



Bedford Borough Council

Licensing, Borough Hall, Cauldwell Street, Bedford,
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Licensing@bedford.gov.uk

VEHICLE TRANSFER

This form may be used to register an application for the transfer of a Vehicle Licence from the existing Licensee(s) to (a) new licensee(s).

Note: Where a Licence is held in Partnership, this form can also be used to change one or more of the partners holding the Licence.

ONCE COMPLETED PLEASE RETURN THE FORM TO THE CUSTOMER SERVICE CENTRE, 2 HORNE LANE, BEDFORD, MK40 1RA

PART I: THE LICENCE

Please state the Existing Licence Number:

PHV:

TXV:

Type of Licence (Please tick one of the below):

Private Hire Vehicle

Taxi (Hackney Carriage) Vehicle

Vehicle Registration number:

PART II: THE EXISTING LICENSEE

Name:	
Address:	
Date of Birth:	
Telephone No. (Home):	
Telephone No. (Mobile):	
Telephone No. (Work):	
Name of Private Hire Operator who will provide Advanced Bookings	

I/(We) consent to the Licence set out in Part I above being transferred from me (us) to the person(s)/ company set out in Part III below.

(Signed) _____ (Date) _____

(Signed) _____ (Date) _____

(Signed) _____ (Date) _____

PART III: THE PROPOSED NEW LICENSEE(S)

Name:	
Address:	
Date of Birth:	
Telephone No. (Home):	
Telephone No. (Mobile):	
Telephone No. (Work):	
Name of Private Hire Operator who will provide Advanced Bookings	

I/(We) apply for the Licence set out in Part I above to be transferred to me (us) from the person(s) set out in Part II above.

(Signed)_____ (Date)_____

(Signed)_____ (Date)_____

(Signed)_____ (Date)_____

PART IV: CHECKLIST

Please confirm you have:	Please tick
1. Provided a valid original certificate of insurance or a valid cover note	<input type="checkbox"/>
2. Completed and submitted an Insurance Authorisation Letter (see overleaf)	<input type="checkbox"/>
3. Provided the completed New Keeper's section of V5C	<input type="checkbox"/>
4. Provide the updated V5C log book to the Customer Services Centre within one month of the transfer	<input type="checkbox"/>
5. Made payment for this application	<input type="checkbox"/>

Insurance Authorisation Letter

Your name and address:

Name and address of Insurance Company:

Name and address of Insurance Broker:

Today's Date: _____

Dear Sir/Madam

Your Vehicle's Registration Number: _____

Your Insurance Policy Number/Cover Note Number: _____

I hereby authorise Bedford Borough Council to obtain from you all details relating to the insurance of the above vehicle, including but not restricted to, the following for a period of 12 months from the date above and relating only to that period:-

- Whether the Policy has been amended, suspended or cancelled.
- Whether there have been any accidents involving the vehicle.
- Whether there have been any claims on the insurance.
- Whether the vehicle has been modified from manufacturer's standard specification
- Whether the insurance covers any drivers other than the insured.

Yours faithfully

Your signature:

Your Name: