

**TEMPORARY MEDICAL DECLARATION
HACKNEY CARRIAGE/ PRIVATE HIRE DRIVER**



Civic Offices, Union Street
Chorley. PR7 1AL
Tel: 01257 515151

IMPORTANT

It is an offence for any person to knowingly or recklessly make a false statement or omit any material particulars in giving the required information.

This declaration will only be accepted for renewal applications.

Title:	Mr / Mrs / Miss / Ms
All Forenames:	
Surname:	
Full address:	
Telephone number:	
Email address:	
HCD/ PHD Licence number:	
Since the grant of your last licence, has there been any change in your health or medical fitness? If yes, write "YES". If no, write "NO"	
If "YES", give full details of all changes: Continue on separated sheet if necessary. Enclose any documentation you have. The more information you are able to provide, the more likely we are to be able to process your renewal.	

DECLARATIONS AND SIGNATURE

Write "Yes" in each box

I declare that the information given in this form is, to the best of my knowledge, accurate and true. I understand that if I intentionally or recklessly state anything which is not true or accurate, I commit a criminal offence and can be prosecuted.	
I declare that I have made all reasonable attempts to obtain a Group 2- compliant medical examination which complies with Chorley Council's usual policy but have been unable to do so.	
I understand that, if a licence is granted, I will be required to obtain a Group 2- compliant medical examination as soon as I am able and provide this document to Chorley Council.	
I understand if any information contained within this form is untrue or inaccurate, any licence granted will likely be revoked. Further, I understand that this may have an impact on my ability to be granted a licence in the future.	

Signature of applicant:		Print Name:		Date:	
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