



Licensing Team, (Temple Street), Bristol City Council, PO Box 3399, Bristol, BS1 9NE  
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**Equality Act 2010**

**Application for EXEMPTION from carrying Wheelchair Passengers in a Hackney Carriage or Private Hire Vehicle**

**Part 1 - To be completed by the applicant.**

Family / Surname	
First Names	
Date of Birth	
Contact Tel. Nos.	
Email	
PH/HC Badge Number	
Current Residential Address	
	Postcode:

**Part 2 - To be completed by a Medical Practitioner.**

Name of Medical Practitioner			
Address of registered surgery			
	Postcode:		
Contact Tel. Nos.			
Email			
I confirm the patient is registered at the medical practice detailed above and that I have had access to their medical records when completing this medical	Yes		No
Information on any condition, diagnosis or ongoing investigation	(you must attach copies of all relevant medical reports or evidence to support the request for exemption such as clinical history, ongoing investigations, or formal diagnosis)		

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Please confirm if, in your medical opinion, an exemption from assisting passengers in wheelchairs should be granted. (Assisting passengers includes transferring the passenger into and out of the vehicle in safety and with reasonable comfort)	Yes		No	

Please confirm if, in your medical opinion, any exemption should be time-limited, and for what period.	
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**Doctor and Practice Details**

<b>Printed Name of Medical Practitioner</b>
<b>Signature of Medical Practitioner</b>
<b>Date</b>

<b>Surgery Stamp</b>
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**Part 3 - To be completed by the applicant.**

I authorise my Doctor(s) and Specialist(s) to release report/medical information about my condition, relevant to my fitness to drive, to Bristol City Council in conjunction with my application for exemption and during the period that a licence (if granted) is in force.

I authorise Bristol City Council to disclose such relevant information as may be necessary to the investigation of my application for exemption, and during the period that a licence (if granted) is in force to doctors, paramedical staff, and to inform my doctor(s) of the outcome of the case where appropriate.

I understand that Bristol City Council may require me to undergo further medical tests at my expense now or at any point in the future, if a licence is granted, in order to establish my need for exemption.

I declare that I have checked the details I have given on this application and that, to the best of my knowledge and belief, they are correct.

**Signed**..... **Print Name**.....

**Date**.....