

APPENDIX 3

Procedure Number:

CARRIAGE OF ASSISTANCE DOGS - EXEMPTION APPLICATION FORM

Applicant Details	
Licence Number	
Title	
Surname	
Forename(s)	
Home Address	
Postcode	
Tel No	
Rationale	
<p>The Equality Act 2010 places duties on both licensed Hackney Carriage and Private Hire Vehicle Drivers to carry guide, hearing and other assistance dogs to accompanying disabled people, and to do so without charge. However, to enable drivers with certain medical conditions that are aggravated by exposure to dogs to drive or continue to drive Hackney Carriage and Private Hire Vehicles, the Act includes provisions for drivers to be exempted from these requirements on medical grounds. The Licensing Authority is responsible for issuing exemption certificates and needs to be satisfied that it is appropriate to do so on medical grounds.</p>	
Vehicle Details	
Make / model	
Registration Number	
Vehicle licence number	

In determining whether to issue an exemption certificate the Licensing Authority will take into consideration the physical characteristics of the Hackney Carriage or Private Hire Vehicle. Please tick as appropriate:

You drive vehicles that have NO partition between the driver and the passenger compartment;
 or
 You drive vehicles that have a partition between the driver and the passenger compartment

Nature of Medical Condition

Most drivers with a medical condition severe enough to warrant an exemption are likely to be under a specialist (consultant) medical practitioner. It is therefore suggested that evidence be sought from a specialist as to the severity of the condition. The driver's General Practitioner should only be approached as a last resort. Please provide details of the medical condition you have:

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Declaration

I declare that all the information provided on this form is true to the best of my knowledge. I understand that the grant of an exemption from the legal requirement to carry assistance dogs in a licensed Hackney Carriage or Private Hire Vehicle can be refused if any statements are subsequently found to be false. I undertake to keep the Council informed of any changes to any details provided on this form. I understand that a failure to do so will constitute a breach of the conditions under which exemption may be granted and, as such, may lead to the withdrawal of exemption, if granted.

Applicant Signature	
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Date	
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Medical Evidence (For completion by a specialist Medical Practitioner)

In your opinion, does the person named above have a medical condition that is aggravated by exposure to dogs?	Yes / No
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If Yes, please provide details in the space below and attach any relevant medical reports

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In your opinion, is this person's medical condition so severe that he/she should be exempt from carrying guide, hearing and other assistance dogs accompanying a disabled person in their Hackney Carriage or Private Hire Vehicle?	Yes / No
Details of Medical Practitioner	
Name	
Signature	
Date	
Practice/Surgery/Hospital stamp	

This procedure was adopted by General Licensing Committee on XX XXXX 2017

Signed:



Interim Licensing Manager

XX XXXX 2017