

Application for a Public Service Vehicle Operator's Licence

Department for
Transport

The booklet, "A Guide to Public Service Vehicle Operator Licensing", PSV 437 will help you to fill in this form. It also gives information on other aspects of PSV operator licensing.

If you need any further help, please contact your Traffic Area Office. Please enclose your fees with this application.

If you hold a hackney carriage licence and wish to apply for a special restricted PSV operator's licence DO NOT use this form. Instead use form PSV 356

Application forms and Guides for Operators are available on the VOSA Website (www.vosa.gov.uk) or by telephoning our National Enquiry No 0870 6060 440.

For official use only



the boxes



in CAPITAL LETTERS

Your Details

	Surname	First name(s)	Date of birth
1. Name in which licence is to be held (individual, limited company or partnership)			
2. If a partnership, give the full names of each partner (continue on a separate sheet if necessary)			
3. Trading Name			
4. Address for correspondence			
	Postcode		
5. Daytime telephone number (including STD code)			
6. Fax No. (including STD code)			

Registered companies only, please fill in this section

7. Company Registration No.	
8. Registered office address (if same as 4, write 'as above')	
	Postcode
● Please list full names of directors and their dates of birth (continue on a separate sheet of paper if necessary)	
● Please attach your Certificate of Incorporation	

Type of Licence

9. What type of licence are you applying for?

Restricted ☐

Standard National ☐

Standard International ☐

10. Do you hold or have your applied for a PSV operator's licence in any other Traffic Area? Yes ☐ No ☐

If **Yes**, which Traffic Area(s)?

	Licence No.
	Licence No.
	Licence No.

11. If this application leads to the surrender or variation of any operator's licence please tick one relevant box. Surrender ☐ Variation ☐ No ☐

Please give licence No(s).

12. Have you or anyone included in this application ever had an operator's licence application refused or revoked, in this, or any other, Traffic Area? Yes ☐ No ☐

If **Yes**, please give details

Operating Centres

13. In the table below put the number and type of vehicle you want for each operating centre in this Traffic Area. Also give the number of vehicles for which off-street parking is available.

The vehicle types shown below are:

A – Small vehicles (*less than 17 seats*)

B – Single Deck

C – Double Deck

Address(es) of operating centre(s) including Post Code(s)	No. of spaces available for off-street parking	How many vehicles do you have now?*			How many vehicles do you want to licence?		
		A	B	C	A	B	C

Totals

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* Please enclose certificates of fitness for all vehicles of 9 seats or above in your possession

Maintenance

You must show that you will maintain your vehicles properly

14. Give the maximum time intervals at which your vehicles will normally be given safety inspections.

Type of vehicle	Maximum Time interval

15. Will you/your staff usually carry out your own:

- safety inspections Yes ☐ No ☐
- minor repairs Yes ☐ No ☐
- major repairs Yes ☐ No ☐

If **Yes**, to any of these questions, please fill in the table below

Address of your workshop	Facilities available there (eg. Pits/Hoists etc)

Number of skilled repair staff available

If **No**, please fill in the table below (*do not include minor work done by tachograph centres or tyre dealers*)

Name and address of garage doing maintenance	Safety inspections address (if different)
	

- If you have any outside work done, please send a written maintenance contract.
- You must also attach the form that will be used for vehicle safety inspections.
- REMEMBER, an operator is still responsible for the condition of vehicles inspected and/or maintained for him by agents or contractors. Information on this and on drawing up a contract can be found in the section on 'Safety Inspection and Repair Facilities' in the GUIDE TO MAINTAINING ROADWORTHINESS. A copy of this guide can be obtained from www.vosa.gov.uk.

16. Please give details of the person(s) who satisfies the requirement of professional competence

Name
Home Address
Date of Birth
Address of place of work
Operating centre(s) for which responsible

2nd Name
Home Address
Date of Birth
Address of place of work
Operating centre(s) for which responsible

(Continue on a separate sheet if necessary)

How is professional competence claimed?

By experience gained before 1/1/80

1st

2nd

☐
☐

Certificate of professional competence by examination

☐
☐

Other recognised professional qualification

☐
☐

- Please enclose all original Certificates of Professional Competence (not copies), or a certificate showing qualifications which give exemption, or give your number on the DETR register of professionally competent persons in the box.

Finance

During the last three years:

17. Have you or any of your partners ever been declared bankrupt?

Yes ☐

No ☐

18. Have you, your partners or directors been involved with a company which has gone into insolvent liquidation?

Yes ☐

No ☐

19. Have you or any of your directors been disqualified as a director or from taking part in the management of a company?

Yes ☐

No ☐

- If **Yes** to any of the above questions, please give details on a separate sheet of paper

- To show that you have enough money to start up and maintain your business, please enclose one of the following:

Bank statements covering the last 3 months

☐

Accounts (audited if appropriate)

☐

Evidence of any overdraft facility

☐

Convictions

20. Have you, your partner, the company directors, nominated transport manager, employees or agents any convictions, which under the terms of the Rehabilitation of Offenders Act 1974, are not spent?

Yes ☐

No ☐

● If **Yes**, please fill in the box below

Name	Date of conviction	Offence	Name of court	Penalty imposed

Checklist

Have you enclosed the following items?

Failure to send all items required will delay your application

- ☐ You should pay by cheque, money order, postal order or giro, made payable to the Vehicle & Operator Services Agency and crossed "A/C Payee".
[Please do not send notes or coins]
- ☐ Certificate of Incorporation (*Companies only*) (See questions 7 and 8)
- ☐ Maintenance contract if required (See questions 14 and 15)
- ☐ Examples of safety inspection form (See questions 14 and 15)
- ☐ Certificates of Initial Fitness (See question 13)
- ☐ Financial details
(See questions 17, 18 and 19)
- ☐ Certificate of Professional Competence (*or qualifications showing exemption*)
(See question 16)
- ☐ Separate list of vehicles (*PSV 421A*) if required

Completion of this form does not confer entitlement to commence operation. Do not commence operation until your licence is received.

Declaration

I declare that the statements made in this application are true. I understand that the licence may be revoked if any of the statements are false, or I do not fulfill the undertakings made below.

I declare that neither I nor any of the directors of the company (to the best of my knowledge) is disqualified from holding a PSV Operator's Licence.

I undertake to make proper arrangements to ensure that:

- the laws relating to the driving and operation of vehicles used under this licence are observed;
- the rules on driver's hours and tachographs are observed and proper records kept;
- vehicles do not carry more than the permitted number of passengers;
- vehicles, including hired vehicles, are kept in a fit and serviceable condition;
- drivers report any defects that could prevent the safe operation of vehicles promptly, and that any defects are promptly recorded in writing;
- records are kept (*for 15 months*) of all safety inspections, routine maintenance and repairs to vehicles, and made available on request.

IF THE LICENCE IS GRANTED THESE UNDERTAKINGS WILL BE RECORDED IN THE LICENCE

I, or the licensed operator, understand that failure to comply with conditions or undertakings recorded on a licence can result in disciplinary action being taken against the licence holder and that failure to comply with conditions is a criminal offence.

Signature

*(To be signed by Owner, Company Secretary, Director, Partner,
Transport Manager, or Delegated Officer of a public authority)

Name
(in CAPITALS)

Position in
business

Date

* In the case of the Transport Manager, either the Company Secretary or a Director must sign a declaration to confirm that the Transport Manager has been given authority to sign the application on behalf of the applicant.