# **Application for a Goods Vehicle Operator's Licence**



Traffic Area Office use only		Web address: www.businesslink.gov.uk/transport National Enquiry No: 0300 123 9000			
Note: it is an offence	to give false in	nformation i	n this application		
Guidance on completing th	is application for	m:			
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 so comprehensive gui esslink.gov.uk/trans	o that you comp des for HGV op	plete the form correctly. erators are available on		
Please complete all relevan separate sheet if necessary		form in capit	als 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	want? (See note 01 o	of GV79G) Please	e tick the relevant box below.		
Standard Nation	`	,			
Standard Inter	mational				
Restricted					
<ul><li>2. Details of who is applying for</li><li>(a) If the licence is to be in the nar</li></ul>		ny 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		ual person or a p	artnership, please provide		
Family name	First name(s) (in fu	ıll)	Date of birth		
(Please continue on a separate sh	l neet if necessary)				
(c) Trading name if different from	• ,	ar niven at 2(a) o	r 2(h)		
(o, mading name in different from t	TIGHTO OF HOUSE HOUSE	51 91VOIT at 2(a) 0	. 2(0)		

(a) Address for correspondence (	where we can co	ontact 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:	
Where possible, we would like to	communicate with	n you via your e	-mail address, do you agree to this
Yes	No		
4. Only complete this question	if you are a limi	ited 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		
(a) Flease supply the registration number	or your p	
(b) Please supply the name & registered	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	·)
6. What is your main trade or busines	s? (See n	ote 03 of GV79G)
7. Information needed on existing or papplication(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		

Number of Vehicles	Number of T	railers			
Only for applicants appl	ying for a Stand	dard Internati	onal licence	) (See Note 0	4 of GV79
se indicate the number of re you to carry a certified munity)	•			•	
Operating Centre(s) (See fully as failure to advert will result in refusal of	ise details of yo	our applicatio	on correctly i	in accordanc	
TE: If necessary, please each extra centre you v		parate sheet	the informat	ion requeste	d below
ouon oxuu oonuo <b>y</b> ou .					
Where will the vehicles be	parked when the	ev are not in u	se?		
		,			
Address	Postcode	Number of Vehicles	Number of Trailers	No of Available Parking Spaces	*Is the Operation Centre owned of leased by you? (You or No)
Address	Postcode		of	Available Parking	Operation Centre owned leased lyou? (Yes
Address	Postcode		of	Available Parking	Operation Centre owned leased by you? (You
Address	Postcode		of	Available Parking	Operation Centre owned leased by you? (You
Address	Postcode		of	Available Parking	Operation Centre owned leased by you? (You
Address	Postcode		of	Available Parking	Operating Centre owned of leased key you? (You
Address	Postcode		of	Available Parking	Operating Centre owned of leased key you? (You
Address	Postcode		of	Available Parking	Operation Centre owned leased lyou? (Yes
Address ne answer is NO, please		Vehicles	of	Available Parking	Operation Centre owned leased lyou? (Yes
	see note 05 of	Vehicles  GV79G	of Trailers	Available Parking Spaces	Operatin Centre owned of leased k you? (Your 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 level of experience and/or qualifications of the person	ı(s) named.
Please give the proposed maximum time (in weeks) between safety inspecti trailers you intend to operate under your licence.	ons for vehicles and
Vehicles Trailers	
14. Financial evidence required in support of your application (See Not	e 09 of GV79G)
Please tick the boxes below in answer to the following questions (a) Are you or have you or any of your partners or directors been declared bankrupt or had their estate sequestrated?	Yes No
<b>(b)</b> Are you, have you, or have any of your partners or directors either at this preceding 12 months been involved with a company that has gone into:	s time or within the
Liquidation, owing money	
Receivership	
Administration	
(c) Have you, or have any of your partners or directors been disqualified by Trade & Industry from acting as a director of a company?	The Department of
	Yes No
If you have answered <b>YES</b> to any part of question 14, please give details in provide copies of the Liquidators' or Receivers report and disqualification or of <b>any</b> operator's licence affected by such action. Please continue on a separate	ders etc. Include details

