



**EAST RIDING**  
**OF YORKSHIRE COUNCIL**

**ENVIRONMENT AND NEIGHBOURHOOD SERVICES**

**PASSENGER SERVICES SECTION**

**APPLICATION FOR INCLUSION**

**ON THE STANDING LIST OF OPERATORS**

**FOR PASSENGER SERVICES CONTRACTS**

**Version 5**

Please do not submit part completed applications  
This form requires at least two first class stamps to post



## CONTENTS

SECTION/ITEM	PAGE
A: About You	5
B: Vehicles, Licenses and Insurances	7
C: Drivers	9
D: Finance	10
E: Equal Opportunities	10
F: Health and Safety	11
G: Statutory Declaration	11

Please return the fully completed Application Form to:

Passenger Services Manager  
Passenger Services Unit  
East Riding of Yorkshire Council  
The Offices (1<sup>st</sup> Floor)  
Beverley Depot  
Annie Reed Road  
Beverley  
HU17 0LF

Before returning this Application Form, please ensure that you have:

- (a) **answered all questions** – unless instructed otherwise;
- (b) enclosed relevant documents;
- (c) completed and sworn the attached Form of Declaration on page 9
- (d) use the correct postage on the envelope; – the envelope will need **at least two first class stamps**

**PLEASE DO NOT SUBMIT PART COMPLETED APPLICATIONS.**

**IF YOU NEED TO ASK SOMETHING, PLEASE RING 01482 395521**



**A. ABOUT YOU**

A1	Are you? (please tick the relevant boxes)	Self Employed	Yes		No	
		Limited Company	Yes		No	
		Partnership	Yes		No	
A2	<p>If you are a company, please give us your full details.</p> <p>If you are VAT exempted please say "VAT exempted"</p> <p><i>Please also attach a copy of your Certificate of Incorporation</i></p>	Company name				
		Date of Incorporation				
		VAT number				
		Names and titles of all Directors				
A3	Please give the full name which appears on your bank account.					
A4	<p>Do you have a different trading name?</p> <p>If yes, please specify.</p> <p>If No, please state "none".</p>					
A5	Contact name & contact details.	Name				
		Position				
		Address				
		Preferred Contact Number				
		Second Contact Number				
		Mobile telephone number for texting for emergency quotes and school closures etc				
		Fax Number				
		E-mail Address				
		A6	<p>If you have a registered company address which is different to that above, please tell us what this is. If not, please write "None" across all of the boxes.</p>	Address		
Telephone Number						
E-mail address						

A7	Details of anyone employed by you or your business.	Are you a sole employee also referred to as a “one man band”?	Yes		No	
		Do you use self employed drivers ?	Yes		No	
		If yes, how many?				
		Do you have employees	Yes		No	
		If yes, please specify numbers by type  (e.g. 45 Drivers 2 Admin staff)  Please include a structure chart where needed	Drivers			
			Fitters			
			Administrative staff (including telephonists)			
Directors						
Other (please specify						
A8	Do you, or have you ever, held any other contracts with East Riding of Yorkshire Council of any description?		Yes		No	
	If yes, please give details.					
A9	Do you have relatives who are members of East Riding Council or who work for East Riding Council in a senior capacity?		Yes		No	
	If yes, please give details.					
A10	Have you ever worked for East Riding Council at any time and in any capacity?		Yes		No	
	If yes, please give details.					
A11	Have you or your business been prosecuted in the last 12 months for any reason?		Yes		No	
A12	Have you or your business been sued, made insolvent or had any CCJs levied against you/it in the last 12 months for any reason?		Yes		No	
A13	Have you ever had a tender revoked or not renewed because of your default, for any reason, at any time?		Yes		No	
	If you have answered yes to A11 and/or A12 and/or A13 please give details.					

**B: VEHICLES, LICENSES AND INSURANCES**

B1	What type of transport business do you operate? (please tick all that apply)	Private Hire		
		Hackney		
		PCV		
		Community Transport		
B2	Details of all of the vehicles which may operate contracts:			
	Vehicles	One	Two	Three
	Make			
	Model			
	No. of seats			
	Registration number			
	Ramp/tail lift ?			
	If you operate more than 3 vehicles, please attach a fleet list showing all of the information requested and write "see attached fleet list" over these boxes.			

B3	Please give full details of how driver checks on a vehicle are carried out:	
	When carried out? (daily/weekly)	
	What is checked?	
Please attach an example of a check sheet or outline exactly what is checked.		

**HACKNEY/PRIVATE HIRE OPERATORS ONLY**

B4	Which Local Authority are you licensed with ?				
B5	Have you been subject to any regulatory action in the last 12 months? (i.e. warning letters from Licensing or have been/are being called to appear at Committee)	Yes		No	
		Details			

**Please ensure that you include with your application photocopies of:**

(1) **Private Hire Operators**

(i) **Operators' Licence (including details of all plates associated with the licence)**

And for all drivers:

- (i) Driver's Badge Certificate (NOT the badge itself)
- (ii) Plate Certificate(s) for all vehicle(s)
- (iii) Taxi Test Certificate(s) for all vehicles

(2) Hackney Operators

- (i) Driver's Badge Certificate (NOT the badge itself)
- (ii) Plate Certificate(s) for all vehicle(s)
- (iii) Taxi Test Certificate(s) for all vehicles

