# Text Description automatically generated

**APPLICATION FOR EXEMPTION FROM DRIVERS’ DUTIES**

**UNDER SECTION 165 OF THE EQUALITY ACT 2010**

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| All questions must be answered. If questions are not answered, the application will be deemed incomplete and returned to the applicant.  Your application for exemption will be referred to the Civic Government Licensing Panel for determination. | |
| Name |  |
| Home address |  |
| Date of birth |  |
| Contact telephone number |  |
| Licence type | 🞏 Taxi Driver  🞏 Private Hire Driver |
| Licence number |  |
| Length of exemption applied for | 🞏 Full period of licence  🞏 Shorter period  If shorter, please provide duration ……………. |
| An exemption can only be granted on the below grounds.  Please tick the ground that you believe applies to you:-   * There are medical grounds why I cannot perform the duties required by the Equality Act 2010 * My physical condition makes it impossible or unreasonably difficult for me to comply with the duties towards passengers in wheelchairs required by the Equality Act 2010 | |

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| An application for exemption should be accompanied by supporting medical reports which provide full details on why the grounds of exemption applies to the driver. When the reason for exemption relates to a long term condition, it is preferable that evidence comes from professionals who are specifically trained in the relevant medical area. A letter from a general practitioner may not be sufficient evidence that the grounds for exemption apply.  Whilst the Licensing Authority does not charge for this exemption, if a medical report is required to support an application then the costs of this report must be met by the applicant.  🞏 I have enclosed supporting medical evidence | |
| Please provide details of the medical evidence i.e. who is providing the report, in what capacity etc. |  |

|  |  |
| --- | --- |
| Signature of applicant or agent. If signing on behalf of the applicant, please state in what capacity | |
| Signature |  |
| Date |  |
| Capacity |  |
| Contact Telephone number |  |
| Email |  |

Completed application forms should be returned to [licensing@dumgal.gov.uk](mailto:licensing@dumgal.gov.uk)

Or Kirkbank House, English Street, Dumfries, DG1 2HS

**Data protection**

We need your details to provide you with the exemption you have applied for. They will be used for the purposes of the Council’s public functions. This includes consulting on and determining your application for the above licence. We may check your details with other information held and may share these with other Council services and public bodies for the above purposes and in order to check the accuracy of the information to prevent or detect fraud or crime or to protect public funds.

More information on how the council handles your personal information can be found at [www.dumfriesandgalloway.gov.uk/council-elections/data-finance-performance/data-privacy-information-requests](http://www.dumfriesandgalloway.gov.uk/council-elections/data-finance-performance/data-privacy-information-requests)