

Report Lost/Stolen Licence (Badge/Plate)

Full name: (Driver/Vehicle Proprietor/Licence Holder)	
Address First line of address: Line 2: Line 3: Town/City: Postcode:	
Badge/Plate number:	
If plate, vehicle Registration:	
Date of expiry:	
Name of Operator:	
Has the Badge/Plate(s) been? (Please tick)	<input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> DON'T KNOW (EITHER)
If plate, type of sign(s) lost or stolen: (Please tick)	PRIVATE HIRE: <input type="checkbox"/> REAR SIGN <input type="checkbox"/> FRONT WINDOW SIGN <input type="checkbox"/> SEMI-PERMANENT DOOR SIGNS HACKNEY CARRIAGE: <input type="checkbox"/> VEHICLE SIGN
Date Badge or Plate(s) was lost/stolen: (If known)	
Any other comments:	

Checklist – Documents Required

Applications will **NOT** be accepted unless all parts of the form are completed in full, and the relevant documentation provided. Please note that there will be a short waiting time in order to process your request.

LOST/STOLEN BADGE

- **DVLA LICENCE**
- **CRIME REFERENCE/LOST PROPERTY NUMBER** (if given)

LOST/STOLEN DOOR SIGNS/PLATE(S)

- **DVLA LICENCE**
- **CURRENT INSURANCE CERTIFICATE or VALID COVER NOTE** authorising the applicant and any driver(s) mentioned in this application

This information must be reported to the licensing section within **3 WORKING DAYS** (not including Saturday or Sunday).

This is a chargeable service, details of all our fees and charges can be found on our website: https://www.birmingham.gov.uk/info/20083/general_licensing_applications/210/licensing_schedule_of_fees_and_charges/4

Declaration

Please read the following declaration carefully, **DO NOT** submit this form if any part of the following declaration is not true.

By submitting this form, I confirm the information I have supplied above, is true to the best of my knowledge and belief. I understand I may be prosecuted if I make a false statement or omit any relevant information. I am the person named above and I have either completed the application myself or have satisfied myself the information submitted on my behalf is accurate.

Ticking this box indicates you have read and understood the above declaration

Your Name:

Date:

The information you provide is confidential and subject to the requirements of the Data Protection Act 2018. This personal data will be held and processed by Birmingham City Council for the purpose(s) of ensuring compliance with legislative requirements. The personal details you provide may also be shared as part of any statutory duties requiring such disclosures and to protect the public funds it collects and administers. Any data may be used to prevent fraud or the misuse of resources. For further information of our privacy notice, please visit www.birmingham.gov.uk/privacy

FOR OFFICE USE ONLY	
Date received:	
Officer name:	
Duplicate/Copy issued:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Badge/Plate(s) number: (if different to above)	
Crime/Lost property reference number:	
Fee:	
Receipt number:	