Application for a Goods Vehicle Operator's Licence



Traffic Area Office use only			slink.gov.uk/transport iiry No: 0300 123 9000
Note: it is an offence	to give false	information i	n this application
Guidance on completing th	is application fo	orm:	
The attached guidance notes "G need to read the guidance note This application form and more the VOSA web site (www.busine the number at the top of this for	on each question on each question of comprehensive guesslink.gov.uk/trans	so that you comp uides for HGV op	plete the form correctly. erators are available on
Please complete all relevan separate sheet if necessary		s form in capit	tals and continue on a
Data Protection information you profunctions. It will not be disclosed to further information, visit our Information	o other organisations	unless required o	r permitted by law. For
1. What type of licence do you v	vant? (See note 01	of GV79G) Please	e tick the relevant box below.
Standard Nation	onal		
Standard Inter	rnational		
Restricted			
2. Details of who is applying for	a licence		
(a) If the licence is to be in the nan		any or a public au	thority, give the name below:
(b) If the licence is to be held in the details of the person or all partners		dual person or a p	artnership, please provide
Family name	First name(s) (in	full)	Date of birth
(Please continue on a separate sh	neet if necessary)		<u> </u>
(c) Trading name if different from r	name of licence hold	der given at 2(a) o	r 2(b)

(a) Address for correspondence ((where we can co	entact you)	
			Postcode:
E-mail address:			
(b) Telephone numbers we can u	se if we need to	contact you reg	arding your application.
Business:		Mobile:	
Home:		Fax:	
Yes	No		mail address, do you agree to this?
4. Only complete this question	if you are a limi	ted company	
(a) Company details:			
Company registration number			
Registered office address			
		Pos	stcode
(b) List all directors of company			
Family name	First name(s) (in full)	Date of Birth

(c) Give names of any subsidiary compa	anies you v	wish to be included on the licence.
Company name		Company number
Registered Address		
_		Postcode
Please continue on separate sheet if ne	ecessary)	
5. To be completed by limited liability	partnersl	hips only
a) Please supply the registration number		
ay i lease supply the registration number		
b) Please supply the name & registered	d office add	lress of members of the limited liability partnership
Name(s)	Address	3
		Postcode
		Postcode
	-	
		Postcode
Please continue on a separate sheet if	necessary	r)
6. What is your main trade or busines	ss? (See n	ote 03 of GV79G)
7. Information needed on existing or application(s) made for a licence by a transport managers)	•	operator licences held, or previous se people listed in this application (including
		s application already hold a goods vehicle or affic area, or have you or they held one in the past
Yes No		

(If No go to question 8a)			
(b) If YES, please complete the b	ox below:		
Licence no.		Name of Licen	ce Holder
(c) Will any of these licences be s	surrendered if this	s application is gr	ranted?
Yes No	o		
(If No go to question 8(a))			
(d) Please give the licence number	er(s) that will be	surrendered	
8. Previous licence refusal or d (a) Have you; anyone named in the application as a director or majorite refused or had a licence revoked, appropriate)	his application; o	r any company w ver had an applic	cation for an operator's licence
Application REFUS	SED Lic	ence REVOKED	/SUSPENDED/CURTAILED
Yes N	o 🗌	Yes	No
(If you have answered NO to both	n parts of this que	estion, please go	to question 9)
(b) Please provide the licence nu	mber(s) and deta	ils below	
Licence or application Number	Licence Holde	r/applicant	Date and Details of decision
(c) Please complete the following disqualified from holding an operation	•	•	
Traffic Area Office		Date and Leng	th of Disqualification

Nu	mber of Vehicles	Number of T	railers			
Only fo	r applicants applyi	ng for a Stand	dard Internat	ional licence) (See Note 0	4 of GV79
	ate the number of voto carry a certified co	•			•	
fully as	ng Centre(s) (See n failure to advertis sult in refusal of yo	e details of yo	our application	on correctly i	in accordanc	
	necessary, please rextra centre you wis	•	parate sheet	the informat	ion requeste	d below
ouon o	And coming you mi					
Vhere w	rill the vehicles be pa	arked when the	ev are not in ı	ıse?		
			.,	· - - -		
	Address	Postcode	Number of Vehicles	Number of Trailers	No of Available Parking Spaces	*Is the Operatir Centre owned of leased by you? (Year
	Address	Postcode		of	Available Parking	Operatir Centre owned o leased by
	Address	Postcode		of	Available Parking	Operatir Centre owned o leased by
	Address	Postcode		of	Available Parking	Operatir Centre owned of leased by
	Address	Postcode		of	Available Parking	Operatir Centre owned o leased by
	Address	Postcode		of	Available Parking	Operatir Centre owned o leased by
	Address	Postcode		of	Available Parking	Operating Centre owned of leased by you? (You
	Address	Postcode		of	Available Parking	Operatir Centre owned o leased by
	Address ver is NO, please se		Vehicles	of	Available Parking	Operatir Centre owned o leased by
ne answ		ee note 05 of	Vehicles GV79G	of Trailers	Available Parking Spaces	Operatir Centre owned of leased k you? (You or No)

If YES, please list their names, operating centre (and if known, their licence number) below Licence No. **Operating Centre Address (including** Name postcode) **11. Vehicles** (See note 06 of GV79G) Registration marks of the vehicles you want to operate if the licence is granted. Vehicle **Gross Plated Body Type** Vehicle **Gross Plated Body Type** Registration Weight Registration Weight Mark Mark 12. Professional Competence. To be completed by Standard Licence applicants only (See note 07 of GV79G) List the holders of a certificate of professional competence (or an equivalent qualification) who will enable you to meet the legal requirements of professional competence for holding a standard licence. If the person(s) is employed by you to meet the requirement he/she will be the Transport Manager (TM) for the licence. (Where you have requested more than one operating centre and named more than one TM, please indicate which TM will be responsible for each operating centre)

Family name	First name(s) (in full)	Date of Birth	Address (including postcode) of Operating Centre(s) they are responsible for

13. Maintaining Road Worthiness of Vehicles and Trailers; (See note 08 of GV79G)

(a) Maintenance

We need the name and address of the person(s) responsible for undertaking the maintenance of your vehicle(s). Please also say whether it is you, an employee, or an external contractor.

Family Name	First name(s) (in full)	Address	Postcode	Operator/ Employee/ External contractor
Please state below t	the level of experience	ce and/or qualifications of th	ne person(s)	named above.

(b) Safety Inspections

We need the name and address of the person(s) responsible for undertaking safety inspections on your vehicle(s). Please also say whether it is you, an employee, or an external contractor.

Family Name	First name(s) (in full)	Address	Postcode	Operator/ Employee/ External contractor

Please give below the	evel of expe	erience and/or qualific	ations of the persor	n(s) named.
Please give the proportrailers you intend to o		•	ween safety inspect	ions for vehicles and
Vehicles		Trailers		
14. Financial eviden	ce required i	n support of your a	oplication (See No	te 09 of GV79G)
Please tick the boxe (a) Are you or have you declared bankrupt or	ou or any of y	our partners or direct	• .	Yes No
(b) Are you, have you preceding 12 months		•		s time or within the
Liquida	ition, owing m	oney		
Receive	ership			
Adminis	stration			
(c) Have you, or have Trade & Industry from			•	The Department of
				Yes No
	Liquidators' o	r Receivers report an	d disqualification or	the box below and ders etc. Include details arate sheet if necessary.

15. Convictions (See	Note 10 of GV79G)			
(a) Have you; anybody any Company, which h been convicted of ANY Offenders Act 1974, ar	ad someone named notifiable conviction	d in this application	as a Director or ma	jority shareholder;
Yes	No			
If YES , please give full Transport Manager the				inst the nominated
Name (in full)	Date of conviction	Offence	Name of court	Penalty
(b) Have any of your e convictions recorded a 1974, are not spent? Yes If YES, please give full Transport Manager the	gainst them, which No details in the boxes	under the terms of t	the Rehabilitation of	Offenders Act
Name (in full)	Date of conviction	Offence	Name of court	Penalty

16. Undertakings and Declaration

The licensed operator, UNDERTAKES to make proper arrangements so that:

- The laws relating to the driving and operation of vehicles used under this licence are observed
- The rules on drivers' hours and tachographs are observed, proper records are kept and that these are made available on request.
- Vehicles and trailers are not overloaded;
- · Vehicles operate within speed limits;
- Vehicles and trailers, including hired vehicles and trailers, are kept in a fit and serviceable condition;
- Drivers report promptly any defects or symptoms of defects that could prevent the safe operation of vehicles and/or trailers, and that any defects are recorded in writing;
- Records are kept (for 15 months) of all driver reports which record defects, all safety
 inspections, routine maintenance and repairs to vehicles, and that these are made available
 on request;
- In respect of each operating centre specified, that the number of vehicles and the number of trailers kept there will not exceed the maximum numbers authorised at each operating centre (which will be noted on the licence);
- An unauthorised operating centre is not used in any traffic area;
- Furthermore, I will notify the Traffic Commissioner of any convictions against myself, or the company, business partner(s), the company directors, nominated transport manager/s named in this application, or employees or agents of the applicant for this licence and, if the licence is issued, convictions against the licence holder or employees or agents of the licence holder;
- I will, ensure that the Traffic Commissioner is notified within 28 days of any other changes, for example a change to the proposed maintenance arrangements; a change in the financial status of the licence holder [eg if placed in liquidation or receivership], or a change to Limited Company status or partnership, that might affect the licence, if issued.

I understand that the above undertakings will be recorded on the licence. Failure to comply with the conditions or undertakings recorded on the licence may result in the licence being revoked, suspended or curtailed. Failure to comply with conditions is a criminal offence.

