

**This information is required for insurance purposes**

(Please PRINT in black or blue ink)

Applicant's Full Name:	
Date of birth:	Age:
Length of driving experience under a <u>full</u> licence:	
Please <b>circle</b> your answers to the following questions. If the answer to any question is <b>YES</b> , please provide full details overleaf.	Circle Answer
1 Have you in the past 5 years been convicted of any offence in connection with a company vehicle, or is any such prosecution pending for:	
Dangerous Driving (Endorsement code DD 10/20/30/40/50/60)	Yes / No
Drinks/Drugs (Endorsement code DR 10/20/30/40/50/60)	Yes / No
Disqualification from Driving for any Other Reason	Yes / No
2 Have you at any time suffered from any heart complaint, diabetes, fits or any other mental or physical infirmity?	Yes / No
3 Have you at any time been refused insurance or quoted an increased premium or had special terms imposed?	Yes / No
4 Have you been involved in any accident arising out of the use of a company vehicle during the last 3 years?	Yes / No
<p>I confirm that the information given on this form is true and that I will notify the relevant person/s in writing <b>immediately</b> of any accident/violations/conditions (including medical conditions) affecting or which may affect the status of my licence. I confirm that I satisfy the eyesight requirements set out in the Highway Code. I also confirm that I will also comply with those conditions relating to driving on Company business, as detailed in the H&amp;S Policy and Procedures Manual.</p> <p>Signature: _____ Date: _____</p>	
<p>Please take completed form together with <b>ORIGINAL</b> licence/s (a photocopy copy will not be accepted) to the Manager/Supervisor for photocopying of the licence/s and processing.</p>	