



PRIVATE HIRE AND HACKNEY CARRIAGE LICENSING

NOTIFICATION OF GOING AWAY

* Please complete where applicable:

Driver Type	CD: PD: HD:	Private Hire Operator	OP:	Vehicle Owner	PV: HV:
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NAME:

ADDRESS:

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TELEPHONE/CONTACT NUMBER:

PERIOD OF ABSENCE: FROM:TO:

NAME OF PERSON BEING LEFT IN CHARGE OF VEHICLE (IF APPLICABLE)
MUST BE INCLUDED ON INSURANCE COVER:

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IF THE VEHICLE IS BEING PARKED UP AND YOU ARE NOT RETURNING PLATE/S TO THE LICENSING DEPARTMENT THEY MUST REMAIN ON THE VEHICLE

SIGNED.....DATE.....

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FOR OFFICE USE ONLY:

PLATES RETURNED: YES/NO