<b>15. Convictions</b> (See	Note 10 of GV79G)			
(a) Have you; anybody any Company, which h been convicted of ANY Offenders Act 1974, and	ad someone named notifiable conviction	d in this application	as a Director or maj	jority shareholder;
Yes	No No			
If <b>YES</b> , please give full Transport Manager the	details in the boxes			inst the nominated
Name (in full)	Date of conviction	Offence	Name of court	Penalty
(b) Have any of your e convictions recorded at 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 the case below (in the case	the Rehabilitation of e of convictions agai	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	blease tick relevant	box)		
Owner	Partner			
Director	Delegated	officer of a p	oublic authority	/
Company Secretary				

17. Interim licence author	17. Interim licence authority (see note 11 of GV79G)							
Do you wish to apply for a temporary [interim] licence, which, if granted and the required fee is paid, will let you to operate whilst you are waiting for a decision on your application for a full licence? Such applications are considered individually on their merits and you must not assume that you will be granted an interim licence.								
Yes No								
18. Supporting Document	s (See Note 12 of GV7	79G)						
<ul> <li>Application Fee (Note 13)</li> <li>The whole page of the newspaper(s) containing your advertisement(s) (Showing the name and date of the newspaper) (Note 05)</li> <li>Original certificates of professional competence or evidence of qualification giving exemption (Note 07)</li> <li>Completed form TM1 for any Transport Managers</li> <li>A signed maintenance agreement if this work is to be contracted out (Note 08)</li> <li>Documents to show access to funds including:         <ul> <li>Three months of bank statements and (where appropriate) a copy of any liquidator's or receiver's report and disqualification order (Note 09)</li> <li>Certificate of Incorporation (Registered Companies only)</li> <li>Authority to park vehicles at operating centre</li> </ul> </li> </ul>								
19. Fees (See Note 13 of C	3V79G)							
Payment details  If paying by debit/credit of Please tick relevant box	ard please give card	details	s below.	not b requi	e held f red for t	ard deta or longe the purpe collecte	r than ose for	
MasterCard	Visa Swit	tch/Ma	estro		Delta			
Name of cardholder (exactly as it appears on your card)	Card number	Star		Expiry late		number :h/Maesti	o only)	
Amount to be £			·		1			
charged to Card:			Card se	_				
Signature of cardholder								
If your card has a security number, this will be displayed at the end of the signature strip on the reverse side. If so, the last 3 characters must be entered						the . If so,		



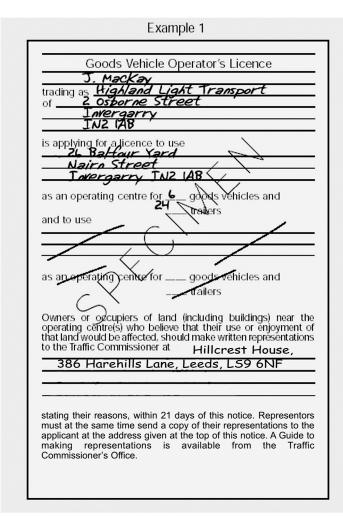
## **Advertisement**

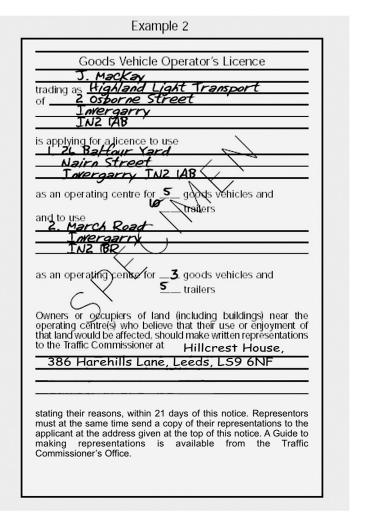


Read these notes carefully because you may not need to use all the advertisement shown overleaf. Make sure that you cross out the sections that you do not need.

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

X

Make sure you have deleted any parts which do not apply!

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 given at the top of this notice. A Guide to making representations is available from the Traffic Commissioner's Office.