

**Health and Community Protection
Marianne Rolfe – Head of Service**

Warwick District Council, Riverside House
Milverton Hill, Royal Leamington Spa, CV32 5HZ

direct line: 01926 456705

email: licensing@warwickdc.gov.uk

web: www.warwickdc.gov.uk

our ref: Self-serve app

your ref:

Dear Sir or Madam

Renewal application for a hackney carriage/private hire driver's licence

This letter provides you with all of the information you will need to complete the application process for the above licence.

You have chosen the application pack for applicants that are required to submit an annual medical certificate. If you are over 65 or have any medical conditions i.e. Diabetes that require you to submit annual medical certificates there is an additional administration charge of £23 per application. If you do not require an annual medical certificate please download the correct form with the appropriate fee information.

Before you begin please read the following points carefully as they will have an impact on the progress and outcome of your application.

- You must complete an on-line Disclosure and Barring Service (DBS) application or international equivalent if you have not been a resident of the UK for 5 years prior to the date of application.
- You may start the application process with a non UK Drivers Licence, however, due to administrative issues with the recording of traffic offences by DVLA for non UK licences, all applicants will be required, at the point of licence grant, to have converted to a full UK driving licence.
- No Hackney Carriage Private Hire Driver application will be renewed if you have not taken the Disability Awareness Course in accordance with the requirements of the application process.
- No Hackney Carriage Private Hire Driver application will be renewed if you have not attended the Prevention of Child Sexual Exploitation (CSE) Course in accordance with the requirements of the application process.
- If your renewal form and supporting documents including payment are not

submitted by the Driver's Licence expiry date then your Hackney Carriage/Private Hire Driver's Licence will NOT be renewed and you will have to apply for a new Hackney Carriage/Private Hire Driver's Licence.

- The application form requires you to declare, amongst other things, all of your previous convictions and cautions, *not just motoring offences*, **whether spent or not**. These may be taken into account, even if they were committed some time ago.

It is an offence to make a false declaration on the application form.

Below is a brief outline of the costs and timescales involved in applying to this authority, together with an explanation of the processing steps. After you have read all the relevant information, and you wish to continue with your renewal application, please complete all of the forms (paper and on-line) and return them, together with your receipts for on-line payments, in person to The Licensing Team, Health and Community Protection, Riverside House, Milverton Hill, Leamington Spa, CV32 5HZ.

For your application to be valid it must include:

- A completed and signed application form.
- Your completed and submitted on-line Disclosure and Barring Service (DBS) application reference number and receipt.
- A completed, stamped and signed Medical Certificate (dated no more than 4 weeks before submitting the application).
- A completed and signed DVLA driver's mandate.
- An original passport sized photo (taken no more than 4 weeks before submitting your application)
- Receipts for the correct fees (Application and DBS).
- Receipt for payment for the Prevention of Child Sexual Exploitation (CSE) course (if not already taken).

If all of the documents listed above are not received within 8 weeks of the start of your application, your application will be considered to have failed. This includes the DBS online application but excludes your DBS certificate.

From 1st January 2018 the costs involved in the application are:

• Licence & application fee (3 year licence) (Including DVLA mandate fee)	£347.30
• Medical administration fee (year 1- with application)	£ 7.70
• Medical administration fee (year 2)	£ 12.20
• Medical administration fee (year 3)	£ 12.20
• DBS fee	£ 68.00
Total	<u>£447.40</u>

You will also need to pay, directly to the service provider, for the Medical evaluation and certificate.

For current fee information you should contact the service provider directly. The attached guidance notes contain contact information for all Warwick District Council approved suppliers.

The time involved in the application:

- It is unlikely that the process will be complete in under 6 weeks due to the required checks and tests necessary. This may increase if you are required to attend a hearing if you have previous convictions or cautions.
- Any outstanding application documents not received within 8 weeks of the initial application date will be considered to have failed.
- If the full application process is not completed within 6 months of receipt of initial application it will be cancelled and a new application and fee will be required.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Lorna Hudson', written over a thin horizontal line.

Lorna Hudson
Regulatory Manager

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Guidance Notes for applicants

General Notes

If you wish to continue driving after the date of expiry of your licence, we would recommend that you submit your full application as soon as possible prior to your licence expiry date. If you do not, then the process may not be completed in time.

If you fail to apply before the expiry of your licence, this will lapse and you will be treated as a **brand new applicant**. Therefore you will have to complete the Knowledge Test, Disability Awareness Course, Medical Examination and a new DBS check.

If you wish to discuss your renewal or have any other enquiries, you must make an appointment with a member of the licensing team. If an appointment is not made, no guarantee can be given that anyone will be free to see or speak with you.

Application Form

You must complete and sign the Warwick District Council application form. Ensure that you answer all questions and fully understand the declaration you are signing. Pay special attention to section 2, ensuring that you include all convictions, spent and unspent. If you have convictions to declare please read the *Private Hire and Hackney Carriage Drivers, Vehicles and Operators Handbook (Guidelines relating to the relevance of convictions)* before you submit your application.

On-line DBS application

You are required to complete a Disclosure and Barring Service (DBS) disclosure as part of the hackney carriage/private hire driver renewal application process. An online DBS check can be completed by accessing the internet from any PC/Laptop that has this facility. If you do not own your own computer you can go to any internet café or local library.

Please log in using the following URL in your top toolbar:

<https://disclosure.capitarvs.co.uk/coventry/>

Please be aware that you must complete your application form in full as part completed application forms cannot be saved and any data you have input will be lost. Please also be aware that there are instructions given on each screen.

