

APPROVED MINIBUS DRIVERS REGISTRATION FORM

CONFIDENTIAL

Personal Details

Full Name:

Organisation: Occupation.....

Home Address:

.....

Postcode:

Telephone No: (Daytime) Telephone No: (Evening)

Date of Birth:

Licence and Driving Details

Driver Licence Number:

Date Issued: Date of Expiry:

Full Licence (Yes/No):

Licence Groups (please circle): B B+E D D1 D1+E

How many years have you held a driving licence? :

Have you ever been convicted during the past 10 years of any offence in connection with a motor vehicle? (If yes give details). YES/NO

<u>Date of Offence</u>	<u>Offence Code</u>	<u>Date Convicted</u>	<u>Disqualification Period</u>	<u>Penalty Points</u>

Do you have any prosecutions or police enquiries pending for motoring offences? YES/NO

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Have you ever had a motor policy cancelled or been refused renewal? YES/NO

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Have you as a driver been involved in any road traffic collision in the last 10 years? YES/NO

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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

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Are you currently taking any medication which may affect your ability to drive safely now or in the future? YES/NO

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Do you have any additional licences e.g. PCV or LGV? (please specify).

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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

Note 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.

Declaration

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.

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

<p>Authorised by:</p> <p>Title:</p>	<p>MiDAS Certificate No:</p> <p>Expiry Date:</p> <p>Aberdeenshire Council Permit No:</p>
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