



Elmbridge Borough Council

... bridging the communities ...

Environmental Services
Civic Centre, High Street
Esher, Surrey KT10 9SD
Telephone: 01372 474750
Fax: 01372 474915
DX: 36302 Esher

Email: envhealth@elmbridge.gov.uk
Website: www.elmbridge.gov.uk

Taxi & Private Hire Licensing

Notification of Loss of Licence/Driver Badge/Vehicle Plates

GDPR Privacy notice

Who we are and what we do

Elmbridge Borough Council is the 'Controller' of any personal data that you provide to us. We collect, process and store your personal data in relation to your application for a licence.

What we need to process your application

We require you to provide personal data including your name, address and contact details.

Why we need it

We use your personal and sensitive data to enable us to process your application. If you do not provide this information we cannot process your application.

What we do with it

We will store your personal data in our licensing database and it will be accessed by authorised Council employees. We will use your data to enable us to monitor compliance with your licence and to carry out our enforcement duties. We may share your personal data with the other public bodies and enforcement authorities for the purposes of investigation, to protect public funds and prevent and detect fraud. We may also share your personal data with insurance companies, the DVLA and the Council's medical advisor.

How long we keep it

If we do not grant your licence, we will retain your data for six years from the date of the final decision on your application. If we grant your licence, we will retain your data for the period of the licence and a further six years.

What are your rights?

Please refer to our corporate privacy policy at <http://www.elmbridge.gov.uk/privacy-notice/>



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Please tick what has been lost or stolen:

Driver's Badge

External Plate

Internal Plate

If so, How Many: ____

Paper Licence

Vehicle: or Driver:

Operator Licence

Date item lost or stolen: _____

Your First Name:	
Your Surname:	
Your Address:	
Daytime Telephone No:	
Mobile Phone No:	
Licence Plate Number:	PHV: _____ or HCV: _____
Licence Badge Number:	PHD: _____ or HCD: _____
Name of Operator (if applicable):	

I confirm that I have read the privacy notice on the first page of this application form and I understand how the Council will process my personal data and my rights in respect of that data.

Signature: _____

Date: _____

Please return this form to the Environmental Health & Licensing Division at the above address