**Driving Licence Check Form**

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| **Employee and Licence Details** |

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| --- | --- | --- |
| Name:  |  | Date of check:  |

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| --- |
| Address:  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Postcode:  |  | Date of birth:  |  |  |  |  |  |  |
|  |  |  | 1 | 2 |  | 3 | 4 | 5 |

Driver Number: This digit is 0 or 1 for male and 5 or 6 for female

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | 4 |  | 3 | 1 | 2 | 5 |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Document Number:  |  | Issue Number:  |

|  |  |  |
| --- | --- | --- |
| Licence Valid From:  |  | Licence Valid To:  |

|  |  |  |
| --- | --- | --- |
| Licence issued by:  |  | Endorsements: **YES NO** |

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| --- |
| Number of points currently in force:  |

Category (please tick those relevant for Challenger Site Services) Pre 1997: **YES NO**

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **B** |  | **BE** |  | **C1** |  | **C1+E** |  | **C** |  | **CE** |  |

Restrictions (please enter relevant restriction codes):

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **B** |  | **BE** |  | **C1** |  | **C1+E** |  | **C** |  | **CE** |  |

Renewals within next 6 months (tick those approaching):

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **B** |  | **BE** |  | **C1** |  | **C1+E** |  | **C** |  | **CE** |  |

Bottom Left Hologram Small Circular Hologram Large Circular Hologram

**YES NO YES NO YES NO**

Raised Codes (Bottom) Driver CPC Card issued Digital Tachograph Card issued

**YES NO YES NO YES NO**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | Exp. Date: |  |  | Exp. Date: |  |

|  |
| --- |
| **Confirmation** |

Please check that the details above are correct and sign below to confirm. Thank You.

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| Checked by:  |

|  |  |  |
| --- | --- | --- |
| Driver’s Signature:  |  | Date:  |

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| **Driver Licence Declaration** |

It is an offence for a person to drive on a road in any vehicle otherwise than in accordance with a licence authorising him to drive it. It is also an offence for a person to cause or permit another person to drive it.

This is a declaration that I:

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have produced my latest licence, and that I have no pending convictions, endorsements or disqualifications.

I have had no change in my health, which could affect my entitlement to drive, in particular, for ALL licences:

* Epilepsy
* Fits or blackouts
* Repeated attacks of sudden disabling giddiness (dizziness that prevents you from functioning normally)
* Diabetes controlled by insulin. Type 1.
* An implanted cardiac pacemaker
* An implanted cardiac defibrillator (ICD)
* Persistent alcohol abuse or dependency
* Persistent drug abuse or dependency
* Parkinson’s disease
* Narcolepsy or sleep apnoea syndrome
* Stroke, with any symptoms lasting longer than one month, recurrent ‘mini strokes’ or TIAs (Transient Ischaemic Attacks)
* Any type of brain surgery, severe head injury involving inpatient treatment, or brain tumour
* Any other chronic (long-term) neurological condition
* A serious problem with memory or episodes of confusion
* Severe learning disability
* Serious psychiatric illness or mental ill health
* Total loss of sight in one eye
* Any condition affecting both eyes, or the remaining eye only (not including short or long sight or colour blindness)
* Any condition affecting your visual field (the surrounding area you can see when looking directly ahead)
* Any persistent limb problem for which your driving has to be restricted to certain types of vehicles or those with adapted controls

Also, for vocational licences:

* Angina, other heart conditions or heart operation
* Visual problems affecting either eye
* Any form of stroke, including TIAs (Transient Ischaemic Attacks)

If any of the above affects me I will inform my employer as soon as possible. I understand that I must also inform DVLA by writing to the: Drivers Medical Group, DVLA, Swansea SA99 1TU (the appropriate medical questionnaires can be downloaded from www.direct.gov.uk/driverhealth). Failure to do so is a criminal offence punishable by a fine of up to £1,000. I will inform my employer of any road traffic incidents, convictions, endorsements or disqualifications that occur, which could affect my entitlement to drive, as soon as possible.

I have read and fully understand the above and will comply with what is requested of me.

|  |  |  |
| --- | --- | --- |
| Signature:  |  | Date:  |