On entering the system you will be asked to supply the following information:

Organisation Reference – **WDCTAXI**

Password – **Wdctaxi2**

Once your application is complete and submitted **you must present your 3 supporting identification documents and receipt of payment** to a Licensing Officer at:

Warwick District Council
Riverside House
Milverton Hill
Royal Leamington Spa
CV32 5HZ

Officers are available to review your identification documentation during the Licensing I.D. Checking Surgery hours only. These are:

Monday 10:30 to 11:30

Tuesday 13:00 to 14:00

Thursday 10:30 to 11:30

Please ensure that you read all of the guidance notes carefully and follow the advice given. Pay particular attention to the guidance around the type of documents that can be used to support your application. Ensure that all documents are valid and meet all of the DBS standards before presenting them to us.

Please note the DBS fee is included within the total licence fee paid to Warwick District Council – if you pay for the DBS through the online payment portal on the website, then you must deduct the DBS payment off the remainder of the fee when this is paid.

You can pay for your DBS through the online payment portal at www.warwickdc.gov.uk on the Hackney Carriage Private Hire Drivers Licensing page.

Your application will not be progressed until you have paid the DBS fee and presented valid identification documents to a Licensing Officer.

Medical Certificate

You must submit, with your application, your medical report and declaration, completed at your own expense, no more than 4 weeks before submitting the application. The certificate can be completed either by:

- Your own doctor; or
- Croft Medical Centre, Sydenham, Leamington Spa (Tel: 01926 310404); or
- Driver's Medicals, Coventry (Tel: 0870 609 1540)

DVLA Drivers Mandate

Complete the form in full and sign it.

Prevention of Child Sexual Exploitation (CSE) Course

No Hackney Carriage Private Hire Driver application will be renewed if you have not taken the Prevention of Child Sexual Exploitation (CSE) Course in accordance with the requirements of the application process. At a meeting of the Executive Committee held on the 9th March 2016 it was agreed that the above training should become compulsory for all licensed Hackney Carriage and Private Hire Drivers from the 1st April 2016.

The prevention of CSE courses covers:

- Safeguarding children and vulnerable persons
- Human trafficking legislation
- Making a referral of your identified concerns
- Signposting to relevant agencies

Any driver who has not undertaken this course should expect to have their application refused.

The current fee and course dates can be found at the following link:

http://www.warwickdc.gov.uk/info/20023/hackney_carriage_taxis_and_private_hire/1042/hackney_carriage_and_private_hire_drivers

You will need to present your receipt to officers at the beginning of the course as proof of payment. You will be expected to attend wearing your Hackney Carriage Private Hire Drivers Licence Identification Badge.

Passport photograph

You are required to provide an original, colour, passport sized photograph with your application. This must be a recent picture of yourself, taken within the past 4 weeks, it should be a clear full face picture, with no hats or sunglasses to be worn. Religious headaddresses and prescription glasses are permitted if normally worn.

Delivering your application and associated papers

You must deliver your application to the council offices in person. Your application will be accepted for assessment once all of the previously listed documents have been received. Please be aware that the reception staff do not work for Licensing and will not be able to assist with the completion of any element of the forms, or answer any application questions you may have.

Processing your application

Once received, your application will be checked by a member of the Licensing Team. You will be contacted if there are any errors or omissions in your forms or if we require any further information or clarification. It is in your interest to respond quickly to any requests for information that are made as your application will not be progressed until all outstanding queries have been resolved. The licensing team will not accept any responsibility for delays in your application due to missing/incorrect items.

Once your application has been checked and accepted as correct by a member of the licensing team and the appropriate payments have been received you will receive a letter from us confirming the status of your application and returning any original documents to you. At this time a licensing officer will send your Data Protection Mandate off and authorise your on-line DBS application.

Your application will not be assessed until the licensing team receive notification of the outcome of your DBS certificate content. If the licensing team receive notification that your DBS is 'clear' from the service provider then your application will be assessed. If your DBS contains details of convictions and cautions then your application will not be assessed until licensing officers have seen your certificate. The DBS certificate will be sent directly to you. It is in your interests, therefore, to deliver the certificate (original document only) to the licensing team as soon as possible after you receive it.

Once the licensing team receive all of your documents and certificates (including your DBS certificate) your application will be assessed and an officer will determine your eligibility to continue to hold a hackney carriage/private hire driver licence with the District within 10 working days.

If there are issues with your application that fall outside of the current policy on drivers you may be offered the opportunity to speak to a panel of councillors to explain your situation, in order for them to consider your application. You will be contacted by a member of the licensing team if this is the case.

Please take the time to read the following information and guidance on our website. You will need to know and be conversant with the information contained within the booklets:

**Private Hire and Hackney Carriage Drivers, Vehicles and Operators Handbook
(Guidelines relating to the relevance of convictions);**

http://www.warwickdc.gov.uk/downloads/file/130/guidelines_relating_to_the_relevance_of_convictions

Guidance notes and conditions;

http://www.warwickdc.gov.uk/downloads/file/129/guidance_notes_and_conditions



Hackney Carriage & Private Hire Driver Licence
Town Police Clauses Act 1847
Local Government (Miscellaneous Provisions Act 1976)

Licensing Services, Health and Community Protection,
Riverside House, Milverton Hill, Royal Leamington Spa, CV32 5HZ
Tel: 01926 456705 Email: licensing@warwickdc.gov.uk

The application process will not commence until all relevant documents have been received and this form is completed fully and correctly.

I hereby apply for (please tick as appropriate)

☐

New Grant

☐

Renewal – Badge Number

WDCDR

YOU MUST ANSWER ALL QUESTIONS IF NOT THE FORM WILL BE RETURNED TO YOU. PLEASE USE BLOCK CAPITALS.

1. YOUR PERSONAL DETAILS

Title: (Mr, Mrs, etc.)

Family name:

Forename(s):

Previous Names:

Date of Birth: Place of Birth:

Address:

Postcode:

Telephone No: Mobile No:

National Insurance Number:

How long have you lived in the UK

Have you previously applied for or been refused any application for a Hackney Carriage/ Yes ☐

Private Hire Drivers Licence with Warwick District Council or any other Licensing Authority No ☐

DRIVING LICENCE DETAILS

How long have you held a full DVLA driving licence (years)

(Minimum period 2 years):

What Groups does your licence cover

DVLA driving licence number:

Valid from:

Expiry Date:

Current endorsements on DVLA driving licence (if none, write "NIL"):

Date of Offence	Offence Code	Points	Fine/Costs

Have you ever been disqualified from driving?