Signed		Date	
Name in Block Letters			
Position in business (p	please tick relevant	box)	
Owner	Partner		
Director	Delegated	officer of a public autho	rity
Company Secretary			

17. Internit licence autilo	Tity (See Hote 11 of G	v <i>1</i> 9G)					
Do you wish to apply for a will let you to operate whils Such applications are cons be granted an interim licen	st you are waiting for a sidered individually on	a decisio	n on your	r applicat	tion for a	full licen	nce?
Yes	No						
18. Supporting Documen	ts (See Note 12 of G	V79G)					
 Application Fee (Note 13) The whole page of the newspaper(s) containing your advertisement(s) (Showing the name and date of the newspaper) (Note 05) Original certificates of professional competence or evidence of qualification giving exemption (Note 07) Completed form TM1 for any Transport Managers A signed maintenance agreement if this work is to be contracted out (Note 08) Documents to show access to funds including: Three months of bank statements and (where appropriate) a copy of any liquidator's or receiver's report and disqualification order (Note 09) Certificate of Incorporation (Registered Companies only) Authority to park vehicles at operating centre 							
19. Fees (See Note 13 of 0	GV79G)						
December details			- -	Vour	aradit a	ard detai	ilo will
Payment details If paying by debit/credit of Please tick relevant box	card please give card	d details	s below.	not be	e held for t	or longer the purpo collected	r than ose for
MasterCard	Visa Sv	witch/Ma	estro [_ !	Delta		
Name of cardholder (exactly as it appears on your card)	Card number	Star date	-	xpiry ate		number h/Maestr	o only)
Amount to be £							
charged to Card:		ĺ	Card sec	curity			
Signature of cardholder			number:	-			
			this will be	be displa e strip or	yed at the rev	y number he end of erse side t be enter	the . If so,



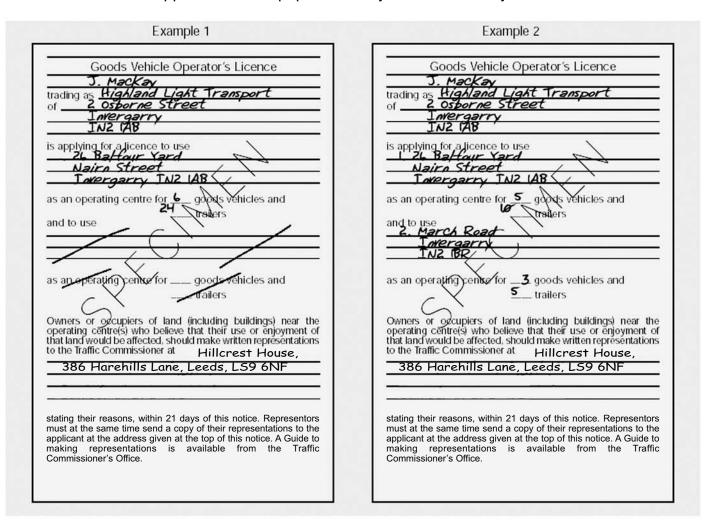
Advertisement



Read these notes carefully because you may not need to use all the advertisement shown overleaf. Make sure that you cross out the sections that you do not need.

Your application for an operator's licence must be advertised in a local newspaper(s) which is circulated in the locality of each operating centre included in this application. It is your responsibility to advertise. If you do not do this correctly you may face the extra cost and delay of having to re-advertise. You are advised to read the following advice carefully and consult your local traffic area office if you have any queries.

- Overleaf is a form that you can use for your advertisement.
- If you have to include details of more than two operating centres you may need to write out your advertisement on a fresh piece of paper.
- When you have filled in the form for the advertisement, tear along the dotted line and send it to a suitable local newspaper. There is a spare form in the "Guide for Operators" if you need it. Examples of completed advertisements are shown below.
- You must send the whole page including the full title of the newspaper, not a copy, of the Newspaper which contains your advertisement to the Traffic Area Office. If you wish to send your application form to the Traffic Area Office before you insert your advertisement you must send in the whole page containing the advertisement as soon as possible.
- Remember: An application must be advertised within 21 days (before or after) making the application. For example, if the application is received in the Traffic Area Office on 1 June, the advertisement must appear in a newspaper on a day between 11 May and 22 June.



Advertisement **Goods Vehicle Operator's Licence** Your name (as stated in Question 1) Your trading name (if any) including trading as _____ unit number where appropriate Your address (including postcode) (As stated in Question 3) Full postal address of operating is applying for licence to use centre including postcode. Enter the total number of vehicles as an operating centre for _____ goods vehicles and trailers which will be kept there. (As stated in Question 14) and _____ trailers If you have more than one and to use operating centre, number them ie No.1, No.2, etc and give the full address with postcode, and the number of vehicles and trailers to be kept at each centre. as an operating centre for _____ goods vehicles and _____ trailers In every case, you must Owners or occupiers of land (including buildings) finish the advertisement near the operating centre(s) who believe that their with this section use or enjoyment of that land would be affected, should make written representations to the Traffic Commissioner at Fill in the address of the Traffic Area Office to which you are sending your application form. (see Appendix 1 of the "Guide for Operators" for addresses) stating their reasons, within 21 days of this notice. Representors must at the same time send a copy of their representations to the applicant at the address Make sure you have

deleted any parts

which do not apply!

www.businesslink.gov.uk/transport

given at the top of this notice. A Guide to making

representations is available from the Traffic

Commissioner's Office.