



**Civic Government (Scotland) Act 1982**  
**Application to Substitute a Vehicle For That Designated**  
**in a Taxi Licence or a Private Hire Car Licence**

Full Name	Surname		First Name
Home Address (Including Postcode)			
Telephone Number			
National Insurance Number			
Age, Date & Place of Birth	Years	Date of Birth	Place of Birth
Type of Licence Held			
Number of Licence			
Registration Number of Present Vehicle			
Description of substitute vehicle			
Registration Number	Date of First Registration	cc. Rating	
Make	Model	Estate or Saloon	
Number of Doors	Number of Passengers	Fuel Type	
Colour	Colour/Artwork Number	Measurements Across Back Seat	
Chassis Number			

I declare that the particulars given by me on this form are true and I hereby make application to for the substitution of the vehicle described in this application.

Signature of Applicant or Agent

.....

Agent's Address .....

.....

Date .....

N.B. Any person who in or in connection with the making of this application makes any statement which he knows to be false or recklessly makes any statement which is false in a material particular shall be guilty of an offence and liable, on summary conviction, to a fine not exceeding £500.

Please return the completed form together with the relevant fee to:

**The Licensing Administrator  
Clackmannanshire Council  
Kilncraigs  
Alloa  
FK10 1EB**

*If you require any further information please contact the Licensing Administrator on telephone number 01259 452093 or email address [licensing@clacks.gov.uk](mailto:licensing@clacks.gov.uk)*