Yes

☐

No

☐

If Yes, please give details below:

Date:

Reason:

Period(s) of disqualification

Have you previously held either a Hackney Carriage or Private Drivers Licence?

Yes

☐

No

☐

If Yes, please give details below:

Council licence held with:

Date Licence ceased:

Reason for not continuing the Licence

2. CONVICTIONS

You are required to disclose all convictions, cautions, injunctions including antisocial behaviour orders, fixed penalty notices, restraining orders and details of any arrests for the purpose of establishing if an applicant is a "fit and proper" person to hold a licence. All convictions include any spent convictions (not just for Road Traffic Offences) under the Rehabilitation of Offenders Act 1974 and Rehabilitation of Offenders Act (Exceptions) Order 2003 must also be declared. It is an offence under section 57 of the Local Government (Miscellaneous Provisions) Act 1976 to knowingly or recklessly make a false statement on the licence application form.

Have you ever been **convicted** or **cautioned of any offence**, or **received** any of the items listed above?

Yes ☐ No ☐

- In the box below you must list **ALL** your convictions, police cautions, warnings and reprimands except for "Protected Convictions or Cautions", even if you think they are not relevant or they are very old or you think they are spent or quashed.
- Include all offences and fixed penalty endorsements even if they are very old or they no longer appear on your licence.
- Include them all even if you have listed them on a previous application form.
- Include any convictions, cautions, warnings and reprimands received when you were outside the UK.
- You must include the date (i.e. day/month/year) for every conviction/caution/warning/reprimand etc.
- Use a separate sheet of paper if you need more space.
- If you have **No** convictions, cautions, warnings or reprimands you must write "**NONE**" in the section below.

If you are in any doubt as to what to write down you must contact the Taxi Licensing Office.

If Yes, please give details below (continue on a separate piece of paper if necessary):

Offence	Date of Conviction/Caution	Sentence

Are there any matters related to the prosecutions, convictions, cautions, injunctions including antisocial behaviour orders, fixed penalty notices, restraining orders and details or any arrests pending against you?

Yes ☐ No ☐

If yes, please give details below:

I confirm that I have read and understood section 2 above regarding convictions and understand it is an offence under section 57 of the Local Government (Miscellaneous Provisions) Act 1976 to knowingly or recklessly make a false statement on the licence application form.

Signature:

PRINT NAME

DATE:

3. EMPLOYMENT DETAILS

Please state the name and address of the person who will employ you if this licence is granted:

Name:

Address:

Telephone No:

Will you be working (tick as appropriate)

Full time ☐

Part time ☐

4. MEDICAL

A medical report and declaration is required to be submitted with all new applications. Medical reports are also required to be submitted with all renewal applications every three years, or more often if considered necessary or appropriate.

Once an applicant reaches 65 years of age, a medical report and declaration is required annually.

Have you **ever** suffered from a prescribed medical disability, epilepsy or from sudden attacks of disabling giddiness or fainting from any disease, mental or physical disability likely to interfere with the efficient discharge of your duties as a driver, or to cause the driving of a Hackney Carriage or Private Hire Vehicle to be a source of danger to the public?

Yes ☐

No ☐

If yes, please give details.

5. I hereby apply for a vehicle driver's licence and enclose:

- i. Completed application with birth certificate or valid passport
(*New applications only*). ☐
- ii. Receipts for the appropriate fees (see separate list for current fees). ☐
- iii. My current UK/EU Driving Licence in Current Address (held for 2 years). ☐
- iv. A completed driving licence check mandate. ☐
- v. A completed medical report and declaration. ☐
- vi. One original passport sized photograph taken within the preceding month prior to submitting the application.
(*No hats or sunglasses to be worn and only prescription glasses permitted*). ☐
- vii. DBS on-line payment receipt (if on-line payment made) ☐

Your licence will not be renewed or granted unless all of the required supporting documents are enclosed.

Should you withdraw or cancel your application once it has been submitted and accepted, your application fees are none refundable.

6. DECLARATION

I declare that I have checked the information given on this form and that to the best of my knowledge and belief it is correct.

I undertake to comply with the relevant legislation and application procedures administered by Warwick District Council and to immediately notify the Council, in writing, of changes in my personal/business circumstances, including any accidents and medical conditions, during the period of any licences issued.

Signature:

PRINT NAME:

Date:

Email address

For renewal applications this form must be submitted, together with all required documents, as soon as possible before the expiry of your existing licence.

NOTE: Any new application not completed within 6 months of the date it is received will be cancelled and a new application and fee will be required.

Warwick District Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

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MEDICAL CERTIFICATE FOR HACKNEY CARRIAGE AND PRIVATE HIRE DRIVERS

Name of driver

Date of birth

Address

- ☐ The applicant meets the DVLA C1 category, group 2 medical standard of fitness and is therefore fit to drive hackney carriage/private hire vehicles.
- ☐ The applicant does not meet the DVLA C1 category, group 2 medical standard of fitness and is therefore not fit to drive hackney carriage/private hire vehicles.
- ☐ The applicant has diabetes treated by insulin and should be considered fit and granted a licence for twelve months once he has produced to you the form "*Medical statement for drivers with diabetes using insulin*", duly completed by a diabetes consultant and by himself. I have given the applicant a copy of this form.
- ☐ I have found a matter of relevance but I recommend that you grant him a renewal of his licence for the time being and that you follow the following recommendations regarding further medical evidence:
- ☐ You should require the driver to produce, within two weeks, a written statement from his doctor stating that his blood pressure (on medical treatment if necessary) is not consistently above 180/100.
- ☐ You should require the driver to produce, within two weeks, a written statement from an optometrist stating that his visual acuity, with glasses if necessary, is at least **6/7.5** in the better eye and **6/12** in the worse eye.
- ☐ You should require the driver to produce, within three months, a statement from his GP or hospital specialist stating that within the last three years he has had an exercise treadmill test or other equivalent test of cardiac function and that this demonstrates that he meets the DVLA group 2 standard.
- ☐ The driver should produce to you, within six weeks, the form "*Medical statement for drivers with tablet-controlled diabetes*", duly completed by a medical practitioner and by himself. I have given the applicant a copy of this form.

