

Insurance Vehicle Replacement Application Form

**TOWN POLICE CLAUSES ACT 1847
LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976**

**PLEASE ENSURE YOU READ AND UNDERSTAND EACH SECTION OF THIS FORM
THE FORM MUST BE COMPLETED IN FULL BEFORE IT WILL BE ACCEPTED.
INCOMPLETE FORMS WILL BE REJECTED**

1. APPLICATION TYPE	
<i>All new vehicles must be no more than 5 years of age from first registration.</i>	Private Hire <input type="checkbox"/> Hackney Carriage <input type="checkbox"/>
2. VEHICLE DETAILS	
Vehicle Make:	Vehicle Model:
Registration Number:	Exterior Colour:
Passenger Seats:	Date of First Registration:
Fuel Type:	Wheelchair Accessible: Yes <input type="checkbox"/> No <input type="checkbox"/>
Make of Taxi Meter:	Model of taxi Meter:
3. INSURANCE COMPANY DETAILS	
Business Name: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
Registered Address: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
Post Code: _____	
Email Address: _____	
Telephone Number: _____	

4. ACCIDENT VEHICLE DETAILS

Please specify below the Huntingdonshire District Council licensed driver who will be driving the insurance replacement vehicle

Full Name: _____

Date of Birth: _____

Operator (Private Hire vehicle only): _____

Please specify below the Huntingdonshire District Council licensed vehicle which has been in an accident:

Private Hire or Hackney Carriage Licence Number: _____

Registration: _____

Vehicle Make and Model:-

Has an Accident Report form been provided to this Authority?

Yes

No – We will not release the insurance replacement licence until we have received an accident report form.

5. INTENDED USE OF THE VEHICLE (Hackney Carriage Applications Only)

Please answer the following questions relating to the intended use of this Hackney Carriage vehicle.

Do you intend to use this vehicle to **ply for hire** within Huntingdonshire District?

YES NO

(If YES please move to section 6)

Do you intend to use this vehicle for **pre-booked** work, **outside** of Huntingdonshire District boundary?

YES NO

(If YES please ensure section 6 below is completed by the Private Hire Operator)

6. APPLICANTS DECLARATIONS AND SIGNATURE

1. I understand that any licence issued will be subject to the provisions of:

- a. the Town Police Clauses Act 1847
- b. the Local Government (Miscellaneous Provisions) Act 1976
- c. the Council's licence Conditions and Policy

2. I accept that any licence issued to me will remain the property of Huntingdonshire District belong to the Council, and if lost or damaged, I will be liable for the cost of replacement.

3. I understand that any criminal convictions, civil convictions and/or endorsements

or cautions must be notified to the Licensing Officer within 7 days of date of conviction.

4. I understand that any changes to any information detailed in this application must be notified in writing to the Licensing Officer within 7 days of the change.
5. I understand that it is an offence under the terms of the Local Government (Miscellaneous Provisions) Act 1976, Section 57(3) to knowingly or recklessly make a false statement or to omit any information required in this form. A person is to be treated as making a false statement if they produce, furnish, sign or otherwise makes use of a document that contains a false statement. To do so could result in prosecution and a fine of an unlimited amount.

By signing below you confirm that you have read and agree to the statements above.

Signed By Insurance Company _____ **Date:** / /

Signed By Driver _____ **Date:** / /

Privacy Notice

All personal information that you provide us is managed in accordance with our Privacy Policy. Please visit the Privacy Notice for Community - Regulation and Enforcement on our website where you can find out information about how we handle your information and your rights of access