

Ring 01213847418 to book Compliance (Council) test

Receipt No:
£157.00
Income Code
I91130 C05027 9129

Application for CHANGE OF VEHICLE ON PLATE (INSURANCE)

Applicant Surname (MR.MRS.MISS.MS)	Maiden Name		
All Forenames	Previous Surnames/Aliases		
Date of Birth	Place of Birth Sex M/F		
Present Address			
	Post Code		
Telephone Number: Business	Home		
Mobile	E-mail		
Insurance/Veh Rental Company Name			
• •			
	Post Code		
Telephone Number: Business			
•	plate is being transferred from		
	_		
Particulars of NEW Vehicle NAME ON	REGISTRATION DOCUMENT		
MAKE	REGISTRATION NO.		
MODEL	PLATE NO.		
TYPE OF BODY	ENGINE CAPACITY		
COLOUR(S)	FUEL (PETROL/DIESEL)		
NO. OF SEATS (excl driver)	CHASSIS/BODY NO.		
DATE 1ST REGISTRATION	ENGINE NO.		
Does the vehicle have a meter fitted?	YES/NO		
Make:	Model:		
Address at which vehicle will be kept (if differ	ent from applicant)		
	ON ROAD/OFF ROAD		
Insurance Company			
Insurance Valid From	To		
Persons covered to drive with limitations (if any) ie. Age restriction, insured only			

Comp/Inira F	arty Fire & TheftHackney	//Private Hire Cover	
If the vehicle	wheelchair accessible	YES/NO	
Where is the	Fire Extinguisher kept?		
Is the vehicle	to be used to undertake Social Servi	ice/Education Dept contract? YES/NO	
If YES, state	type of contract		
Name and ad	dress of proprietor of the vehicle (if diff	fferent from applicant)	
NAME, ADDI	RESS AND BADGE NO. of all persor	ns who will be driving	
		m vehicle will operate	
		erstand that if there are any omissions or false statemed been issued, it will be liable to immediate suspension	
I understand the Local Governoon force from ting	vernment (Miscellaneous Provisions)	ect to the provisions of the Town Police Clauses Act 18 Act 1976 and any conditions and byelaws that may be nority. I further understand that any vehicle licence prordshire Council.	e in
I enclose the	following:		
1. 2. 3. 4. 5.	Certificate of Insurance Registration Document (V5) Certificate of Compliance/Vehicle In Compliance Checklist (Issued by Co	nspection Certificate (Issued by Council Testing depot) ouncil Testing depot)	
hackney carı		ood the conditions in relation to the transfer of a nd agree that information in relation to my applicat derefordshire Council.	ion
Signature		Date	
Signature (2 nd	licence holder if applicable)	Date	

Data Protection

This policy covers the treatment of personal data that Herefordshire Council may collect when you e-mail us, complete an application form, or when you complete and submit an online form on our web site. When completing forms you may be asked for personal information such as name, address, postcode etc. It is only when you supply this type of information that you can be personally identified. Herefordshire Council is registered with the Data Protection Act 1998 for the purpose of processing personal data in the performance of its legitimate business. Any information held by the Council will be processed in compliance with the principles set out in the Act. Where necessary we may share this personal data with partner organisations for the protection of public funds administered which may include the prevention or detection of fraud and auditing purposes.

Further information relating to the Data Protection Act 1998 can be sent to you on request. If you have concerns about the processing of your personal data by the Council you may contact the Council's Data Protection Officer:

Data Protection Officer, County Secretary and Solicitor, Herefordshire Council

Plough Lane

Hereford HR4 0LE