Is there any reason to have a review before three years?

- ☐ No, only as above ☐ Yes, more frequently ☐ If yes state what interval is recommended: _____

Doctor's signature.....

Surgery Stamp:

Doctor's name (please print).....

Date of examination.....

Notes for the examining doctor:

Taxi and private hire drivers must achieve the same medical standard as DVLA group 2 (*Medical Aspects of Fitness to Drive*, The Medical Commission on Accident Prevention 1995; and *Fitness to Drive, A Guide for Health Professionals*, Tim Carter, Chief Medical Advisor to the Department for Transport, 2006)

If the applicant is applying for a new licence, the required medical standard must be met before the person can be certified as fit. If an applicant is renewing an existing licence, and the problem which is identified is not of immediate medical concern, such as blood pressure marginally above the DVLA group 2 level or visual acuities marginally worse than the DVLA group 2 level, the candidate should be considered to be a "provisionally fit" and allowed to hold a licence with appropriate instructions to the licensing authority as indicated above.

An applicant using insulin for diabetes must produce both a declaration from a diabetes consultant and a declaration signed by himself, confirming a satisfactory level of control and monitoring as specified in the accompanying form "*Medical statement for drivers with diabetes using insulin*". He should not be considered fit to hold a licence until this is done.

An applicant taking sulphonylureas or glinides must produce both a declaration from a doctor and from himself confirming a satisfactory level of control and monitoring as specified in the accompanying form "*Medical statement for drivers with tablets- controlled diabetes*" but may be allowed a period of grace to obtain this evidence.

A person who has a history of established ischaemic heart disease including a heart attack, angina, or insertion of a stent at any time in the past, whether recent or distant, must have three yearly exercise treadmill tests or another equivalent functional test and be able to demonstrate a satisfactory standard equivalent to DVLA group 2 standard.

Medical statement for drivers with diabetes using insulin

Licensing requirements for holding a group 2 licence (lorries and buses) and taxis require people with diabetes treated by insulin to obtain a statement from a hospital specialist and make a declaration themselves. Please obtain a statement from a specialist as below, and please sign the second declaration yourself.

You must have attended an examination by a hospital consultant specialising in the treatment of diabetes, and you must have the following statement from a consultant. The consultant may either sign below or reproduce the statement on headed paper.

Driver's name: _____ Date of birth: _____	
<p>I am a consultant specialising in the treatment of diabetes and I have seen this person in the last year. I confirm that he/she:</p> <ol style="list-style-type: none">1. has a history of responsible diabetic control.2. currently has a minimal risk of impairment due to hypoglycaemia.3. has undergone treatment with insulin for at least four weeks.4. has full awareness of, and understand the risks of, hypoglycaemia.5. has not, during the immediately preceding year, had an episode of severe hypoglycaemia.6. regularly monitors his or her condition and, in particular, undertakes blood glucose monitoring at least twice daily and at times relevant to driving, using a device that incorporates an electronic memory function to measure and record blood glucose levels, and undertakes to continue so to monitor.7. will continue to have annual reviews with a hospital specialist.	
Signature of consultant and date:	
Name, address and authentication stamp of consultant:	

You must also sign the following declaration yourself:

Driver's name: _____ Date of birth: _____	
<ol style="list-style-type: none">1. I understand the risk of hypoglycaemia and will comply with such directions regarding treatment for diabetes as may from time to time be given by the registered medical practitioner overseeing my treatment, or one of the clinical team working under the supervision of that registered medical practitioner.2. I regularly monitor my condition and, in particular, undertake blood glucose monitoring at least twice daily and at times relevant to driving, using a device that incorporates an electronic memory function to measure and record blood glucose levels, and I undertake to continue so to monitor.3. I will immediately report to the licensing authority in writing any significant change in my condition and will follow the advice of my registered medical practitioner, or one of the clinical team working under the supervision of that registered medical practitioner, concerning fitness to drive.	
Signature and date:	

Medical statement for drivers with tablet-controlled diabetes

Licensing requirements for holding a group 2 licence (lorries and buses) and taxis require people with diabetes treated by certain tablets as shown below to obtain a statement from their doctor and make a declaration themselves. Please obtain a statement from your doctor as below, and please sign the second declaration yourself.

Sulphonylureas, including the following Chlorpropamide, Glibenclamide, Gliclazide, Glimepiride Glipizide, Glibense, Tolbutamide	Glinides, which include the following tablets Nateglinide also known as Starlix Repaglinide also known as Prandin
--	--

You must have attended an examination by a doctor such as your GP who must sign the following statement.

