

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 information in this application

Guidance on completing this application form:

The attached guidance notes "GV79G" will help you when completing this form. You will need to read the guidance note on each question so that you complete the form correctly. This application form and more comprehensive guides for HGV operators are available on the VOSA web site (www.businesslink.gov.uk/transport) or you can get them by telephoning the number at the top of this form.

Please complete all relevant sections of this form in capitals and continue on a separate sheet if necessary.

Data Protection information you provide on this form will be used for the purposes of VOSA's statutory functions. It will not be disclosed to other organisations unless required or permitted by law. For further information, visit our Information Charter available from VOSA's website: www.dft.gov.uk/vosa

1. What type of licence do you want? (See note 01 of GV79G) Please tick the relevant box below.

☐

Standard National

☐

Standard International

☐

Restricted

2. Details of who is applying for a licence.

(a) If the licence is to be in the name of a limited company or a public authority, give the name below:

(b) If the licence is to be held in the name of an individual person or a partnership, please provide details of the person or all partners below:

| Family name | First name(s) (in full) | Date of birth |
|-------------|-------------------------|---------------|
| | | |
| | | |
| | | |
| | | |

(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)

3. Your Contact details

(a) Address for correspondence (where we can contact you)

| | |
|------------------------|------------------|
| | |
| | |
| | Postcode: |
| E-mail address: | |

(b) Telephone numbers we can use if we need to contact you regarding your application.

| | |
|------------------|----------------|
| Business: | Mobile: |
| Home: | Fax: |

Where possible, we would like to communicate with you via your e-mail address, do you agree to this?

☐

Yes

☐

No

4. Only complete this question if you are a limited company

(a) Company details:

Company registration number

Registered office address

| |
|-----------------|
| |
| |
| |
| Postcode |

(b) List all directors of company

| Family name | First name(s) (in full) | Date of Birth |
|-------------|-------------------------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |

(c) Give names of any subsidiary companies you wish to be included on the licence.

| Company name | Company number |
|--------------|----------------|
| | |

Registered Address

| |
|-----------------|
| |
| |
| |
| Postcode |

(Please continue on separate sheet if necessary)

5. To be completed by limited liability partnerships only

(a) Please supply the registration number of your partnership

| |
|--|
| |
|--|

(b) Please supply the name & registered office address of members of the limited liability partnership

| Name(s) | Address |
|---------|-----------------|
| | |
| | Postcode |
| | |
| | Postcode |
| | |
| | Postcode |

(Please continue on a separate sheet if necessary)

6. What is your main trade or business? (See note 02 of GV79G)

| |
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7. Information needed on existing or previous operator licences held, or previous application(s) made for a licence by any of those people listed in this application (including transport managers)

(a) Do you, your company or anyone named in this application already hold a goods vehicle or public service vehicle operator's licence in **ANY** traffic area, or have you or they held one in the past five years?

Yes

☐

No

☐

(If No go to question 8a)

(b) If **YES**, please complete the box below:

| Licence no. | Name of Licence Holder |
|-------------|------------------------|
| | |
| | |
| | |

(c) Will any of these licences be surrendered if this application is granted?

Yes ☐ No ☐

(If No go to question 8(a))

(d) Please give the licence number(s) that will be surrendered

| | | |
|--|--|--|
| | | |
|--|--|--|

8. Previous licence refusal or disciplinary action history

(a) Have you; anyone named in this application; or any company which had someone named in this application as a director or majority shareholder, ever had an application for an operator's licence refused or had a licence revoked, suspended or curtailed in ANY traffic area? (Please tick as appropriate)

Application REFUSED **Licence REVOKED/SUSPENDED/CURTAILED**
Yes ☐ No ☐ Yes ☐ No ☐

(If you have answered **NO** to both parts of this question, please go to question 9)

(b) Please provide the licence number(s) and details below

| Licence or application Number | Licence Holder/applicant | Date and Details of decision |
|-------------------------------|--------------------------|------------------------------|
| | | |
| | | |

(c) Please complete the following if you or a director/partner of your company have been disqualified from holding an operator's licence by **any** Traffic Commissioner

| Traffic Area Office | Date and Length of Disqualification |
|---------------------|-------------------------------------|
| | |
| | |
| | |

9. Please indicate how many vehicles and trailers in total you wish to operate under the authority of your operator’s licence (See Note 03 of GV79G)

| Number of Vehicles | Number of Trailers |
|--------------------|--------------------|
| | |

(a) (Only for applicants applying for a Standard International licence) (See Note 03 of GV79G)

Please indicate the number of vehicles you intend to use on international journeys, which will require you to carry a certified copy of a Community Authorisation (for travel within the European Community)

10. Operating Centre(s) (See note 04 of GV79G): It is important that you read this note carefully as failure to advertise details of your application correctly in accordance with this note will result in refusal of your application. (For a sample advert see insert).

NOTE: If necessary, please repeat on a separate sheet the information requested below for each extra centre you wish to use.

(a) Where will the vehicles be parked when they are not in use?

| Address | Postcode | Number of Vehicles | Number of Trailers | No of Available Parking Spaces | *Is the Operating Centre owned or leased by you? (Yes or No) |
|---------|----------|--------------------|--------------------|--------------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |

*If the answer is NO, please see note 04 of GV79G

(b) Are any of the operating centres listed used by any other goods vehicle or public service vehicle operator?

