**Application to become an Authorised driver**

In order to drive on Company business, you MUST complete this form and hand it to your Manager. Do not drive on Company business until you have been authorised by your Manager.

You can complete the form electronically, but you must print the completed form and sign the declaration section in ink.

|  |  |
| --- | --- |
| Title: Mr, Mrs, Miss etc |  |
| First Name |  |
| Middle names |  |
| Surname |  |
| Address (include postcode) |  |
| Telephone (landline) |  |
| Telephone (mobile) |  |
| Email address |  |
| Date of birth |  |
| Driving licence number  *It’s very important that you enter this accurately.* |  |
| How many accidents have you had in the past 5 years? |  |
| When did you pass your driving test?  *This can be found on the back of your photo card licence, it’s the ‘From’ date beside the category B car.* |  |
| Can you read a vehicle number plate from a distance of at least 20 metres? | Yes No |
| Have you had your eyes tested within the past two years? | Yes No |
| Do you have any medical conditions that might effect your ability to drive safely? | Yes No |
| Do you have any notifiable medical conditions and reported them to the DVLA?  Use this link to look up notifiable medical conditions:  <https://www.gov.uk/driving-medical-conditions> | Yes No |
| If you do have DVLA notifiable medical conditions, has the DVLA authorised you to continue driving? | Yes No N/A |
| Do you need to tow a trailer for work? | Yes No |

**Complete this section only if you will be driving a company provided vehicle**

|  |  |
| --- | --- |
| Will someone other than you be driving the company vehicle? | Yes No |
| Please add the first and last name/s of any additional drivers of your company vehicle |  |
| **Important:** Additional drivers must complete an application to become an ‘Additional Authorised Driver’ | |

**Complete this section only if you will be driving you own vehicle for work-related trips**

|  |  |  |
| --- | --- | --- |
| Make |  | |
| Model |  | |
| Colour |  | |
| Registration Number |  | |
| Will you ensure that your vehicle is serviced in accordance with the manufacturer’s recommendations? | Yes No | |
| Will you agree to provide the company with the following:   * Certificate of MOT (if applicable) * Car Tax (proof of renewal) * Certificate of insurance showing that I have Business Use cover | | Yes No |

**ALL DRIVERS - Please generate a driving licence Check Code and enter it in the Check Code box below**

To generate a Check Code, please visit the Gov.UK website: <https://www.gov.uk/view-driving-licence>

Click on the green ‘Start Now’ button.

You will need:

* your driving licence number
* your National Insurance number
* the postcode on your driving licence

|  |  |
| --- | --- |
| **My DVLA Check Code is:** |  |

**Declaration**

I wish to apply to become authorised to drive on company business. I understand that by signing this form I acknowledge receipt of and agree to abide by the Company Policy for driving and I also agree…

1. That I am fit to drive and do not have any undisclosed DVLA notifiable medical conditions that would prohibit me from driving
2. I can read a vehicle number plate, with corrective lenses if necessary, at a distance of at least 20 metres and understand the importance of having my eyesight checked by an optician at least every two-years
3. I agree to notify the Company if I am taking any medication that might effect my ability to drive safely
4. I hold a full and valid driving licence for the category of vehicle that I intend to use for work
5. I will notify the company of any changes such as:
   1. My health
   2. A change of name or address
   3. If I receive any driving endorsements
   4. If I become involved in any actual or near-miss incidents while driving on work journeys
6. I agree to not driving while under the influence of drink or drugs
7. I agree to the Company conducting a DVLA licence check and storing my details securely and furthermore, I give this permission for a period of three years from the date of submitting this application. I will provide my employer with a DVLA Check code each time they need to check my licence.
8. I will conduct regular vehicle safety checks on any vehicle used for work-related journeys

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**For office use only**

|  |  |  |
| --- | --- | --- |
| Authorised to drive? | Date | Authorised by |
|  |  |  |