Driver's name _____ Date of birth _____	
<p>This person has attended an examination with me. I am a registered medical practitioner. I confirm that he/she:</p> <ol style="list-style-type: none">1. has a history of responsible diabetic control and currently has a minimal risk of impairment due to hypoglycaemia.2. has full awareness of hypoglycaemia;3. has not, during the period of one year immediately preceding the date when the licence is granted, had an episode of severe hypoglycaemia; and4. regularly monitors his or her condition and, in particular, undertakes blood glucose monitoring at least twice daily and at times relevant to driving	
Signature of doctor and date:	
Name, address and authentication stamp of doctor:	

You must also sign the following declaration yourself:

Drivers name: _____ Date of birth: _____	
<ol style="list-style-type: none">1. I understand the risk of hypoglycaemia and will comply with such directions regarding treatment for diabetes as may from time to time be given by the registered medical practitioner overseeing that treatment, or one of the clinical team working under the supervision of that registered medical practitioner;2. I will immediately report to the licensing authority in writing any significant change in my condition and will follow the advice of my registered medical practitioner, or one of the clinical team working under the supervision of that registered medical practitioner, concerning fitness to drive.	
Signature and date:	

Medical examination report for a hackney carriage/private hire drivers licence requiring a medical standard equivalent to the DVLA group 2 standard

**If this form is not fully completed it will be returned and the application will be
delayed**

**All black outlined boxes must be answered
This page and medical page 11 must be completed by the applicant**

Your name _____

Address &
postcode _____

Date of birth _____

Daytime contact phone
number _____

Email address _____

Your doctor's details

Name of doctor _____

Address &
postcode _____

Phone number _____

Email address (if known) _____

**You must sign and date the declaration on medical page 11 when the
doctor and/or optician has completed the report**

Vision assessment
To be filled in by a doctor or optician/optometrist

1. Please confirm (✓) the scale you are using to express the driver's visual acuities.

Snellen ☐

Snellen expressed as a decimal ☐

LogMAR ☐

2. Please state the visual acuity of each eye. Snellen readings with a plus (+) or minus (-) are not acceptable. If 6/7.5, 6/60 standard is not met, the Applicant may need further assessment by an optician.

Uncorrected

Corrected
 (Using prescription worn when driving)

R L R L

3. Is the visual acuity at least 6/7.5 in the better eye and at least 6/60 in the other eye (corrective lenses may be worn to meet this standard)?
- YES** ☐ **NO** ☐

4. Were corrective lenses worn to meet the standard?
- ☐ ☐

If **YES**, glasses ☐ contact lenses ☐ both together ☐

5. If **glasses** (not corrective lenses) are worn for driving, is the corrective power greater than plus (+)8 dioptres in any meridian of either lens?
- ☐ ☐

6. If correction is worn for driving, is it well tolerated?
 If **NO**, please give full details in the box provided
 If you answer yes to any of the following give details in the box provided

7. Is there a history of any medical condition that may affect the applicant's binocular field of vision (central and/or peripheral)?
- ☐ ☐
- If formal visual field testing is considered necessary, DVLA will commission this at a later date**

8. Is there diplopia?
- ☐ ☐
- (a) If **YES**, is it controlled? ☐ ☐
- If **YES**, please give full details in the box provided

9. Does the applicant on questioning, report symptoms of intolerance to glare and/or impaired contrast sensitivity and/or impaired twilight vision?
- ☐ ☐

10. Does the applicant have any other ophthalmic condition?
- ☐ ☐
- If **YES**, please give full details in the box provided

Details/additional information

You must sign and date this section

Signature of examining doctor/optician

Date of signature

Please provide your GOC, HCP or GMC number

Doctor/optometrist/optician's stamp

Name of examining doctor/optician (print)

Doctor/optometrist/optician's stamp

Medical examination report**Medical assessment****Must be filled in by a doctor**

- Please check the applicant's identity before you proceed
- Please ensure you fully examine the applicant as well as taking the applicant's history

1. Nervous system

Please tick (✓) the appropriate box(es)

Is there a history of, or evidence of **any** neurological disorder? YES NO
☐ ☐

If **NO**, go to **section 2**If **YES**, please answer **ALL** questions below

1 Has the applicant had any form of seizure? YES NO
☐ ☐

(a) Has the applicant had more than one attack? ☐ ☐

(b) Please give date of first and last attack

First attack:

D	D
---	---

M	M
---	---

Y	Y
---	---

Last attack:

D	D
---	---

M	M
---	---

Y	Y
---	---

(c) Is the applicant currently on anti-epileptic medication? ☐ ☐

If **YES**, please fill in current medication in **section 8, page 7**

(d) If no longer treated, please give date when treatment ended

D	D
---	---

M	M
---	---

Y	Y
---	---

(e) Has the applicant had a brain scan? ☐ ☐

If **YES**, please give details in **section 6, page 6**

(f) Has the applicant had a EEG? ☐ ☐

2. Is there **ANY** history of the following: Stroke or TIA? ☐ ☐

If **YES**, please give date

D	D
---	---

M	M
---	---

Y	Y
---	---

Has there been a **FULL** recovery? ☐ ☐

Has a carotid ultra sound been undertaken? ☐ ☐

3. Sudden and disabling dizziness/vertigo within the last year with a liability to recur? ☐ ☐

4. Subarachnoid haemorrhage? ☐ ☐

5. Serious traumatic brain injury within the last 10 years? ☐ ☐

6. Any form of brain tumour? ☐ ☐

7. Other brain surgery or abnormality? ☐ ☐

8. Chronic neurological disorders? ☐ ☐

9. Parkinson's disease? ☐ ☐

10. Is there a history of blackout or impaired consciousness within the last 5 years? ☐ ☐

If **YES**, please give date(s) and details in **section 6, page 6**

11. Does the applicant suffer from narcolepsy? ☐ ☐

If **YES**, please give date(s) and details in **section 6, page 6**

2. Diabetes mellitus

Does the applicant have diabetes mellitus? YES NO
☐ ☐

If **NO**, go to section 3, page 4

If **YES**, please answer **ALL** the following questions

1 Is the diabetes managed by: ☐ ☐
(a) Insulin?

If **YES**, please give date started on Insulin

D	D
---	---

M	M
---	---

Y	Y
---	---

(b) If treated with insulin, are there at least 3 months of blood glucose readings stored on a memory metre(s)? ☐ ☐

If **NO**, please give details in **section 6, page 6**

(c) Other injectable treatments? ☐ ☐

(d) A Sulphonylurea or a Glinide? ☐ ☐

(e) Oral hypoglycaemic agents and diet? ☐ ☐

If **YES** to any of a-e, please fill in current medication in **section 8, page 7**

