

Office use: Category B checked

Renewal date: _____

Blacon on the Move
Holy Trinity Church
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DRIVERS REGISTRATION FORM

FULL NAME _____

NON-PROFIT ORGANISATION _____

TITLE _____ DOB _____

ADDRESS _____

_____ POSTCODE _____

EMAIL _____ PHONE _____

Please tick the boxes below:

- I confirm I have suffered no accidents, losses or damages in respect of any vehicle within the last 5 years, whether a claim has been made or regardless of blame.
- I confirm that I have no motoring convictions, driving licence endorsements or fixed penalty incurred in the last 5 years.
I will submit a copy of my driving licence summary as evidence. (See <https://www.gov.uk/view-driving-licence>)
- I confirm that I have no medical conditions which need to be notified to the DVLA

Drivers will be covered under our Section 19 permit and insurance policy, being accountable to us for the use of the minibus.

No charges must be made to the passengers you transport.

Signature: _____ Today's date: _____