**PCV AND COMMUNITY TRANSPORT OPERATORS ONLY**

B6	How many authorised discs/ community bus permits are in your possession ?				
B7	Have you been subject to any regulatory action in the last 12 months (i.e. PG9s from VOSA; Public Enquiries from the Traffic Commissioner)	Yes		No	
		Details			
B8	Have you ever been disqualified from holding an operators' licence/community bus permit?	Yes		No	
		Details			
B9	On what basis do you organise your vehicle maintenance?	In house fitters (Yes/No)		External contract (Yes/No)	
	If in house – please state number of fitters.	Number of in house Fitters employed			
	If contract please write “Yes” in the box and attach a copy of your maintenance agreement.	Weekly Inspection Cycle			

**PCV Holders and Community Bus holders should attach copies of:**

- (1) Your Operators' Licence/Community Bus Permits
- (2) Last MOT for all vehicles
- (3) Company procedure for driver first use checks/nil defect reporting
- (4) Any external maintenance contract for the upkeep of your vehicles

**ALL OPERATORS**

Please enclose a copy of:

- (1) A certificate(s) of Motor Insurance which covers all vehicles. This must have a minimum of three months validity left on it. Cover notes or Insurance Policies of a duration less than one year will not be accepted under any circumstances.
- (2) Certificate of Public Liability Insurance. This must have a minimum of £5million worth of cover and must cover the operation of your business as a whole and not just incidents at or around your vehicle.



I will accept a Broker's Letter to confirm this, provided this is on original headed paper with an ink signature and states:

"We can confirm that \*\*\*\*\* with Policy Number \*\*\*\*\*, valid from \*\*\*\*\* to \*\*\*\*\* has Public Liability Insurance Cover covering the operation of their business as a whole. This has a minimum cover value of £5million."

This will not be accepted by fax or e-mail or if a different wording is used.

- (3) (where you have 5 paid employees or more) A Certificate of Employers Liability Insurance. This must have a minimum cover value of £10 million and cover the operation of your business as a whole and not just incidents at or around your vehicle.

I will accept a Broker's Letter to confirm this, provided that it is on original headed paper with an ink signature and states:

"We can confirm that \*\*\*\*\* with Policy Number \*\*\*\*\*, valid from \*\*\*\*\* to \*\*\*\*\* has Employers Liability Insurance Cover covering the operation of their business as a whole. This has a minimum cover value of £10million."

**C. DRIVERS**

C1	Please outline all qualifications held by your drivers, which are relevant to the operation of a contract (e.g. Driving Licence level; First Aid etc.)	
C2	Do you keep proper and up to date records of all persons in your firms' employ?	
	What records do you keep?	

You must also fill in the attached CRB grid (separate document). If you are a self employed "one man band" you must fill the grid in with your own details.

In completing the CRB grid you must:

- (i) obtain permission from your staff member to view their CRB
- (ii) discuss with us any offences (INCLUDING CAUTIONS) of:
  - (1) violence within the last 10 years
  - (2) drugs within the last 10 years
  - (3) drink driving within the last 10 years
  - (4) theft/serious motoring offences (excluding speeding up 10 points) within the last 5 years

Failure to comply with this will be treated as a fundamental breach of contract.

You must in addition ensure that the driver applies for an enhanced CRB within good time, to ensure that the CRB is never more than three years old. You must then notify this office of the new CRB details, **EVEN IF YOU ARE A HACKNEY/PRIVATE HIRE DRIVER BADGED BY EAST RIDING COUNCIL**. Failure to notify us is classed as a breach of contract.

**YOU MUST NEVER USE A DRIVER WHO DOES NOT HAVE AN ENHANCED CRB, EVEN IF THERE IS AN APPLICATION PENDING. USING A DRIVER WITHOUT AN ENHANCED CRB IS CLASSED AS A FUNDAMENTAL BREACH OF CONTRACT**

C3	I have read, understand and accept the above information on CRBs. I undertake to ensure that I view each driver's CRB; discuss with Passenger Services all relevant offences and ensure that the driver renews his/her CRB every three years. I shall then, as soon as possible, ensure that I update Passenger Services with this information.	Signature	
		Name	
		Date	

**D. FINANCE**

D1	Please give the full contact details of the person who will be responsible for invoicing and other financial affairs (including e-mail address if possible).	
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Please fill in the attached Banking Details Form and attach an example of a sample invoice for your firm. This must use:

- (i) the name which you have used at question A3 in full with no abbreviations
- (ii) the word "Invoice" on it with an invoice number
- (iii) the full address you provided in question A5

**E. EQUAL OPPORTUNITIES**

Discrimination in law, is defined as the treatment of another person differently on grounds of their gender, sexual orientation, race, religion, disability or ethnic origin.

E1	Have you ever been investigated for any issues of discrimination?	Yes		No	
		Details			
E2	Have you ever been convicted of any discrimination related offences?	Yes		No	
		Details			

**Companies of 5 or more employees ONLY**

Please attach copies of your Equal Opportunities Policy.

**For companies of less than 5 employees**

E3	How do you ensure that you do not discriminate in deciding who should be employed by you?	
E4	How do you ensure that you do not discriminate in providing transport services?	

**F: HEALTH AND SAFETY**

Please fill out the attached questionnaire.

Please ensure that you answer every question. No questions are “not applicable”.

**G: STATUTORY DECLARATION**

I do hereby solemnly swear, in the presence of a Solicitor/Commissioner for Oaths that:

- (i) I have answered all of the questions on this form truthfully and to the best of my ability
- (ii) I have not omitted any relevant information
- (iii) I am not an un-discharged bankrupt; I am not in the process of being made bankrupt and/or insolvent
- (iv) I have not and will not try to bribe or offer any corrupt or improper inducements to any official of East Riding of Yorkshire Council

Name	
Signature	
Date	
Solicitor/Commissioner for Oath's Name	
Address	
Telephone Number and e-mail address	
Solicitor's stamp	