

Goods Vehicle Operator Licensing

# Application for a Licence

## Supplementary Environmental Information

**PLEASE COMPLETE ALL SECTIONS FULLY IN CAPITALS**

Name and business address of applicant

County	Postcode

Address of operating centre

County	Postcode

● For the operating centre above, please give the following information (see Part 4 of "A Guide for Operators") revised 12/95 (or later)

● It is important that the information you give is accurate as the Traffic Commissioner will use it to decide if conditions should be attached to your licence.

**the boxes**

### Vehicles to be normally kept at this operating centre

**1** Please complete the table for all authorised vehicles normally kept at this operating centre (continue on a separate sheet if necessary)

Registration Mark	Plated weight	Body type number (see list below)	Registration Mark	Plated weight	Body type number (see list below)

**2** Please give the total number and body type for any additional trailers kept at this operating centre

Total	Body type number (see list below)	Total	Body type number (see list below)	Total	Body type number (see list below)	Total	Body type number (see list below)

**Body type number**

1. Flat or sided including skeletal
2. Box body or van
3. Tanker
4. Other type (eg cement mixer, livestock carrier)

If a tipper, put a T after the number, and if refrigerated, put an R after the number.

If articulated, indicate the most commonly used trailer and put an A after the number.

If a vehicle falls into more than one class, give each number which is relevant eg an articulated, refrigerated box body = 2 AR

## Parking for authorised vehicles

Please enclose a plan showing the parking arrangements for the authorised vehicles at the operating centre (see page 3)

- 3** Will any of the authorised goods vehicles and/or trailers be parked elsewhere in the vicinity of the operating centre? Yes  No

If **Yes**, please give details below (the Traffic Commissioner may regard these places as operating centres)

Address (including Postcode) or road name	Number of vehicles and trailers	Frequency of use

- 4** If the premises are not your own, please supply written confirmation from the owner that you have the authority to use that address for parking.

## Operating times of authorised vehicles

\* Please delete am/pm below as appropriate

- 5** Between which hours will authorised vehicles normally arrive at and leave the operating centre?

From	am/pm*	To	am/pm*
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- 6** Will authorised vehicles normally use the operating centre  
 on Saturdays? Yes  No  on Sundays? Yes  No

- 7** If **Yes**, between which hours will authorised vehicles normally arrive and leave on these days?

on Saturdays	From	am/pm*	To	am/pm*
on Sundays	From	am/pm*	To	am/pm*

- 8** Will maintenance work be carried out at this operating centre? Yes  No

- 9** If **Yes**, between which hours will this work normally be done?

From	am/pm*	To	am/pm*
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- 10** Will any of this work normally be done  
 on Saturdays? Yes  No  on Sundays? Yes  No

- 11** If **Yes**, between which hours will this weekend work be done?

on Saturdays	From	am/pm*	To	am/pm*
on Sundays	From	am/pm*	To	am/pm*

- 12** Are there any covered buildings at the operating centre, in which this work is carried out? Yes  No

## Plan of the operating centre

Please enclose a copy of any existing plan of the operating centre and its surroundings.

The plan should show:

- Entry and exit points
- Main building
- Surrounding roads with names
- Normal parking area for authorised goods vehicles and trailers
- Areas occupied by other operators (if appropriate)

Please indicate the scale if possible. A convenient scale in most cases is 1:500, that is 1 cm to 5m. For large operating centres a smaller metric scale may be more convenient.

In the case of a site not previously being used as an operating centre, please give any information about any application for planning permission, any 'Certificate of Lawful Use' held, or planning permission granted, in relation to the proposed use of the site (see paragraph 4.7 of "A Guide for Operators") that you consider relevant to your application for a licence.

**NOTE: ANY CONDITIONS AND UNDERTAKINGS MATERIAL TO THE GRANT OF THE LICENCE MAY BE RECORDED IN THE LICENCE.**

## Declaration

**I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND THAT THERE HAVE BEEN NO OTHER CHANGES THAT AFFECT THE LICENCE.**

**I UNDERSTAND THAT THE LICENCE MAY BE REVOKED IF THE LICENCE HOLDER DOES NOT FULFIL ANY CONDITION OR UNDERTAKING RECORDED IN THE LICENCE. I UNDERSTAND IT IS AN OFFENCE TO MAKE A FALSE DECLARATION**

Signed

Dated

Name in  
CAPITALS

Position in business: (see notes a–c below)

Owner

Partner

Company Secretary

Delegated Officer of a  
Public Authority

Director

Transport Manager

## NOTES

- If the licence is held by an individual the application must be signed by that individual.
- If the licence is held by a partnership the application may be signed by all partners or one partner with the authority of the others.
- If the licence is held by any other body or group of persons the application may be signed by one or more individuals authorised for the purpose by the body or group and could be the Transport Manager. In the latter case the application must be accompanied by a declaration confirming the authority to sign.

**To be returned to:**



**Please now send this form to your Traffic Area Office with the appropriate enclosures.**

