Application for a Goods Vehicle Operator's Licence



verificie Operator s	Licence		Hallsport
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	n	formation in this application
Guidance on completing thi	s application for	rn	n:
need to read the guidance note of This application form and more	on each question so comprehensive gui sslink.gov.uk/trans	o id	when completing this form. You will that you complete the form correctly. les for HGV operators are available on ort) or you can get them by telephoning
Please complete all relevant separate sheet if necessary.		5	form in capitals and continue on a
functions. It will not be disclosed to	other organisations	uı	used for the purposes of VOSA's statutory nless required or permitted by law. For from VOSA's website: www.dft.gov.uk/vosa
1. What type of licence do you w	ant? (See note 01 c	of	GV79G) Please tick the relevant box below.
Standard Nation	onal		
Standard Intern	national		
Restricted			
2. Details of who is applying for (a) If the licence is to be in the name		an	y or a public authority, give the name below:
(b) If the licence is to be held in the details of the person or all partners		ua	al person or a partnership, please provide
Family name	First name(s) (in fu	ul	l) Date of birth
1			

(Please continue on a separate sheet if necessary)

(c) Trading name if different from name of licence holder given at 2(a) or 2(b)

(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

Company name		Company number
Registered Address		
		Postcode
(Please continue on separate	sheet if necessary)	
5. To be completed by limit	ed liability partner	ships only
(a) Please supply the registra		
(b) Please supply the name &	k registered office ac	ddress of members of the limited liability partnership
Name(s)	Addres	SS
		Postcode
		Postcode
		Postcode
(Please continue on a separa	ate sheet if necessa	ry)
6. What is your main trade	or business? (See	note 02 of GV79G)
		operator licences held, or previous ose people listed in this application (including
		nis application already hold a goods vehicle or traffic area, or have you or they held one in the past
Yes		

(If No go to question 8a)				
(b) If YES, please complete the b	oox below:			
Licence no.		Name of Licence 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	lisciplinary actio	n history		
application as a director or majori refused or had a licence revoked appropriate)	, suspended or co	urtailed in ANY tra	•	
Application REFUS				
Yes N		Yes	No	
(If you have answered NO to both			to question 9)	
(b) Please provide the licence nu	mber(s) and deta	nils 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	

	Number of Vehicles	Number of T	railers			
Onl	y for applicants apply	ng for a Stand	dard Internat	ional licence) (See Note 0	3 of GV790
ire y	indicate the number of v you to carry a certified on nity)	•				
full	erating Centre(s) (See rating Centre(s) (See rational section in refusal of years)	se details of yo	our application	on correctly i	in accordanc	
	: If necessary, please r ch extra centre you wi	•	parate sheet	the informat	ion requeste	d below
	• • • • • • • • • • • • • • • • • • •					
Vhe	ere will the vehicles be p	arked when the	ey are not in ι	ıse?		
	•					
				T		
	Address	Postcode	Number of Vehicles	Number of Trailers	No of Available Parking Spaces	*Is the Operatir Centre owned of leased by you? (Ye or No)
	Address	Postcode		of	Available Parking	Operatir Centre owned d leased k you? (Ye
	Address	Postcode		of	Available Parking	Operatir Centre owned d leased k you? (Ye
	Address	Postcode		of	Available Parking	Operatir Centre owned d leased k you? (Ye
	Address	Postcode		of	Available Parking	Operatir Centre owned d leased k you? (Ye
	Address	Postcode		of	Available Parking	Operatir Centre owned d leased k you? (Ye
	Address	Postcode		of	Available Parking	Operating Centre owned of leased by you? (Yes
			Vehicles	of	Available Parking	Operatir Centre owned d leased k you? (Ye
ne a	Address		Vehicles	of	Available Parking	Operatir Centre owned d leased k you? (Ye
	answer is NO, please s	ee note 04 of	Vehicles GV79G	of Trailers	Available Parking Spaces	Operatir Centre owned of leased by you? (Ye or No)

Name

Licence No.

Operating Centre Address (including postcode)

11. Vehicles (See note 05 of GV79G)

Registration marks of the vehicles you want to operate if the licence is granted.

