Approved Minibus Drivers Registration Form

CONFIDENTIAL

Personal Detail	<u>s</u>				
Full Name:					
Organisation:			Occupatio	on	
Home Address:					
Postcode:			Date of Birth:		
Mobile phone n	0:		Home phone no:		
Aberdeenshire C Aberdeenshire C		to check with DVL	A the licence of ar	nyone wishing to	o drive an
Please provider a	a valid email addre	ess			
Licence and Dr	iving Details				
Driver Licence	Number:				
Date Issued:		Date of Expiry	/ :		
Licence Groups	s (please circle):	B B+E C	C+E D D+E D1	I D1+E	
How many year	s have you held	a driving licence	97 :		
	een convicted duri icle? (If yes give c	ing the past 10 yea letails).	rs of any offence i	n connection	YES/NO
Date of Offence	Offence Code	Date Convicted	Disqualification Period	Penalty Points	
		police enquiries pe			YES/NO
-		cancelled or been			YES/NO
Have you as a dr	iver been involved	d in any road traffic	c collision in the la	st 10 years?	YES/NO

Do you currently, or have any history of, any condition which may affect your ability to drive safely now or in the future?

YES/NO

Are you currently taking any medication which may affect your ability to drive YES/NO safely now or in the future?						
If this check is not carried out, then the application for a permit will be declined.						
1.	If you are using this form to apply for Insurance cover for driver training. Please tick this box					
2.	if you are applying for your permit. (Enclose copies of your driving licence and MiDAS certificate, (MiDAS not required if you have a full Category D Licence)) and tick this box					
<u>Note</u>	You must ensure you have the appropriate licence for the size of minibus you are driving. You can only drive up to a Maximum Authorised Mass 3500kg (MAM = Minibus + Passengers + Luggage) on a Category B. You must have a D1 to drive larger minibuses over a MAM 3500Kg.					
<u>Declar</u>	<u>Declaration</u>					
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 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 minibus 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 and damages. I understand that all information will be treated in the strictest of confidence.						
Signatu	Signature of Driver: Date:					
When completed please return to: Aberdeenshire Council, P.T.U. (Integrated Transport), Woodhill House, Westburn Road, ABERDEEN, AB16 5GB.						
For Public Transport Unit use only						
Author	ised by:	MiDAS Certificate No:				
Title:		Expiry Date:				
		Aberdeenshire Council Permit No:				