

# Application for a Section 19 Standard Permit – Questionnaire



**THIS FORM WILL NEED TO BE PRINTED AND ALL 4 PAGES COMPLETED AND RETURNED**

If you are applying for a Standard permit, please complete this supplementary questionnaire.

1	Full name of body applying:	Please delete where appropriate
2	Does the body make a charge of transport services – this does not have to be a direct charge but can be part of a larger payment – school fees, club subscription, nursing home fees, retirement home etc?	<b>Yes/No</b>
3	Is the permit for the body either corporate or incorporate, that is, is it one entity capable of entering as such into legal commitments and acting collectively?  If <b>YES</b> please give the registered Company number:	<b>Yes/No</b>
4	Is the body going to be the user of the permit?	<b>Yes/No</b>
5	Is the user body a registered charity or does it have charitable status?  If <b>YES</b> please give the register Charity number:	<b>Yes/No</b>
6	Is the user body one which undertakes non-profit activities only?	<b>Yes/No</b>
7	Is the vehicle going to be used solely in connection with activities carried out by the user body which are neither profit making in themselves not incidental to profit making activities?	<b>Yes/No</b>
8	Does the applicant body certify that, whilst operating under a Section 19 Permit, the vehicle will never be used in profit making activities?	<b>Yes/No</b>

Additional information may be requested when this form is received by Wiltshire Council

---

Declaration

I am authorised by the body applying for the permit to make this declaration on behalf of its members (or the members of the local branch or group named in the application).

Signed\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please note a typed signature will not be accepted.

Print name: \_\_\_\_\_

Position held: \_\_\_\_\_

# Application for a Section 19 Standard Permit

**NOTE** THIS FORM WILL NEED TO BE PRINTED AND ALL 4 PAGES COMPLETED AND RETURNED

When completing this form please fill all relevant boxes. If writing use capitals.

Remember to  or  the boxes

**NOTE** A Standard Permit will entitle you to operate a vehicle constructed or adapted to carry a maximum capacity up to 16 passengers (excluding the driver). If you intend to operate a vehicle larger than this, you require a Large Bus Permit which is only obtainable from your Local Traffic Commissioner – 0300 123 9000.

Changes to driving entitlement took effect in 1997. People passing their first car-driving test from 1 January 1997 may require a second test to drive minibuses. Permit holders must ensure that drivers are suitably qualified.

## Your Details

1. Name of body applying

Contact Name:

Address for correspondence:

	Postcode:

Daytime telephone number

Please tick as required

2. What is your body concerned with?

• Education

Other Activities of benefit to the community, please give details:

• Religion

• Social Welfare

• Recreation

**3** Do you already hold any small/large/standard bus permits? Yes  No

. If Yes, please give Permit No.(s) and the issuing body/bodies

Using a vehicle to carry passengers for hire or reward other than as authorised by your permit, or operating the vehicle with the intention of making a profit, either directly or indirectly, is against the law. A false statement made in order to get a permit is also a criminal offence.
--

**What class of passengers will you carry?**

<p>A Members of the body holding the permit <input type="checkbox"/></p>	<p>E Persons living within a Geographically defined local community, or group of such communities, whose public transport needs are not met other than by virtue of services provided by the body holding this permit. <input type="checkbox"/></p>
<p>B Persons whom the body exists to Benefit and persons assisting them. <input type="checkbox"/></p>	<p>F Any other class of persons specified in the permit (please give details) <input type="checkbox"/></p>
<p>C Disabled persons or persons who are seriously ill, and persons assisting Them. <input type="checkbox"/></p>	
<p>D Pupils or students of any school, College, university or other educational establishment and staff or other helpers accompanying them. <input type="checkbox"/></p>	

**Will every driver of a vehicle used under this permit be given basic vehicle and safety training and be formally approved by you before using the vehicle to carry passengers?**

Yes  No  If **No**, please say how drivers are approved and by whom

**Vehicle Details**

**Does the insurer of your vehicles(s) know that you are operating under a Standard Permit?**

Yes  No  If **No**, please say when the insurer will be informed or give the reason why it is not necessary

What type of vehicles will you be using your Permits on?

Minibuses  Smaller vehicles  Both

**Please provide the vehicle registration number**

**How often will safety inspections be carried Out on the vehicle?**  
Please give figure in both boxes

Weeks

Miles

**Declaration**

- I am authorised by the body applying for permit(s) to make this declaration on behalf of its members (or the members of the local branch or group named in the application)
- The body will operate under the permit(s) within the terms of sections 19 to 21 of the Transport Act 1985 and any regulations made under these sections

**The body will make proper arrangements so that any vehicle used under the permit(s):**

- will comply with the appropriate construction requirements and conditions of fitness
- will be kept fit and serviceable and regular maintenance inspections will be carried out
- will be properly insured for the uses authorised by the permit (s)
- is tested in the appropriate MOT class for its size (minibuses annually from new, cars & MPVs from third year of first registration)

**Drivers will:**

- Report mechanical faults in vehicles as soon as possible and my/our organisation will get them put right promptly
- be any person of 21 years or over who has appropriate entitlement to drive
- be informed of their legal responsibilities as a driver of a permit vehicle

Signed *	<input type="text"/>	Date	<input type="text"/>
----------	----------------------	------	----------------------

Name (Capitals)	<input type="text"/>	Position held	<input type="text"/>
--------------------	----------------------	------------------	----------------------

\* Please note a typed signature will not be accepted

---

**Please complete form and return to:  
Fleet, Wiltshire Council, County Hall, Trowbridge, Wiltshire, BA14 8JN.**

Tel: 01225 770494 Email: [fleet.services@wiltshire.gov.uk](mailto:fleet.services@wiltshire.gov.uk)