

# Depart from Policy Request

Vehicle over 10 years old

Office use:

Please print clearly in black ink and delete as applicable. Where any answer box is not applicable please write N/A in the box/column to show you have read and considered the question. If you require this document in an alternative format, please contact the Licensing Service.

Please complete in **BLOCK LETTERS**

## SECTION 1 – Licence holder details

Title	Mr	Mrs	Miss/Ms	Other (Please state)
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First name/s				
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Surname/family name				
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Address				

Postcode:

Mobile tel number				
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Land line number				
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Email address				
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### SECTION 2 – Vehicle Licence details

Licence type	Private Hire Vehicle	Hackney Carriage Vehicle
Licence number		
Registration number		
Make		
Model		
Colour		
Current mileage		
Has this vehicle ever been written off by an insurance company? (Category A, B, S or N)	Yes	No
	If yes, please give details below:	

### SECTION 3 – Depart from policy request details

Please provide specific evidence of why you believe the vehicle suitable to be considered for a depart from policy and to be licensed.

Section 10.4 of the current policy states that wheelchair accessible vehicles, or vehicles adapted for disabilities and used for home to schools transport could be licensed up to 15 years of age.

## SECTION 4 – Checklist

The following must be provided when you submit this form to the Licensing Service, please tick each statement to indicate agreement.

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|--|--|
| <ul style="list-style-type: none"> <li>I confirm that I will pay the current fee for a “depart from policy request” and that I am aware that the fee is non-refundable.</li> </ul>   |  |
| <ul style="list-style-type: none"> <li>I can confirm that I am aware that payment of this fee does not guarantee a depart from policy approval, and I am aware that my request will be considered on its individual merit.</li> </ul>  |  |
| <ul style="list-style-type: none"> <li>I am aware that I must provide with this request, colour photographs of the interior and exterior of the vehicle and a full service history and maintenance record for the vehicle.</li> </ul>  |  |
| <ul style="list-style-type: none"> <li>I am aware that I must provide with this request, supporting information which must include written confirmation that the vehicle is either wheelchair accessible vehicle or has been adapted for disabilities and is contracted for use by the Council’s Client Transport (ITU) team to carry passengers to and from educational establishments, and other relevant documentation stated in policy.</li> </ul> |  |

## SECTION 5 – Declaration and Consent

### Data Protection and Anti-Fraud Statement

This Authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within the Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

The information that you have provided will be held by South Gloucestershire Council and will be used to process your application. The council privacy notice can be seen at [www.southglos.gov.uk/council-and-democracy/data-protection-and-freedom-of-information/privacy-statement](http://www.southglos.gov.uk/council-and-democracy/data-protection-and-freedom-of-information/privacy-statement)

Failure to report any changes to the details given in this application form may result in the suspension or revocation of the licence.

Where an e-mail address has been provided the Licensing Service may send licence renewal reminders through this communication method, it is therefore important that if you change your e-mail address that you must inform the Licensing Service at the earliest opportunity, ✉ [licensing@southglos.gov.uk](mailto:licensing@southglos.gov.uk)

**I hereby certify that all statements made in this request are true and correct and that I have not withheld any relevant information. Furthermore, I understand and consent that my information may be shared as described in the Data Protection and Anti-Fraud Statement above.**

Signed

Date (DD/MM/YYYY)