Operator name …….. Date:- **……**

Please include all vehicles which are to be considered for use on WCC contracts.
If you wish to supply further information relating to these vehicles or future purchases please do so on a separate sheet.

Type of vehicle	Registration number	Year first registered	Petrol (P) Diesel (D) Hybrid (H) or LPG (L)?	Vehicle make	Vehicle Model	Vehicle Engine Capacity cc	Seating capacity	Seat Belts Fitted	*Wheelchair Accessibility* DDA Compliant Y/N	Does it have a wheelchair lift fitted?	Is wheelchair access via a ramp?	Maximum wheelchair spaces?	Approx Reduction Seating Capacity per Wheelchair carried

Vehicle type codes:
D midibus (16 - 25)
M minibus (8 to 16)
P people carrier (up to 7)
TB black cab taxi (up to 5)
TC car taxis (up to 4)