DD/MM/YYYY
Insurance Expiry Date									Eg: DD/MM/YYYY
Vehicle Inspection Pass Certificate date									Eg: DD/MM/YYYY
Has the vehicle been involved in an accident?	Yes		No						
Will the vehicle be reverting back?	Yes		No						
Address & Postcode (where the vehicle is kept)									
Will the vehicle be Wheelchair accessible	Yes		No	(If Yes, complete section below)					
Booking Office Details for Wheelchair Accessible Vehicles (WAV)									
Name & Address									

Details of Replacement Vehicle									
Registration Number									
Number of passenger seats (Excluding Driver)									
Vehicle Make									
Vehicle Model									
Vehicle Style (Delete as appropriate)	Saloon	Estate	MPV	Others:					
Vehicle Colour									
Emission Type (Delete as appropriate)	Diesel	Petrol	Hybrid	Electric	Others:				
Date Vehicle first registered									Eg: DD/MM/YYYY
Will the vehicle be metered	Yes		No						
MOT Expiry Date									Eg: DD/MM/YYYY
Insurance Expiry Date									Eg: DD/MM/YYYY
Vehicle Inspection Pass Certificate date									Eg: DD/MM/YYYY
Address & Postcode (where the vehicle is kept)									
Do you require approval for advertising?	Yes		No	(If Yes, complete request form)					
Are you the owner of the replacement vehicle?	Yes		No	(If No, Complete section below)					
Name & Address of owner of vehicle									
Are you the registered keeper of the replacement vehicle?	Yes		No	(If No, Complete section below)					
Name & Address of registered keeper									
Will the vehicle be Wheelchair accessible	Yes		No	(If Yes, complete section below)					
Booking Office Details for Wheelchair Accessible Vehicles (WAV)									
Name & Address									

Checklist (Please tick box for all supporting documents submitted)	
Receipt of payment	<input type="checkbox"/>
V5 (All Pages)	<input type="checkbox"/>
Bill of Sale (If Applicable)	<input type="checkbox"/>
MOT Pass Certificate	<input type="checkbox"/>
Vehicle Inspection Pass Certificate	<input type="checkbox"/>
Vehicle Insurance Certificate or Cover note for replacement vehicle	<input type="checkbox"/>
Existing Private Hire or Taxi Licence returned to Council	<input type="checkbox"/>
Existing Private Hire or Taxi Licence Plates returned to Council	<input type="checkbox"/>
Biometric Card (Front & Back) (If Applicable)	<input type="checkbox"/>
Home Office Check Code (Printed Document) - (If Applicable)	<input type="checkbox"/>
Certificate of Good Conduct (if applicable)	<input type="checkbox"/>

We want you to trust that your information is in safe hands, and that starts with helping you understand why we ask for data about you and how we manage it.

Read our privacy notice found at: <https://www.eastrenfrewshire.gov.uk/licensing-privacy-notice> for more information, alternatively you would like to access this in a different format, please contact: Chief Executives Business Unit, Licensing, Council HQ, Rouken Glen Road, Giffnock, G46 6UG

The owner and/or registered keeper must sign this application as well to indicate that they give authority for this substitution.

I declare that the particulars given by me on this form are true and I hereby make application to East Renfrewshire Council for the change of vehicle licence applied for:

Signature of Licence Holder	
Name (Block Capitals)	
Signature	
Date	

Signature of Owner	
Name (Block Capitals)	
Signature	
Date	

Signature of Keeper	
Name (Block Capitals)	
Signature	
Date	

OFFICIAL USE										
Relevant documents submitted?					Yes				No	
Proof of payment submitted?					Yes				No	
Date Received									Eg: DD/MM/YYYY	
Date Processed									Eg: DD/MM/YYYY	
Badge Granted									Eg: DD/MM/YYYY	

OFFICIAL USE BY CIVIC GOVERNMENT ENFORCEMENT OFFICER

Vehicle involved in Accident						
If the vehicle has been involved in an accident and substitution being carried out is reverting back to licensee's original car, vehicle will require to be inspected by the Civic Government Enforcement Office.						
I can confirm I have inspected the vehicle and it does not require further inspection		Yes		No		(If No, complete section below)
Does the vehicle need to be booked into ERC Vehicle Inspection Centre		Yes		No		

Signature of Civic Government Enforcement Officer	
Name (Block Capitals)	
Signature	
Date	