



Taxi & Private Hire Licensing
 225 York Road
 Leeds LS9 7RY
 Telephone (0113) 3781570

**CHANGE ADVICE/ DUPLICATE
 REQUEST FORM**

Email: taxiprivatehire.licensing@leeds.gov.uk

1. CLIENT DETAILS:

FIRST NAME(S) _____ LAST NAME: _____
 PLATE NUMBER _____ BADGE NUMBER _____
 Registration No. _____ D.O.B _____

I declare that the information I have detailed on this document is true to the best of my knowledge and belief. I agree to abide by the terms of Leeds City Council's Vehicle Licensing Conditions.

SIGNATURE**DATE**

Public funds must be protected and so the information you have provided on this form may be used to prevent and detect fraud. The information may also be shared for the same purposed with other organisations which handle public funds. False declaration may render the application invalid and may also result in prosecution.

2. CHANGE OF ADDRESS

PREVIOUS: - _____ NEW: _____

 POSTCODE: _____ POSTCODE: _____
 TELEPHONE: _____ TELEPHONE: _____

3. CHANGE OF OPERATOR:

OLD OPERATOR NAME: _____ NEW OPERATOR NAME _____

DRIVERS BADGE DRIVERS LICENCE VEHICLE DISC OPERATOR LICENCE

4. DUPLICATE REQUEST:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> DRIVER LICENCE | <input type="checkbox"/> EXCEPT COND TEST | <input type="checkbox"/> DDA | <input type="checkbox"/> CUSTOMER CARE |
| <input type="checkbox"/> DRIVER BADGE | <input type="checkbox"/> F.T.A EX COND TEST | <input type="checkbox"/> LITERACY TEST | <input type="checkbox"/> MISSED APPOINTMENT |
| <input type="checkbox"/> VEHICLE LICENCE | <input type="checkbox"/> F.T.A VEHICLE TEST | <input type="checkbox"/> L/K RETEST | <input type="checkbox"/> H.P.I |
| <input type="checkbox"/> VEHICLE DISC | <input type="checkbox"/> METER SEAL | <input type="checkbox"/> SEMINAR RETEST | <input type="checkbox"/> D.B.S |
| <input type="checkbox"/> OPERATOR LICENCE | <input type="checkbox"/> DISC HOLDER | <input type="checkbox"/> F.T.A SEMINAR | <input type="checkbox"/> DVLA CHECK |
| <input type="checkbox"/> ESCORT BADGE | <input type="checkbox"/> BADGE HOLDER | <input type="checkbox"/> REFRRAL DRIVER SEMINAR | <input type="checkbox"/> NO SMOKING STICKERS |
| <input type="checkbox"/> CONTRACT BADGE | <input type="checkbox"/> LANYARD | <input type="checkbox"/> SEMINAR PACK | <input type="checkbox"/> LIVERY |
| <input type="checkbox"/> APPLICATION PACK | <input type="checkbox"/> VEHICLE TEST | <input type="checkbox"/> COURT FEES | <input type="checkbox"/> SAFEGUARDING |

5. SURRENDERED PLATE

NO LONGER P/H VEHICLE WRITE OFF SOLD FOR PRIVATE USE NEW VEHICLE

STICKERS RETURNED N/A YES NO REASON WHY

DISC RETURNED N/A YES NO REASON WHY

SIGNATURE..... DATE

For Official Use Only

RECEIPT NUMBER ISSUED: _____ TOTAL AMOUNT £ _____

ISSUED BY (OFFICER): _____ DATE ITEM ISSUED _____