(f) Diet only? ☐ ☐

This question 2 does not need to be answered unless the applicant takes insulin or sulphonylurea or glinide medication

2 (a) Does the applicant test blood glucose at least twice every day? ☐ ☐

(b) Does the applicant test at times relevant to driving? ☐ ☐

(c) Does the applicant keep fast acting carbohydrates within easy reach when driving? ☐ ☐

(d) Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving? ☐ ☐

3 Is there any evidence of impaired awareness of hypoglycaemia? ☐ ☐

4 Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person? ☐ ☐

5 Is there evidence of: ☐ ☐
(a) Loss of visual field?

(b) Severe peripheral neuropathy, sufficient to impair limb function for safe driving? ☐ ☐

If **YES** to any of 4-6 above, please give details in **section 6, page 6**

6 Has there been laser treatment or intra-vitreous treatment for retinopathy? ☐ ☐
If **YES**, please give date(s) of treatment

3. Psychiatric Illness

Please tick (✓) the appropriate box(es)

Is there a history of, or evidence of, psychiatric illness, drug/alcohol misuse within the last 3 years? ☐ YES ☐ NO
If **NO**, go to **section 4**
If **YES**, please answer **ALL** questions below

- 1 Significant psychiatric disorder within the past 6 months? ☐ YES ☐ NO
- 2 Psychosis or hypomania/mania within the past 12 months, including psychotic depression? ☐ YES ☐ NO
- 3 Dementia or cognitive impairment? ☐ YES ☐ NO
- 4 Persistent alcohol misuse in the past 12 months? ☐ YES ☐ NO
- 5 Alcohol dependence in the past 3 years? ☐ YES ☐ NO
- 6 Persistent drug misuse in the past 12 months? ☐ YES ☐ NO
- 7 Drug dependence in the past 3 years ☐ YES ☐ NO
If **YES** to any questions above, please provide full details in section 6, page 6, including dates, period of stability and where appropriate consumption and frequency of use.

4. Cardiac

A Coronary artery disease

Is there a history of, or evidence of, coronary artery disease? ☐ YES ☐ NO
If **NO**, go to **section 4b**
If **YES**, please answer ALL questions below and give details at **section 6**

1. Has the applicant suffered from angina? ☐ YES ☐ NO
If **YES**, please give date of the last known attack
 D D M M Y Y

2. Acute coronary syndrome including myocardial infarction? ☐ YES ☐ NO
If **YES**, please give date
 D D M M Y Y

3. Coronary angioplasty (P.C.I.)? ☐ YES ☐ NO
If **YES**, please give date of most recent intervention
 D D M M Y Y

4. Coronary artery by-pass graft surgery? ☐ YES ☐ NO
If **YES**, please give date
 D D M M Y Y

B Cardiac arrhythmia

Is there a history of, or evidence of, cardiac arrhythmia? ☐ YES ☐ NO
If **NO**, go to **section 4c**
If **YES**, please answer ALL questions below and give details in **section 6, page 6**

- 1 Has there been a **significant** disturbance of cardiac rhythm? i.e. sinoatrial disease, significant atrio-ventricular conduction defect, atrial flutter/fibrillation, narrow or broad complex tachycardia in the last 5 years ☐ YES ☐ NO
- 2 Has the arrhythmia been controlled satisfactorily for at least 3 months? ☐ YES ☐ NO
- 3 Has an ICD or biventricular pacemaker (CRT-D type) been implanted? ☐ YES ☐ NO
- 4 Has a pacemaker been implanted? ☐ YES ☐ NO
If **YES**:
(a) Please supply date of implantation
 D D M M Y Y
(b) Is the applicant free of the symptoms that caused the device to be fitted? ☐ YES ☐ NO
(c) Does the applicant attend a pacemaker clinic regularly? ☐ YES ☐ NO

Peripheral arterial disease (excluding Buerger's disease) aortic aneurysm/dissection

Is there a history of, or evidence of, peripheral arterial disease (excluding Buerger's disease), aortic aneurysm/dissection? ☐ YES ☐ NO

If **NO**, go to **section 4d**
If **YES**, please answer ALL questions below and give details in **section 6 page 6**

1. Peripheral arterial disease (excluding Buerger's disease) ☐ YES ☐ NO
2. Does the applicant have claudication? ☐ YES ☐ NO
If **YES**, how long in minutes can the applicant walk at a brisk pace before being symptom-limited?
Please give details

3. Aortic aneurysm? ☐ YES ☐ NO
If **YES**:

(a) Site of Aneurysm: Thoracic ☐ Abdominal ☐

(b) Has it been repaired successfully? ☐ YES ☐ NO

(c) Is the transverse diameter **currently** > 5.5cm? ☐ YES ☐ NO

If **NO**, please provide latest measurement and date obtained

D D M M Y Y

4. Dissection of the aorta repaired successfully? ☐ YES ☐ NO
If **YES**, please provide copies of all reports to include those dealing with any surgical treatment.

