



**Carriage of Wheelchair Exemption Application Form**

**Section 166 Equality Act 2010**

**Obligations on licensed drivers to carry passengers in wheelchairs**

The Government is committed to an accessible public transport system in which disabled people can enjoy the same opportunities to travel as other members of society. Taxis and private hire vehicles are a vital link in the accessible transport chain and it is important that disabled people who use wheelchairs can have confidence that all wheelchair accessible vehicles will accept them and carry them in their wheelchair at no extra charge.

If you are the driver of a vehicle which has been designated as wheelchair accessible then the Equality Act 2010 requires you to carry wheelchair users, unless you are in possession of an exemption certificate issued in accordance with that Act.

The Licensing Authority is responsible for issuing exemption certificates and must be satisfied that it is appropriate to do so on medical grounds.

**Part 2 of this form must be completed by the applicant's General Practitioner or other Specialist Medical Practitioner, and must be accompanied by sufficient evidence such as a full diagnosis, details of ongoing investigations etc. A simple statement from a medical professional will not be considered as sufficient for the purpose of the exemption request.**

**Part 1: Applicant Details:**

1.

Full Name:	
Badge Number:	
Date of birth	
Address:	
Email:	
Phone Number:	

2. Do you drive a hackney carriage or private hire vehicle?

Please circle:            Hackney Carriage            Private Hire

Vehicle Plate number: \_\_\_\_\_

3. Do you own this vehicle or is it rented?

Please circle:                      Own vehicle                      Rented

**Part 2: For completion by a Medical Practitioner/Specialist who has access to the Patient's Medical History**

1. In your opinion does this person have a medical condition, which prevents him/her from offering assistance to passengers in a wheelchair?

Please circle:              Yes                                      No

If "Yes", please give details of condition (and attach copies of any relevant medical reports):

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2. In your opinion is this person's medical condition so severe that he/she should be exempt from carrying passengers in a wheelchair in their taxi/private hire vehicle (please circle):

Yes    No

If yes, please state the period of this exemption; \_\_\_\_\_

Medical Practitioner's Name:	
Medical Practitioner's Signature :	
Date:	
Practice Address:	

Practice/Surgery/Hospital stamp: