

Licensing Section, PO Box 13, Chorley, PR7 1AR Telephone 01257 515151 - Fax 01257 515150

You are advised to read the notes before completing this form

## **LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976**

## NOTICE OF TRANSFER OF OWNERSHIP OF A PRIVATE HIRE / HACKNEY CARRIAGE VEHICLE LICENCE

## THIS NOTICE MUST BE RETURNED TO THE COUNICL WITHJIN 14 DAYS FOLLOWING THE TRANSFER OF THE VEHICLE

All boxes marked with a \* must be completed by applicant

LIDAY D. A						
IDOX Reference:						
*Vehicle Registration Mark:						
*Vehicle Licence Number as issued by Ch	norley Council:					
Details of the Existing Proprietor						
*Full name of current Proprietors (The names of the vehicle's registered owner and al	Il persons concerned in	the hiring of the vehicle must be given) (see	noteS)			
*Address(s) of Proprietors						
*Ilana Talankana O'an Makila Nia		Post Code:	_			
*Home Telephone &/or Mobile No:						
E-mail:						
(Please continue on a separate sheet if no	• ,					
What is the trade name, address & telephone number of business?						
*What is the name, address & telephone number of private hire operator for this vehicle?						
Consent Declaration: I hereby consent for the Council to transfer the vehicle listed above to the person named below. I declare that to the best of my knowledge and belief the answers given above are true. I declare that I am no longer the registered keeper of the vehicle. I confirm that the Vehicle Registration Document (V5) has been completed with the name and address of the new Proprietor as named on this notice and sent to the DVLA in accordance with the legal requirements.						
Print Name:	Signed:		Dated:			
(Any Additional Proprietors must also Sign below)						
Print Name:	Signed:		Dated:			
Print Name:	Signed:		Dated:			

	Details of New Propri	etor
*Full name of new Proprietors (The names of the vehicle's registered owner)	er and all persons concerned in the hirin	g of the vehicle must be given) (see notes)
*Address(s) of new Proprietors		
	Post Code:	
*Home Telephone &/or Mobile No:		
E-mail: (Ple	ase continue on a separate shee	et if necessary)
What is the trade name, address &	telephone number of business?	
*What is the name, address & telep	phone number of private hire ope	erator for this vehicle?
declare that to the best of my I am the proprietor of the veh (Miscellaneous Provisions) A	knowledge and belief the ans icle above as defined by Sectict 1976. I confirm that the Veh	the transfer the vehicle listed above. I wers given above are true. I declare that on 80 of the Local Government icle Registration Document (V5) has been eper and sent to the DVLA in accordance
Print Name:	Signed:	Dated:
(Any Additional Proprietors Sig	gn below)	
Print Name:	Signed:	Dated:
Print Name:	Signed:	Dated:

Applicant Checklist- tick this column only	Checklist to be completed by Customer Service- all documents to be copied and attached to IDOX record							
	Vehicle	Vehicle transfer	rred to new	Recorded and	(Initials of			
	Registration Document (V5)	owner- all details correct		checked by Customer Services	CSO)			
	Bill of sale for			Recorded and	(Initials of			
	vehicle identified			checked by Customer	CSO)			
	in notice			Services	·			
	Name of Insurance company			Recorded and checked by Customer Services	(Initials of CSO)			
	Policy Number			Recorded and checked by Customer Services	(Initials of CSO)			
	Registration No of Vehicle on Insurance Certificate /Schedule/ cover note			Recorded and checked by Customer Services	(Initials of CSO)			
	Insurance Certificate/ Schedule/ cover note	Public Hire		Recorded and checked by Customer	(Initials of CSO)			
	states insured for passenger use	*Private Hire		Services	,			
		Both						
	Valid from	Valid to	1	Checked and recorded on IDOX by Customer Services	ČSO)			
	Where Named Driver on Insurance Certificate/ Schedule/ cover note	Name of Driver & Badge Numbers:		Recorded and checked by Customer Services- Driver must have appropriate Chorley badge	(Initials of CSO)			