5. Is there a history of Marfan's disease? ☐ YES ☐ NO
If **YES**, please provide relevant hospital notes

D Valvular/congenital heart disease		YES	NO
Is there a history of, or evidenced of, valvular/congenital heart disease?		<input type="checkbox"/>	<input type="checkbox"/>
If NO , go to section 4e If YES , please answer ALL questions below and give details in section 6, page 6			
1	Is there a history of congenital heart disease?	<input type="checkbox"/>	<input type="checkbox"/>
2	Is there a history of heart valve disease?	<input type="checkbox"/>	<input type="checkbox"/>
3	Is there a history of aortic stenosis? If YES , please provide relevant reports	<input type="checkbox"/>	<input type="checkbox"/>
4	Is there any history of embolism? (not pulmonary embolism)	<input type="checkbox"/>	<input type="checkbox"/>
5	Does the applicant currently have significant symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
6	Has there been any progression since the last licence application? (if relevant)	<input type="checkbox"/>	<input type="checkbox"/>
E Cardiac other			
Is there a history of, or evidence of heart failure?		<input type="checkbox"/>	<input type="checkbox"/>
If NO , go to section 4f If YES , please answer ALL questions below			
1	Established cardiomyopathy?	<input type="checkbox"/>	<input type="checkbox"/>
2	Has a left ventricular assist device (LVAD) been implanted?	<input type="checkbox"/>	<input type="checkbox"/>
3	A heart or heart/lung transplant?	<input type="checkbox"/>	<input type="checkbox"/>
4	Untreated atrial myxoma?	<input type="checkbox"/>	<input type="checkbox"/>
F Cardiac investigations			
Have any cardiac investigations been undertaken or planned?		<input type="checkbox"/>	<input type="checkbox"/>
If NO , go to section 4g If YES , please answer ALL questions			
1	Has a resting ECG been undertaken? If YES , does it show:-	<input type="checkbox"/>	<input type="checkbox"/>
	(a) Pathological Q waves?	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Left bundle branch block?	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Right bundle branch block?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to a, b or c please provide a copy of the relevant ECG report or comment at section 6, page 6			

	YES	NO
2 Has an exercise ECG been undertaken (or planned)? If YES , please give date and <div style="display: flex; justify-content: space-between;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> give details in section 6, page 6 <i>Please provide relevant reports if available</i>	<input type="checkbox"/>	<input type="checkbox"/>
3 Has an echocardiogram been undertaken (or planned)? (a) If YES , please give date and <div style="display: flex; justify-content: space-between;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> give details in section 6, page 6 (b) If undertaken, is/was the left ejection fraction greater than or equal to 40%? <i>Please provide relevant reports if available</i>	<input type="checkbox"/>	<input type="checkbox"/>
4 Has a coronary angiogram been undertaken (or planned)? If YES , please give date and <div style="display: flex; justify-content: space-between;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> give details in section 6, page 6 <i>Please provide relevant reports if available</i>	<input type="checkbox"/>	<input type="checkbox"/>
5 Has a 24 hour ECG tape been undertaken (or planned)? If YES , please give date and <div style="display: flex; justify-content: space-between;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> give details in section 6, page 6 <i>Please provide relevant reports if available</i>	<input type="checkbox"/>	<input type="checkbox"/>
6 Has a myocardial perfusion scan or stress echo study been undertaken (or planned)? If YES , please give date and <div style="display: flex; justify-content: space-between;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> give details in section 6, page 6 <i>Please provide relevant reports if available</i>	<input type="checkbox"/>	<input type="checkbox"/>
G Blood pressure		
If blood pressure is 180 Hg systolic or more and/or 100mm Hg diastolic or more, please take a further 2 readings at least 5 minutes apart and record the best of the 3 readings in the box provided.		
1 Please record today's best blood pressure reading	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
2 Is the applicant on anti-hypertensive treatment? If YES , please provide three previous readings with dates if available	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 60%;"></div> <div style="display: flex;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div> </div> <div style="display: flex;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div> </div> <div style="display: flex;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 60%;"></div> <div style="display: flex;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div> </div> <div style="display: flex;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div> </div> <div style="display: flex;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 60%;"></div> <div style="display: flex;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div> </div> <div style="display: flex;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div> </div> <div style="display: flex;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div> </div> </div>	

5. General

All questions **MUST** be answered

If **YES** to any, give full details in section 6

	YES	NO
1 Is there currently any functional impairment that is likely to affect control of the vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
2 Is there a history of bronchogenic carcinoma or other malignant tumour with a significant liability to metastasise cerebrally?	<input type="checkbox"/>	<input type="checkbox"/>
3 Is there any illness that may cause significant fatigue or cachexia that affects safe driving?	<input type="checkbox"/>	<input type="checkbox"/>
4 Is the applicant profoundly deaf? If YES , is the applicant able to communicate in the event of an emergency by speech or by using a device, e.g. textphone?	<input type="checkbox"/>	<input type="checkbox"/>
5 Does the applicant have a history of liver disease of any origin? If YES , please give DETAILS in section 6	<input type="checkbox"/>	<input type="checkbox"/>
6 Is there a history of renal failure? If YES , please give details in section 6	<input type="checkbox"/>	<input type="checkbox"/>
7 Is there a history of, or evidence of, obstructive sleep apnoea syndrome or any other medical condition causing excessive sleepiness? If YES , please give diagnosis	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; height: 20px; width: 300px; margin-top: 5px;"></div>		
(a) If Obstructive Sleep Apnoea Syndrome, please indicate the severity <div style="margin-left: 40px;"> Mild (AHI <15) <input type="checkbox"/> Moderate (AHI 15 – 29) <input type="checkbox"/> Severe (AHI >29) <input type="checkbox"/> Not known <input type="checkbox"/> </div> <p><i>If another measurement other than AHI is used, it must be one that is recognised in clinical practice as equivalent to AHI. DVLA does not prescribe different measurements as this is a clinical issue. Please give details in section 6</i></p>		
(b) Please answer questions i – iv for ALL sleep Conditions <div style="margin-left: 20px;"> (i) Date of diagnosis <div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; padding: 2px 5px;">D</div> <div style="border: 1px solid black; padding: 2px 5px;">D</div> <div style="border: 1px solid black; padding: 2px 5px;">M</div> <div style="border: 1px solid black; padding: 2px 5px;">M</div> <div style="border: 1px solid black; padding: 2px 5px;">Y</div> <div style="border: 1px solid black; padding: 2px 5px;">Y</div> </div> </div>		
(ii) Is it controlled successfully? <input type="checkbox"/> <input type="checkbox"/>		
(iii) If YES , please state treatment <div style="border: 1px solid black; height: 20px; width: 250px; margin-top: 5px;"></div>		
(iv) Is applicant compliant with treatment? <input type="checkbox"/> <input type="checkbox"/>		
(v) Please state period of control <div style="border: 1px solid black; height: 20px; width: 250px; margin-top: 5px;"></div>		
(vi) Date of last review <div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; padding: 2px 5px;">D</div> <div style="border: 1px solid black; padding: 2px 5px;">D</div> <div style="border: 1px solid black; padding: 2px 5px;">M</div> <div style="border: 1px solid black; padding: 2px 5px;">M</div> <div style="border: 1px solid black; padding: 2px 5px;">Y</div> <div style="border: 1px solid black; padding: 2px 5px;">Y</div> </div>		
8 Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
9 Does any medication currently taken cause the applicant side effects that could affect safe driving? If YES , please provide details of medication and symptoms in section 6	<input type="checkbox"/>	<input type="checkbox"/>
10 Does the applicant have an ophthalmic condition? If YES , please provide details in section 6	<input type="checkbox"/>	<input type="checkbox"/>
11 Does the applicant have any other medical condition that could affect safe driving? If YES , please provide details in section 6	<input type="checkbox"/>	<input type="checkbox"/>

