

HORSE DRAWN HACKNEY CARRIAGE – INSPECTION OF CARRIAGE AND ANCILLARY EQUIPMENT

Proprietor's Name	:		
Address:			
Description of carr	iage (ma	ke/mod	lel/colour/age/seating capacity):
Plate No (if any).			
Item	Pass	Fail	Reason for Failure / Relevant Comments
Front Wheels			
Front Axle			
Shafts			
Suspension			
Canopy			
Steps			
Seats			
Doors/Latches			
Bodywork			
Rear Wheels			
Rear Axle			
Brakes			
Harness and ancillary equipment			
General Condition			

Please provide additional reasons on a separate sheet if necessary.

I am	a competent individual to inspect the above carriage and ancillary equipment by way of the
follo	wing qualifications/experience:
Plea	se delete (i) or (ii) as appropriate*:
(i)	I certify that for the reasons shown above carriage has FAILED TO COMPLY with statutory requirements*/ DETR Code of Practice for Horse Drawn Vehicles*/North Devon Council's Hackney Carriage and Private Hire Licensing Policy.*
(ii)	I certify that the above carriage has COMPLIED with statutory requirements, the DETR Code Practice for Horse Drawn Vehicles and North Devon Council's Hackney Carriage and Private Hire Licensing Policy.*
<u>Che</u>	<u>cklist</u>
(iii)	I have attached to this form a named and signed photograph of the carriage inspected.
	Signed:
	Full Name:
	Date:
	Position and Organisation:
	Address:
	Telephone number: