Goods Vehicle Operator Licensing

## Application to change Type of Licence Notification of change

# Department for **Transport**

For Traffic Area Office use only

Type of Electice
Notification of change
of Transport Manager

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- The booklet "Goods Vehicle Operator Licensing A Guide for Operators" [GV74] will help you fill in this form. A copy can be obtained from your local Traffic Area and is also available on the Vehicle & Operator Services website www.yosa.gov.uk
- If you need any further help, contact the Licensing team of your Traffic Area Office on the telephone number given at Appendix 1 to the Guide [GV74].

PLEASE COMPLETE AL	L SECTION		1L3
Do not send any fees with this form		the boxes	
Your Details	Surname	First name(s)	Date of birth
Give the full name of person, company, partnership or public authority who holds the licence. If a partnership, please give the full name of each partner. If a company, please give full name of each director. Continue on a separate sheet if necessary.			
2 Trading name (if any)			
3 Goods Vehicle Operator Licence number			
4 Address for correspondence			
	County E-mail	Postcode	
5 1. Telephone No./2. Fax No.	1.	2.	

### Transport Manager

Only complete questions 6, 7, 8 and 9 if you are notifying the Traffic Commissioner of the removal or appointment of a transport manager (of some other professionally competent person who is responsible for vehicles on the operator's licence).

If Yes, please give details below.  Name  Operating centre(s) for which responsible  Are any professionally competent people (ie transport managers) to be added to your licence?  If Yes, please give details below (Continue on a separate sheet if necessary).  Name  Date of birth  Home address  Home address  County  Postcode  Operating centre(s) for which responsible  Operating centre(s) for which responsible
Are any professionally competent people (ie transport managers) to be added to your licence?  If Yes, please give details below (Continue on a separate sheet if necessary).  Name  Date of birth  Home address  County  Postcode  No  Yes  No  No  Name  Date of birth  Home address
Added to your licence?  If Yes, please give details below (Continue on a separate sheet if necessary).  Name  Date of birth  Home address  Postcode  Postcode  No Name  Date of birth  Home address  County  Postcode
Name Date of birth Home address  County  Postcode  Name Date of birth Home address  County  Postcode  Postcode
Home address  Home address  County  Postcode  County  Postcode
County Postcode County Postcode
Address of place of work  Address of place of work
County Postcode County Postcode
For all these people you must enclose with this form the ORIGINAL Certificate(s) of Profession Competence (not copies) or evidence of qualifications which give exemption. The originals will be returned to you after inspection (please see Part 3 'What are the professional competence requirement of the "Guide for Operators").  8 Are any of the people named in answer to question 7 responsible for vehicles on any other current licences?  If Yes, please give names and other licence numbers. (Continue on a separate sheet if pagessary)
Have any of the professionally competent people named in answer to question 7 had any convictions which must be notified to the Traffic Commissioner? No [Please see Appendix 5 in the "Guide for Operators").
If <b>Yes</b> , please give details below (Continue on a separate sheet if necessary).  Name of Limited Company, or if not
a Limited Company, full name and position of person convicted  Name of court conviction  Name of court conviction  Date of conviction  Penalty given  No offer

If no change in the type of licence is being applied for, go straight to page 4 of this form and read and sign the declaration.

	Only complete questions 10, 11, 12 and 13 if you are applying to change the type of operator's licence.						
10 What type of licence do you want?							
	● Restricted						
	Standar	d National					
	Standar	d Internationa	Ι 📗				
	If you are applying to <b>chang</b> complete the rest of this sect				national licence	, please	
	If you are applying to <b>change</b> and sign the declaration.	e to a Restricte	ed licence	go straight to page	4 of this form a	nd read	
11	Have you, your company, yo convictions? (Please see Ap				Yes	No	
	If Yes, please give detai	ls below.					
	Name of Limited Company, or if not a Limited Company, full name and position of person convicted	Name of court	Date of conviction		nce & y given	No. of offences	
12	During the last 3 years:						
· <u>~</u>	<ul> <li>Have you or your part or had your/their estat</li> </ul>			clared bankrupt	Yes	No	
	Are you or any of your	partners or dire	ectors bar	nkrupt now?	Yes	No	
	■ Have you, your partne		een invol	ved in a			
	company that has gon		quidation	owing money?	Yes	No	
		b) re	eceivershi	p/sequestration?	Yes	No No	
	<ul> <li>Have you, your partney</li> <li>from acting as director</li> <li>management of a communication</li> </ul>	s of a company			Yes	No	
	If you answered <b>Yes</b> to a paper. Include details of				s on a separate	sheet of	
<b>1</b> 3	To show that you have suffic	ient financial res	sources to	maintain your vehic	cles and provide	а	

Change of Licence Type

● MOST RECENT ACCOUNTS (AUDITED AND SIGNED AS APPROVED IF APPROPRIATE); OR

● BANK STATEMENTS COVERING THE LAST 3 MONTHS INCLUDING EVIDENCE

suitable operating centre, please provide:

STATEMENT OF ASSETS.

OF ANY OVERDRAFT FACILITY; AND/OR

#### PLEASE READ THESE NOTES CAREFULLY BEFORE SIGNING THE DECLARATION BELOW

The following declaration and undertakings must be made by the person who is the licensed operator. In the case of applications made by bodies or group of persons (other than partnerships or individuals) it may be signed by one or more individuals authorised for the purpose by the body or group (see notes below). In these cases an application must be accompanied by a declaration confirming the authority to sign unless it has been previously supplied.

IF IN ANY DOUBT, CHECK WITH THE TRAFFIC AREA OFFICE BEFORE SUBMITTING THE APPLICATION

#### Declaration

AND THAT TH	HERE HAVE BEEN NO OT	HER CHANG	S APPLICATION ARE TRUE ES THAT AFFECT THE LICI A FALSE DECLARATION.		
Signed			Dated		
Name in CAPITALS					
Position in busi	ness: (see notes a-c below)				
	Owner		Partner		
	Company Secretary		Delegated Officer of a Public Authority		
	Director		Transport Manager		
NOTES  a. If the licence	e is held by an individual the applicatio	on must be signed	by that individual.		
	•	_	by all partners or one partner with the au	uthority of the	
c. If the licence is held by any other body or group of persons the application may be signed by one or more individuals authorised for the purpose by the body or group and could be the Transport Manager. In the latter case the application must be accompanied by a declaration confirming the authority to sign.					
To be retu	rned to:				

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Please now send this form to your Traffic Area Office with the appropriate enclosures.

