# Office of the Traffic Commissioner

Contact centre: 0300 123 9000\*

web: www.businesslink.gov.uk/transport

# **GV79E: Application for licence**

Supplementary Environmental Information

### **About this form**

You should complete this form where supplementary information is requested to enable the traffic commissioner to determine your application.

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.

#### What to do next

Send your completed form, along with any supporting documents to the traffic commissioner at: Office of the Traffic Commissioner, The Central Licensing Office, Hillcrest House, 386 Harehills Lane, Leeds, LS9 6NF

#### **Data Protection**

The personal information you provide on this form will be used for the purposes of a traffic commissioner's statutory functions. This may include sharing the information you provide with other traffic commissioners, DfT, other government departments and enforcement agencies. Standard licence/application information will also be included in a national register which is available to other member states. Further information is available from the Office of the Traffic Commissioner.

Note: it is a criminal offence to give false information in this application.

Your contact details		
1) Name		
2) Trading Name (if any)		
3) Licence Number (if known)		
<b>4)</b> Address (please give the address at which you can be contacted for business purposes)		
	Postco	de:
5) Contact telephone numbers	Business:	Fax:
	Home:	Mobile:

6) E-mail ad	ddress	5								
7) Address	of ope	erating	centre							
			-							
						F	Postco	de:		
For	the ak	oove o	perating	cer	ntre, please	give the fo	llowin	g info	rmation.	
Vehicles	to be	norr	nally ke	pt	at this op	erating ce	entre			
						it will or are if necessary		ed to I	oe normall <u>y</u>	y kept at this
Registration Gross plated Number weight		•	Body type (see note 9a) Registration Number		Gross plated weight		Body type (see note 9a)			
9) Please o	onfirm	n the to	tal numb	er a	and body typ	e for any tra	ailers n	ormal	ly kept at t	his operating
Total	Body	type	Total		Body type	Total	Body	type	Total	Body type
<b>9a)</b> Body typ	oe num	nber:				I 2. Box body ent mixer, liv				

If a tipper, put a T after the number. 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 letter that is relevant (e.g. an articulated, refrigerated box body is 2AR).

## Parking for authorised vehicles

_		
Please enclose a plan showing the parking arratrailers (if any) at this operating centre (See section	•	uthorised vehicles and
<b>10)</b> Will any of the authorised vehicles and/or traile the authorised operating centre?	ers be parked elsewh	ere within the vicinity of
	Yes	No
	► If YES	now go to Section 10a
<b>10a)</b> Please record the details of vehicles and/or commissioner may regard these places as operating	-	d elsewhere (the traffic
Address (including postcode) or road name	Number of vehicles and trailers	Frequency of use
<b>11)</b> If the premises are not your own i.e. are leased that you have permission from the site owner to vehicles and trailers you have stated.		
For example:		
I hereby give authority for (insert operating cent name) as an operating centre for (insert number trailers.	•	
Operating times of authorised vehicles		
Please note that the traffic commissioner may u	ise these details to s	specify hours of

\*Please delete am/pm below as appropriate.

operation.

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

From	am/pm* To	am/pm*
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13) Will authorised vehicles normally use	the operatin	g centre				
Y On Saturdays?	es No	On Sundays?	Yes No			
On Bank Holidays?	Yes N	o				
14) If Yes, between which hours will audays?	uthorised vel	nicles normally arrive a	nd leave on these			
On Saturdays	From	am/pm* To	am/pm*			
On Sundays	From	am/pm* To	am/pm*			
On Bank Holidays	From	am/pm* To	am/pm*			
15) Will maintenance work be carried out	at the opera	ting centre?	Yes No			
16) If Yes, between which hours will this	work normall	y be done?				
	From	am/pm* To	am/pm*			
17) Will any of this work be done						
On Saturdays?	es No	On Sundays?	Yes No			
18) If Yes, between which hours will this	weekend wo	rk be done?				
On Saturdays	From	am/pm* To	am/pm*			
On Sunday	From	am/pm* To	am/pm*			
<b>18)</b> Are there any covered buildings at the operating centre, in which this work is carried out?						
(a) Plan of the energian control			Yes No			
19) Plan of the operating centre						
Please enclose a copy of any existing pla	an of the ope	rating centre and its sur	rounds.			
The plan should show:						
<ul> <li>Exit and entry points</li> </ul>						

- 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, which is 1cm 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 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 ON THE LICENCE.

## 20) Declaration

Your full name in block capitals

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 it is an offence to make a false declaration.

Signed			1	Dated			
Position in bu	ısiness – please	tick <b>one</b> below.	_				
Owner		Partner		Direc	tor		
Delegated off state, e.g. tru	•	r organisation (pleas	se				
21) Checkli	st						
all relevant o	•	ou must make sure dence. You must u ary evidence.	•	• •	•		
-		information neede tion may be refuse		lead to a	significa	nt delay i	n the
Please tick to	confirm the follo	owing:				_	
<ul><li>I have</li></ul>	completed all ap	oplicable questions	on this form	١.			
<ul><li>I have persor</li></ul>		e declaration is sign	ed and date	ed by an au	uthorised	[	
<ul><li>I have</li></ul>	included a plan	of the operating cer	ntre as deta	iled in sect	ion 19		