

## Report Lost/Stolen Licence (Badge/Plate)

Full name:		
(Driver/Vehicle Proprietor/Licence Holder)		
Address		
First line	e of address:	
Line 2:		
Line 3:		
Town/C	ity:	
Postcoc	le:	
Badge/Plate number:		
If plate, vehicle Registration:		
Date of expiry:		
Name of Operator:		
Has the Badge/Plate(s) been?		
(Please tick)		
		DON'T KNOW (EITHER)
If plate, type of sign(s) lost or stolen:		PRIVATE HIRE:
(Please tick)		REAR SIGN
Date Badge or Plate(s) was lost/stolen:		
(If known)		
Date Badge or Plate(s) was lost/stolen:		<ul> <li>REAR SIGN</li> <li>FRONT WINDOW SIGN</li> <li>SEMI-PERMANENT DOOR SIGNS</li> <li>HACKNEY CARRIAGE:</li> <li>VEHICLE SIGN</li> </ul>