

MEDICAL EXEMPTION APPLICATION FORM

Private Hire Vehicle

Application for exemption, on medical grounds, from the duties placed on private hire vehicle (PHV) drivers to carry and provide mobility assistance to wheelchair users by Section 165 of the Equality Act 2010.

Name

Home address

..... Postcode

Telephone number

Date of birth

Hackney Carriage and Private Hire Vehicle Driver's licence no. – DRV.

If driving a single vehicle you must provide the registration number

and the private hire vehicle plate number: PHV.

Please state the medical condition for which you require an exemption –

.....

.....

.....

The condition will need to be verified by a medical practitioner. Are you willing to undergo relevant medical investigations / tests in connection with this application? **yes / no**

Do you consent to relevant medical information being released to the Licensing Authority?
yes / no

Name of the GP with whom you are registered

Address of your GP

.....

Are you under the care of a consultant in respect of this condition? **yes / no**

If 'yes' please provide the consultant's name and the hospital address –

.....
.....

Are you applying for (*please tick*)

Lifetime exemption Yes No

Temporary exemption Yes No

If 'yes' please state the period for which you would want the exemption to last:

From To

Signature

Date

Please hand the completed application form to:-

Licensing Team
Leicester City Council
York House
91 Granby Street
Leicester
LE1 6FB

tel. 0116 454 3046