

Receipt No: See separate fee sheet Date..... Income Code

Name: _____ **Driver No:** _____

Annual Self- Declaration (Year 2 or 3)

As you are aware your dual driver’s badge lasts three (3) years. You are required to submit an annual self-declaration stating that you have not had **any** convictions or cautions and that you are still medically fit to drive (unless you are subject to an annual medical review).

Please take this annual declaration to one of the Herefordshire Council Customer Service Centres together with the fee required. Payment and the declaration will not be accepted unless a signed and fully completed declaration is submitted. **You are required to complete all sections of this declaration. Declarations stating “as before” or similar will be rejected.**

Convictions/Cautions

You must declare any convictions or cautions you may have, under the Rehabilitation of Offenders Act 1974 (This means that any caution/conviction you have ever received). The information you give will be treated in confidence and will only be taken into account in relation to your application.

Conviction – Please include all past convictions spent and unspent.

Have you ever been convicted at a court for any offence under the terms of the Rehabilitation of Offenders Act 1974?

Yes/No If **Yes**, please complete the following: -

Offence	Penalty	Date of Offence	Court	Date of Conviction
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Caution

Have you ever been cautioned by the police?

Yes/No If **Yes**, please complete the following: -

Offence	Date of Caution	Police Force
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Incidents Which May Lead To Caution Or Conviction – These include pending investigations.

Have you been involved in any incident, which may lead to Court proceedings being taken against you? **Yes/No** If **Yes**, please supply full details on a separate sheet.

Have you undergone a previous DBS check by any other Licensing Authority or body during the last 12 months? **Yes/No** (you are not obliged to answer this question)

Have you been convicted of any motoring offences **Yes/No?**
If Yes, please complete the following:-

DVLA Offence Code	Date Of Conviction D/M/Y	Date Of Offence D/M/Y	Fine	Disqual Period	Pen Points
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Any Other Matters Other Than The Ones Listed Above- These include other matters that you may be subject to, that do not fall into the categories above such as Anti-Social Behaviour Orders.

Details.....
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DVLA Summary Enclosed Yes/No?

(Note: Summary can be obtained by visiting <https://www.gov.uk/view-driving-licence>.)

Medical Self-Declaration (not required if you are subject to annual medical review)
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Herefordshire Council has adopted the DVLA group 2 driving standard for taxi dual drivers as the correct standard for medical fitness and that you wish to confirm that you still meet this standard

I.....(**Name In Block Capitals**), in connection with my dual driver's licence, hereby certify that in the preceding 12 months since my last application I have not suffered from any disease or illness which would affect my ability to drive a private hire/hackney carriage vehicle (**please see condition 10.5 of the dual driver conditions**).

I (**Name In Block Capitals**)

Address.....

..... **Postcode**.....

Tel No **E-mail**

I declare that the information I have provided above is true. (**Please be advised that should any of the information you provide be false or misleading then the authority has the right to suspend or revoke your driver's licence**)

Signed.....

Date.....