

LONDON NIGHT AND WEEKEND LORRY CONTROL SCHEME

Office use only Haulier No.:

PERMIT APPLICATION FORM

Please read Guidance Note No.1 and the Permit Conditions before completing this form.

PLEASE PRINT ALL ANSWERS CLEARLY IN BLACK INK

1 NAME AND ADDRESS OF USER

Enter the name and address of the user of the vehicles for which exemption permits are being applied for.

The "user" is the company, partnership or person using the vehicle for carrying goods, whether on their own account or for hire and reward, in any of the following capacities: (i) as owner; (ii) as purchaser under a hire purchase agreement; (iii) as operator under any leasing, hiring, loan or other similar arrangement.

Name	
Address	
	Post Code:
Telephone:	Is the above address the registered office of your Company?
Fax:	Yes No
Goods Vehicle Operator's Licence No:	Please tick <input type="checkbox"/> <input type="checkbox"/>

Name and address for correspondence, if different from above.

Name:	
Address:	
	Post Code:
Telephone:	Is the above address the registered office of your Company?
Fax:	Yes No
	Please tick <input type="checkbox"/> <input type="checkbox"/>

2 VEHICLES TO BE LEASED OUT OR LOANED AS A BUSINESS

Will the named User lease out or loan, for business purposes, the vehicles for which permits are being applied for?

Please tick	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If **YES**, will the User named above

- | | | | |
|-------|---|--------------------------|--------------------------|
| (i) | supply the driver(s) of the vehicle(s) while they are leased out or loaned? | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) | be in operational control of the vehicle(s) while they are leased out or loaned? | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) | hold the Operator's Licence for the vehicle(s) while they are leased out or loaned? | <input type="checkbox"/> | <input type="checkbox"/> |

3 NATURE OF USER'S BUSINESS AND COMMODITIES CARRIED

- (a) What is the nature of the User's business?
- (b) Describe the main commodities carried by the User:

(i)
(ii)

4 FREQUENCY OF VEHICLE OPERATIONS

How often will it be **essential** to use the vehicle(s), for which a permit is applied for, on roads within the restricted area during the controlled hours?

- | | | Please Tick |
|-----|---------------------------------|--------------------------|
| (a) | Regularly on Monday to Friday | <input type="checkbox"/> |
| (b) | Regularly on Saturday or Sunday | <input type="checkbox"/> |
| (c) | Irregularly or infrequently* | <input type="checkbox"/> |

* - If irregular or infrequent, please give details of the circumstances and approximate frequency of the journeys:

5 ORIGIN AND DESTINATION OF VEHICLE JOURNEYS

- (a) Please tell us the address(es) of the operating base(s) of the vehicle(s) for which permits are being applied for.
Please note Permit Conditions 4 and 6.

Please continue on a separate sheet if necessary

- (b) Please tell us the address(es) of the regular destination(s) of the vehicle(s) in the Control Scheme Area. Please also state the time when the vehicle(s) will be loading/unloading at each destination.
Please note Permit Conditions 4 and 6.

Please continue on a separate sheet if necessary

6 ROUTEING OF VEHICLE JOURNEYS

Please briefly describe the routes between the addresses in 5(a) and (b) above which your vehicles will take using the M25 and/or other unrestricted roads i.e. roads with no night-time and weekend controls, as much as possible, in order to minimise travel on restricted streets. Please note that all vehicle journeys during controlled hours must comply fully with Permit Conditions 4 and 5.

Please continue on separate sheet if necessary