Vehicle Registration Mark	Gross Plated Weight	Body Type

Vehicle Registration Mark	Gross Plated Weight	Body Type

12. Professional Competence. To be completed by Standard Licence applicants only (See note 06 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 07 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	Please state below the level of experience and/or qualifications of the 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	e level of expe	erience and/or qualific	cations of the pers	on(s) named.
Please give the proportrailers you intend to		•	ween safety inspe	ctions for vehicles and
Vehicles		Trailers		
14. Financial eviden	ice required i	in support of your a	pplication (See N	lote 08 of GV79G)
Please tick the boxe (a) Are you or have y declared bankrupt or	ou or any of y	our partners or direc	•	Yes No
(b) Are you, have you preceding 12 months	•			his time or within the
Liquida	ation, owing m	noney		
Receive	ership			
Admini	istration			
(c) Have you, or have Trade & Industry from		-	-	by The Department of
				Yes No
	Liquidators' o	or Receivers report ar	nd disqualification	in the box below and orders etc. Include detail eparate sheet if necessal

15. Convictions (See	Note 09 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 maj	jority shareholder;			
Yes	No						
If YES , please give full Transport Manager the		`	•	nst 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	No						
If YES , please give full Transport Manager the		•	•	nst the nominated			
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 (please tick relevant box)							
Owner		Partner					
Director		Delegated officer of a public authority					
Company Secretary				_			

17. Interim licence author	rity (see note 10 of GV7	9G)							
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 Documents (See Note 11 of GV79G)									
 Application Fee (Note 12) The whole page of the newspaper(s) containing your advertisement(s) (Showing the name and date of the newspaper) (Note 04) Original certificates of professional competence or evidence of qualification giving exemption (Note 06) Completed form TM1 for any Transport Managers A signed maintenance agreement if this work is to be contracted out (Note 07) 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 08) Certificate of Incorporation (Registered Companies only) Authority to park vehicles at operating centre 									
19. Fees (See Note 12 of GV79G)									
Payment details If paying by debit/credit card please give card details below. Please tick relevant box Your credit card details not be held for longer required for the purpowhich it was collected.									
MasterCard Visa Switch/Maestro Delta									
Name of cardholder (exactly as it appears on your card)	Card number	Start date	Expiry date	Issue number (Switch/Maestro only)					
Amount to be £									
charged to Card:		Card security							
Signature of cardholder		numbe	er:						
		this wil	I be displa ire strip or	security number, yed at the end of the the reverse side. If so, ers must be entered					



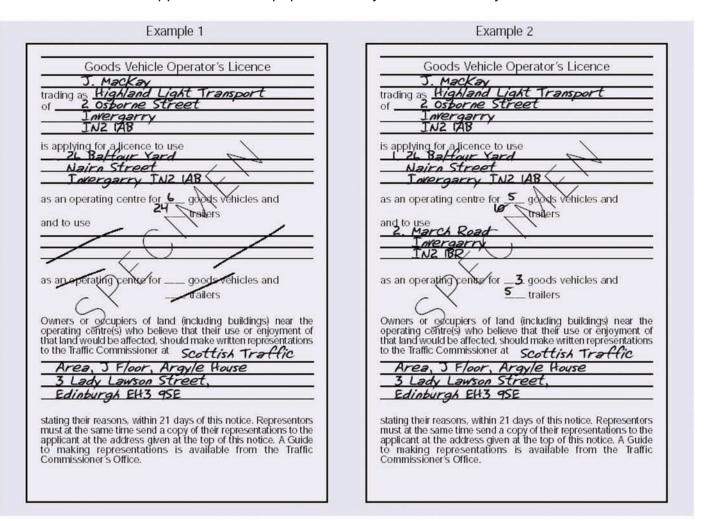
Advertisement



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. In every case, you must as an operating centre for goods vehicles finish the advertisement with this section and trailers Fill in the address of the Traffic Owners or occupiers of land (including buildings) near the operating centre(s) who believe that their Area Office to which you are use or enjoyment of that land would be affected, sending your application form. (see Appendix 1 of the "Guide for should make written representations to the Operators" for addresses) Traffic Commissioner at stating their reasons, within 21 days of this notice.

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

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.