

FORM TO BE COMPLETED IN BLOCK CAPITALS.

1. DRIVERS DETAILS

ALL SECTIONS OF THIS FORM ARE TO BE COMPLETED.

Completed forms should be returned to: taxilicensing@sthelens.gov.uk

Forename(s):	
Surname:	
Telephone No (home):	Telephone No (mobile):
Email Address:	
Address (as shown on your DVLA Lice	nce)
	Postcode:
2. HC/PH DRIVING LICENCE DETAIL	
HC/PH Badge Number: HD:	
Current Expiry Date:	<u> </u>
3. DISCLOSURE AND BARRING SE	RVICE (DBS) DECLARATION
DBS declaration by (print full name):	
https://www.gov.uk/government/publica	od the Enhanced Check Privacy Policy for applicants ations/dbs-privacy-policies and I understand how the DBS will proces able to me for submitting an application.
Signed:	Date: