



DRIVER REGISTRATION FORM

CONFIDENTIAL

Personal Details

Title

Full name

Which group/individual will you drive for?

Are you employed by this group/individual? **YES / NO**

Will you be driving for anyone with a physical disability? **YES / NO**

Home Address:

.....Postcode:.....

Tel. no. (home) Tel. No.(work)

Email address Mobile No

Date of Birth

Where should the invoice be sent?.....

Licence and Driving Details

Driver licence number:

Date issued:..... Date expires:.....

Full licence(Y/N): Date passed test:

Licence groups/categories:

If you answer 'yes' to any of the following questions, then please give details in the space below each question.

Have you been convicted during the past 5 years of any offence in connection with a motor vehicle? Do you have any points on your licence? How many? **YES/NO**

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Have you ever been disqualified from driving? **YES/NO**

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Have you prosecutions or police enquiries pending for motoring offences? **YES/NO**

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.....

Have you had a motor insurance policy declined, cancelled or been refused renewal or had any special conditions 'imposed'? **YES/NO**

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Have you been involved as a driver in an accident in the last five years regardless of fault? **YES/NO**

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When did you last have an eyesight test (recommended every 2 years)?

Are you deaf in either ear? **YES/NO** Please state which ear

Have you currently, or have any history of, any condition or disability which may affect your ability to drive safely now or in the future? If in doubt, declare any condition or disability **YES/NO**

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Are you currently taking any medication which may affect your driving ability? **YES/NO**

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Have you resided outside the United Kingdom or the Republic of Ireland for at least 3 years? **YES/NO**

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Have you any additional licences e.g. HGV or PCV? **YES/NO**

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Declaration

I declare that the details given are correct, and that within my knowledge, there is no other material fact which should be disclosed. I agree to exercise all due care for the safety of my passengers and the security of the vehicle whilst it is in my charge and I also undertake to inform of any accident that occurs whilst I am responsible for the vehicle. I understand that it is an offence under the Road traffic Act to knowingly make a false statement to obtain insurance cover.

I undertake to advise of any subsequent illness, condition or event which might affect my suitability as a driver and including any subsequent refusal of motor insurance or any driving convictions. I understand that failure to do so and any false declaration made above may render the insurance cover for the vehicle invalid and that I may then be held personally responsible to pay costs or damages. I understand that all information will be treated in strictest confidence.

Signature of driver Date

PLEASE RETURN THE COMPLETED FORM WITH A COPY OF YOUR DRIVING LICENCE – AND THE DVLA SHARING CODE (www.gov.uk/view-driving-licence) TO: -

ANNANDALE COMMUNITY TRANSPORT SERVICES
72-74 HIGH STREET
LOCKERBIE
DG11 2AA
01576 203053

DVLA CODE: