



**APPLICATION FOR CONSIDERATION AS AN APPROVED  
TESTING STATION FOR THE TESTING OF HACKNEY CARRIAGE VEHICLES  
AND PRIVATE HIRE VEHICLES WITHIN THE BOROUGH OF WIRRAL**

Name and address of MOT Test Station (including post code):

Name of garage:

Address:

Name of applicant and contact details if different from above  
(specify whether sole trader, partnership or limited company)

Please state details of all those having control and/or an interest in your business.  
This is to include such persons as those having day-to-day management, company  
directors and partners (including 'silent' partners)

| Name | Position | Contact Tel No |
|------|----------|----------------|
|      |          |                |
|      |          |                |
|      |          |                |
|      |          |                |
|      |          |                |
|      |          |                |

(Please continue on separate sheet if required)

MOT Test Station Registration No:

Date first registered:

The answers provided in this application form will be assessed with regard to their ability to fulfil the Council's requirement in accordance with the following scale:

|              |   |   |   |   |  |           |
|--------------|---|---|---|---|--|-----------|
| Unacceptable |   |   |   |   |  | Excellent |
| 0            | 1 | 2 | 3 | 4 |  | 5         |

### 1 MOT Test Classes and Vehicle Types

i) Please confirm **all** of the class(es) of vehicle your testing station is able to accommodate

ii) Are you able to test larger vehicles such as stretched limousines?  
(Please tick)

Yes  No

Comments:

### 2 MOT Test Bays

The Council is seeking information in relation to the capacity of your garage facilities, given the potential number of tests and how this would relate to the work that you currently undertake.

**As a minimum standard, testing stations are required to have one MOT test bay.**

i) Please state the number of MOT test bays available at the testing station:

ii) Other than vehicle test bay(s) committed to undertaking vehicle inspections and testing please confirm the number(s) of other bays available to undertake general repairs to other vehicles at the same time that such inspections are taking place:

### 3 Nominated Testers

The Council require a level of commitment from testing stations with regard to the number(s) of Nominated Testers approved by VOSA and the hours that they work.

**As a minimum standard, testing stations are required to have one full-time (or part-time equivalent) Nominated Tester working during trading hours.**

i) Please state the number(s) of Nominated Testers at the testing station:

- ii) Please state below the number of Nominated Testers at the testing station who would be committed to undertaking the testing of vehicles on behalf of the Council.

**As a minimum standard, testing stations are required to have available one full-time Nominated Tester (or part-time equivalent) committed for the testing of vehicles on behalf of the Council.**

There are  (please insert) number(s) of Nominated Tester(s) available who would undertake the testing of vehicles on behalf of the Council. Their details are as follows:

| Name of tester | Hours worked per week |
|----------------|-----------------------|
|                |                       |
|                |                       |
|                |                       |
|                |                       |
|                |                       |

#### 4 Availability for Vehicle Testing

Testing stations must be able to provide availability for a test, vehicles at times that are convenient for the owner of the vehicle, booking subject to reasonable notice.

**As a minimum standard, testing stations are required to be available for the testing of vehicles on behalf of the council between the core hours of Monday to Friday between the hours of 9am and 4pm.**

- i) Please state the **days and hours** that you currently trade:
  
- ii) If different from your normal trading hours please indicate the **days and hours** that you are prepared to offer facilities for the testing of vehicles on behalf of the Council.
  
- iii) Under normal conditions please give an indication of the maximum number of licensed vehicle testing 'slots' that could be available per day and per week:

Slots per day

Slots per week

- iv) **As a minimum standard, testing stations are required to undertake the testing of a vehicle with seven days advance notice.**  
Please indicate the anticipated minimum period of notice that you would required in advance of a vehicle inspection and testing of re-test on behalf of the Council.

- v) The test includes an MOT test plus additional checks, please indicate the charge you will make for this service during 2009/2010:

| Cost of MOT | Additional Cost for Compliance Test | Re-test Costs |
|-------------|-------------------------------------|---------------|
| £           | £                                   | £             |

vi) **Appointment System.**

Which of the following services do you operate:

- Appointment system
- Drop in
- Appointment and drop in

## 5 Approval Registration and Trade Membership

- i) If you are included on any list as an “approved” garage (eg. Wirral Borough Council Approved Motor Trader Scheme, Golden Spanner, etc) or any other scheme (please state) and the date of gaining such approval:
- ii) Please indicate if you are a member of, or are affiliated to, any other organisation or have been granted any form of “quality mark” or qualification which you feel may also be relevant to your application (and please also include the date obtained):

## 6 Administrative Support and Communication

The Council wishes to know if there is administrative support at your testing station and if there are good communication facilities available to provide a service to clients and the Council:

**As a minimum standard testing stations are also required to have a fax machine and access to the internet.**

- i) **Administrative Support** – Please state the facilities that you have to receive bookings/cancellations from clients (eg. administrative support and/or receptionist):
- ii) **Communication** – The Licensing Team are required to work very closely with any vehicle testing station that may be undertaking the testing/examination of vehicles. It is anticipated that email and fax would play a major part in any dealings that a testing station has with the Council. Please state what communication facilities you have available (eg. phone number, number of telephone lines, fax, email, website, etc):

iii) Who will be the contact manager with day to day responsibility for the testing service?

## **7 Public Liability Insurance and Employer Liability Insurance**

The Council expects testing stations to carry public liability and employers liability insurance. In consideration of the above, please confirm:

What level of public liability you hold and the period of any policy:

What level of employer liability insurance you hold and the period of any policy:

**You may be asked to provide copies of any policy documents at a later date.**

## 8 Further Information

The licensing of private hire and hackney carriage vehicles has a direct bearing on public safety and the Council is looking for consistently high standards from the selected testing stations. Please indicate any other details which you wish to be considered in support of your application:

(Please continue on a separate sheet if required)

## 9 Health and Safety Questionnaire

- |  |   |
|--|---|
| <p>1 a) Please submit a copy of your firm's current health and safety policy</p> <p>b) On a separate sheet please outline your system for carrying out risk assessments and monitoring your performances on implementing control measures</p>      | <p style="text-align: center;">Enclosed <input type="checkbox"/><br/>(tick if enclosed)</p>     |
| <p>2 Has your firm during the last five years been prosecuted for contravention of the Health and Safety at Work etc Act 1974 or been the subject of any formal enforcement action issued by a local authority or Health and Safety Executive?</p> | <p style="text-align: center;">Yes <input type="checkbox"/><br/>No <input type="checkbox"/></p> |
| <p>3 How many reportable accidents/cases of ill health has your firm had under RIDDOR in the last three years?</p>   |   |
| <p>4 Please identify the person appointed as a competent person under the management regulations.</p>  |   |
| <p>5 Has your firm in the last five years been the subject of formal investigation by the Health and Safety Executive or a local authority?</p>  | <p style="text-align: center;">Yes <input type="checkbox"/><br/>No <input type="checkbox"/></p> |

## 10 Service Level Agreement

- |  |   |
|--|---|
| <p>Have you read the proposed Service Level Agreement enclosed with these documents?</p> | <p style="text-align: center;">Yes <input type="checkbox"/><br/>No <input type="checkbox"/></p> |
| <p>Are you able to comply with all of the terms of the Service Level Agreement?</p>      | <p style="text-align: center;">Yes <input type="checkbox"/><br/>No <input type="checkbox"/></p> |

Please use the space below to provide any comments you wish to make in respect of the Service Level Agreement.

Signed: ..... Date: .....