

Operator Application – SECTION C – Staff Details

Name of Operator

Please list ALL staff employed by this operator (not including NULBC licensed drivers)

Name	Date of Birth	Job Role	Safeguarding Completed	Fit and Proper Person Checked

I certify that the particulars of this form are correct and that I consent to the information being exchanged with other agencies in the interests of enforcement and the protection of public funds.

I declare that to the best of my knowledge and belief that the answers given with regards to this form are true. If a licence is granted I undertake to comply with the general law and the Council's operator conditions attached to the licence and I understand that it is a criminal offence to provide a false statement.

Signature of Applicant

Role in Operator

Date Signed