

Details of Transport Manager to be named on a standard licence

To be completed by nominated transport manager and returned to the Central Licensing Office (CLO) by the applicant for a licence

Data Protection

The personal information you provide on this form will be used for the purposes of VOSA's statutory functions. It will not be disclosed to other organisations unless required or permitted by law. For further information, visit our Information Charter available from VOSA's website: www.dft.gov.uk/vosa

A Transport Manager is defined in the operator licensing legislation as:

'an individual who is in, or who is engaged to enter into the employment of the holder of a standard licence and who, either alone or jointly with one or more other persons, has continuous and effective responsibility for the management of the transport operations of the business in so far as they relate to the carriage of goods'.

1. Name of applicant for licence or licence holder

Type of Licence: (please tick box)

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National	
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International	
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Operating Licence No.

2. Your Name (in full)

Date of birth

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3. Your home address

Postcode

4. State which operating centre(s) you are responsible for

(Please continue on a separate sheet if necessary)

5. Address of place of work

(If not the same as operating centre(s) you are responsible for)

Postcode

6. Please state how many hours per week you will be contracted to work for the applicant/licence holder in the capacity as Transport Manager?

Hours

Days (Please specify on which days the hours will be worked)

7. Are you the holder of/or an applicant for an operator's licence or the Transport Manager on any other licence? (Please tick the appropriate box)

Yes

☐

No

☐

(If no go to question 9)

8. List any other licences and/or licence applications where you are the nominated Transport Manager and/or are the licence holder.

(Please continue on a separate sheet if necessary)

Licence number	Transport Manager or Licence Holder	Number of Vehicles/ Trailers Authorised	Operating Centre Address you are responsible for	Hours worked per week for that licence

9. List ALL other permanent or regular employment (include self-employment and non operator licensing related employment)

Name and address of employer	Position held	Hours and days of work

10. Please state your evidence of professional competence

Please tick the appropriate box

Grandfather Rights (GV203 form)	
Certificate of Professional Competence by examination	
Other recognised professional qualification (please state which)	

11. Convictions

Have you been convicted of **any** notifiable offences, which under the terms of the Rehabilitation of Offenders Act 1974, are not spent?

Yes

☐

No

☐

If **YES**, please complete the box below

Date of conviction	Offence	Name of court	Penalty

12. Have you had **ANY** association in the past with any licence that has been:

Yes

No

Revoked

☐☐

Curtailed

☐☐

Suspended

☐☐

If **YES** give the licence number and the name and address of the licence holder.

Licence Number	Name and address (Including postcode)

13. Declarations (to be signed by you and the applicant for a licence/or the licence holder)

Transport Manager's declaration:

I understand that my responsibilities include:

- The making of arrangements to ensure that drivers comply with hours and tachograph rules and with speed limits
- The maintenance of the applicant's vehicles, including the inspection of vehicles at the appropriate time and the action taken to remedy defects found.
- The reporting and recording of vehicle defects by drivers.
- The method of compilation and the accuracy of all records kept, which must be for a period of not less than 15 months.
- The making of arrangements to ensure that the applicant's vehicle/s are not overloaded.
- Ensuring that authorised vehicles will be kept at the authorised Operating Centre(s) when not in use.
- Notifying the relevant Traffic Commissioner of my resignation.

Signature of Transport Manager

Date

Declaration by the applicant for the licence or the licence holder

I confirm that to the best of my knowledge and belief the details given in this form are correct.

Signature of applicant for the licence

Date

Position in business:

This form should now be returned to the CLO, together with the original Certificates of Professional Competence or evidence of qualification giving exemption and a copy of the contract of employment with the applicant.