YesNo

If **YES**, please list their names, operating centre (and if known, their licence number) below

| 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 |
|---------------------------|---------------------|-----------|
| | | |
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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 |
|-------------|-------------------------|---------------|--|
| | | | |
| | | | |
| | | | |
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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 the level of experience and/or qualifications of the person(s) named above.

| |
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|--|

(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(s) named.

Please give the proposed maximum time (in weeks) between safety inspections for vehicles and trailers you intend to operate under your licence.

Vehicles

Trailers

14. Financial evidence required in support of your application (See Note 08 of GV79G)

Please tick the boxes below in answer to the following questions

| Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

(a) Are you or have you or any of your partners or directors been declared bankrupt or had their estate sequestrated?

(b) Are you, have you, or have any of your partners or directors either at this time or within the preceding 12 months been involved with a company that has gone into:

| | | |
|--------------------------|--------------------------|--------------------------|
| Liquidation, owing money | <input type="checkbox"/> | <input type="checkbox"/> |
| Receivership | <input type="checkbox"/> | <input type="checkbox"/> |
| Administration | <input type="checkbox"/> | <input type="checkbox"/> |

(c) Have you, or have any of your partners or directors been disqualified by The Department of Trade & Industry from acting as a director of a company?

| Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered **YES** to any part of question 14, please give details in the box below and provide copies of the Liquidators' or Receivers report and disqualification orders etc. Include details of **any** operator's licence affected by such action. Please continue on a separate sheet if necessary.

15. Convictions (See Note 09 of GV79G)

(a) Have you; anybody named in this application (including the nominated transport manager(s)); or any Company, which had someone named in this application as a Director or majority shareholder; been convicted of ANY notifiable convictions, which under the terms of the Rehabilitation of Offenders Act 1974, are not spent?

Yes

☐

No

☐

If **YES**, please give full details in the boxes below (in the case of convictions against the nominated Transport Manager these details should be given on form TM1)

| Name (in full) | Date of conviction | Offence | Name of court | Penalty |
|----------------|--------------------|---------|---------------|---------|
| | | | | |
| | | | | |
| | | | | |

(b) Have any of your employees or agents; been convicted of or have had ANY notifiable convictions recorded against them, which under the terms of the Rehabilitation of Offenders Act 1974, are not spent?

Yes

☐

No

☐

If **YES**, please give full details in the boxes below (in the case of convictions against the nominated Transport Manager these details should be given on form TM1)

| 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 | <input type="checkbox"/> | Partner | <input type="checkbox"/> |
| Director | <input type="checkbox"/> | Delegated officer of a public authority | <input type="checkbox"/> |
| Company Secretary | <input type="checkbox"/> | | |

17. Interim licence authority (see note 10 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 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 will not be held for longer than required for the purpose for which 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:

£

Signature of cardholder

Card security
number:

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

Advertisement

Department for Transport

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.




Example 1


| | |
|---|--------------------------|
| Goods Vehicle Operator's Licence | |
| J. Mackay | |
| trading as | Highland Light Transport |
| of | 2 Osborne Street |
| | Invergarra |
| | IN2 1AB |
| is applying for a licence to use | |
| 26 Balfour Yard | |
| Nairn Street | |
| Invergarra IN2 1AB | |
| as an operating centre for | 6 goods vehicles and |
| | 24 trailers |
| and to use | |
| | |
| as an operating centre for | goods vehicles and |
| | trailers |
| Owners or occupiers of land (including buildings) near the operating centre(s) who believe that their use or enjoyment of that land would be affected, should make written representations to the Traffic Commissioner at | |
| Scottish Traffic | |
| Area, 5 Floor, Argyle House | |
| 3 Lady Lawson Street, | |
| Edinburgh EH3 9SE | |
| 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. | |


Example 2


| | |
|---|--------------------------|
| Goods Vehicle Operator's Licence | |
| J. Mackay | |
| trading as | Highland Light Transport |
| of | 2 Osborne Street |
| | Invergarra |
| | IN2 1AB |
| is applying for a licence to use | |
| 1 26 Balfour Yard | |
| Nairn Street | |
| Invergarra IN2 1AB | |
| as an operating centre for | 5 goods vehicles and |
| | 10 trailers |
| and to use | |
| 2. March Road | |
| Invergarra | |
| IN2 1BR | |
| as an operating centre for | 3 goods vehicles and |
| | 5 trailers |
| Owners or occupiers of land (including buildings) near the operating centre(s) who believe that their use or enjoyment of that land would be affected, should make written representations to the Traffic Commissioner at | |
| Scottish Traffic | |
| Area, 5 Floor, Argyle House | |
| 3 Lady Lawson Street, | |
| Edinburgh EH3 9SE | |
| 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. | |


Advertisement


Your name (as stated in Question 1) 
Your trading name (if any) including
unit number where appropriate 
Your address (including postcode)
(As stated in Question 3) 

Full postal address of operating
centre including postcode. 

Enter the total number of vehicles
and trailers which will be kept there.
(As stated in Question 14) 

If you have more than one
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
finish the advertisement
with this section 

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) 



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

Goods Vehicle Operator's Licence

trading as _____
of _____

is applying for licence to use

as an operating centre for _____ goods vehicles
_____ and trailers

and to use

as an operating centre for _____ goods vehicles
_____ and trailers

Owners or occupiers of land (including buildings)
near the operating centre(s) who believe that their
use or enjoyment of that land would be affected,
should make written representations to the
Traffic Commissioner at

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.