

HACKNEY CARRIAGE/PRIVATE HIRE - CHANGE OF OWNER

Data Protection

The information that you have provided on this form will be used by the Council to determine your eligibility for a Private Hire/Hackney Carriage Driver's Licence. The Council may also contact other Local Authorities and agencies in order to clarify **and share** information that you have provided and/or obtain additional information that will assist it in determining your eligibility for a Private Hire/Hackney Carriage Driver's Licence. If you would like further information on how the Council will use your information please contact 0121 704 6830.

Your information may also be shared with other council services and partner organisations to ensure our records are kept accurate and to help us to identify services or benefits you may be entitled to or interested in. We may also need to share your information for the prevention and detection of fraud and/or other crimes or as the law requires. For further information about how we use your information please refer to the Council's Privacy Statement on www.solihull.gov.uk or contact licensing@solihull.gov.uk

To be completed in **BLOCK CAPITALS**. Applicants will be required to produce a valid certificate of insurance in support of this application. The licence fee should be returned with this completed form.

1. APPLICANT

Surname (in full)	Forenames (in full)	Date of Birth	Badge No

Permanent HOME Address (in full)

Operator	
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2. VENDOR (PERSON SELLING THE CAR)

Surname (in full)	Forenames (in full)

Permanent HOME Address (in full)

3. VEHICLE

Plate No.	Make	Model	Colour	Registration No.

4. DECLARATION

I declare that the information given above is true to the best of my knowledge and that I have not wilfully omitted any necessary material. I understand that if there are wilful omissions, or incorrect statements made, my application may be refused without further consideration, or if a licence has been issued, it may be liable to immediate suspension and subsequent revocation. To prevent offences Solihull Metropolitan Borough Council may share information with your insurance company.

N.B. A false statement may render an applicant liable to prosecution.

Signature of Buyer _____ Signature of Vendor _____

Date _____

By signing this form you agree to the Council if necessary contacting other organisations and both disclosing and collecting information from them in respect of this application. The information supplied by you may be shared with other Departments within Solihull MBC or other external agencies and organisations for the purposes of preventing and detecting fraud/crime.