



# PRIVATE HIRE AND HACKNEY CARRIAGE VEHICLE

Application for exemption on medical grounds

Name

Address

Post code

E-mail

Telephone number

Mobile number

Date of birth

Hackney Carriage vehicle

Private Hire vehicle

Vehicle plate number

Vehicle registration

Badge number

Please tell us the medical reason why you are applying for an exemption.

Your condition will need to be confirmed in writing by a medical practitioner. Please provide the original letter with your application form.

Surgery name

Surgery address

Post code

Telephone number

The cost of this exemption is £25 and will need to be renewed with every badge application.

Signature

Full name

Date

**For office use only** – not to be completed by the applicant

Fee received

Receipt number

Date the completed application was received

Action