|  |  |
| --- | --- |
| **Consent to Transfer a Private Hire / Hackney Carriage Vehicle Licence** |  |

**Application Procedure**

* Each individual proprietor must complete an application
* Email the completed consent form(s) to licensing@wigan.gov.uk
* Please ensure all sections are completed (failure to do so may result in your application being returned). Please ensure you check the appropriate boxes.

**\*\*A valid email address is required in order to progress with the transfer\*\***

I, the current holder of the vehicle licence detailed below, hereby confirm that I no longer have any proprietary interest in this licence and give my consent to transfer the licence to the person(s) name in section C:

**Licence Details** (if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Licence No. | **HV / PV**  | Expiry Date |  |

|  |  |
| --- | --- |
| **A** | **Vehicle Details** |

|  |  |  |
| --- | --- | --- |
| 1. | Operator Name (if applicable) |  |

|  |  |  |
| --- | --- | --- |
| 2. | Vehicle Registration Number |  |

|  |  |  |
| --- | --- | --- |
| 3. | Make  |  |

|  |  |  |
| --- | --- | --- |
| 4. | Model |  |

|  |  |
| --- | --- |
| **B** | **Current Licence Holder**  |

|  |  |  |  |
| --- | --- | --- | --- |
| 5. | Mr [ ]  Mrs [ ]   | Miss [ ]  Ms [ ]  Other |  |

|  |  |  |
| --- | --- | --- |
| 6. | Full Name  |  |

|  |  |
| --- | --- |
| **C** | **New Proprietor Details**  |

**First Proprietor**

|  |  |  |  |
| --- | --- | --- | --- |
| 7. | Mr [ ]  Mrs [ ]   | Miss [ ]  Ms [ ]  Other |  |

|  |  |  |
| --- | --- | --- |
| 8. | Surname  |  |

|  |  |  |
| --- | --- | --- |
| 9. | Forename(s) |  |

|  |  |  |
| --- | --- | --- |
| 10. | Current Address (including postcode) |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| 11. | Contact Telephone Number (s) |  |

|  |  |  |
| --- | --- | --- |
| 12. | Email Address |  |

**Second Proprietor (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| 13. | Mr [ ]  Mrs [ ]   | Miss [ ]  Ms [ ]  Other |  |

|  |  |  |
| --- | --- | --- |
| 14. | Surname  |  |

|  |  |  |
| --- | --- | --- |
| 15. | Forename(s) |  |

|  |  |  |
| --- | --- | --- |
| 16. | Current Address (including postcode) |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| 17. | Contact Telephone Number (s) |  |

|  |  |  |
| --- | --- | --- |
| 18. | Email Address |  |

Please provide details of any further proprietors or part proprietors (if required) in the box below. Please ensure that all the required details listed are provided.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **D** | **Caution** |

You are advised that to knowingly or recklessly make a false statement or omit any material or any document submitted is an offence punishable on conviction by a fine or imprisonment.

I do declare that the answers given in this document are true to the best of my knowledge and belief.

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 for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information see the authority’s website

|  |  |
| --- | --- |
| Existing Licence Holder Print Name |  |

|  |  |
| --- | --- |
| Date |  |

**\*Each individual proprietor must complete a consent form and all consent forms must be emailed to the Licensing Team\***