6 Further information

Please forward copies of relevant hospital notes. PLEASE DO NOT send any notes not related to fitness to drive.

7 Consultants' details

Details of type of specialist(s)/consultants, including address.

Consultant in
Name
Address

Date of last appointment

D	D
---	---

M	M
---	---

Y	Y
---	---

Consultant in
Name
Address

Date of last appointment

D	D
---	---

M	M
---	---

Y	Y
---	---

Consultant in
Name
Address

Date of last appointment

D	D
---	---

M	M
---	---

Y	Y
---	---

8 Medication

Please provide details of all current medication (continue on a separate sheet if necessary)

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

9 Examining doctor's details

To be completed by the doctor carrying out the examination. Please ensure all sections of the form have been completed. Failure to do so will result in the form being returned to you.

Please print name and address in capital letters

Name

Address

Phone

Fax

Email

I confirm that this report was completed by me at examination and that I am currently GMC registered and licenced to practice in the UK or I am a doctor who is medically registered within the EU, if the report was completed outside of the UK.

Signature of practitioner

--

Date of signature:

D	D
---	---

M	M
---	---

Y	Y
---	---

GMC registration number

--	--	--	--	--	--	--	--	--	--

Doctors stamp

--

This page must be completed by the applicant

Applicant's consent and declaration

You **MUST** fill in this section and must **NOT** alter it in any way.

Please read the following important information carefully then sign to confirm the statements below.

Important information about consent

As part of the investigation into your fitness to drive, we may require you to have a medical examination or some form of practical assessment. If we do, the people involved will need your background medical details to carry out an appropriate assessment. These may include doctors or orthoptists at eye clinics. We will only release information relevant to the assessment of your fitness to drive.

Consent and declaration

I authorise my doctor(s) and specialist(s) to release reports/medical information about my condition relevant to my fitness to drive, to Warwick District Council.

I authorise Warwick District Council to disclose such relevant medical information as may be necessary to the investigation of my fitness to drive, to doctors, paramedical staff and panel members.

I declare that I have checked the details I have given on the enclosed questionnaire and that, to the best of my knowledge and belief, they are correct.

I understand that it is a criminal offence if I make a false declaration to obtain a driving licence and can lead to prosecution.

Name	_____
Signature	_____
Date	_____

I authorise Warwick District Council to:

YES

NO

Inform my doctor about the outcome of my case

<input type="checkbox"/>
<input type="checkbox"/>

<input type="checkbox"/>
<input type="checkbox"/>

Release reports to my doctor(s)

Check list

YES

Have you signed and dated the consent and declaration?

<input type="checkbox"/>

Have you checked that the report has been fully and correctly filled in by the optician/doctor?

<input type="checkbox"/>

This report must be completed no more than four weeks before the date you submit your application and must be returned with your application form.

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DP20 CNL-WARWIC

MANDATE FOR THE RELEASE OF INFORMATION IN ACCORDANCE WITH THE PROVISIONS OF THE DATA PROTECTION ACT 1998

Personnel Details

Areas marked with * are mandatory.

Company Name*

Warwick District Council

Your Employee ID*

Dept/Region*

Driver Details

Title:*

(Mr, Ms, Mrs, Miss, Dr, Prof. etc.)

Surname:*

First Name:*

Middle Initials:*

Other Names Known By:

For example S M I T H 7 2 5 0 8 3 J 9 9 X L if issued by the DVLA.

Driver/Licence Number:*

Issuer/Country:*

Date of Birth:*

D	D		M	M		Y	Y	Y	Y
		/			/				

Date Entered UK (overseas licences only)*

D	D		M	M		Y	Y	Y	Y
		/			/				

If your licence is issued by another country, please send a good quality copy of all parts of your driving licence.

Please write the company name on the copy.

Current Address

Address:*

Post Town:*

Post Code:*

Address on Licence (if different)

Address:*

Post Town:*

Post Code:*

I hereby consent to Intelligent Data Systems (UK) Limited and DriveTech (UK) Limited obtaining from the Driver and Vehicle Licensing Agency (DVLA) (within the meaning of the Road Traffic Act 1988), any licence information which they hold relating to myself, including entitlement to drive and any information about disqualifications and unexpired offences and endorsements, (excluding medical information).

I hereby consent to the issuing authority providing such information on request to Intelligent Data Systems (UK) Limited and DriveTech (UK) Limited. I consent to the information being held by Intelligent Data Systems (UK) Limited, Drivetech (UK) Limited and the company named above, who will use the information only for the purpose for which it is intended.

This authority will expire whenever I cease to drive in connection with the company (for example, for work, in a company car, or on the company insurance, or any other connection), or 3 years from the date of the signature whichever is the sooner.

Driver's
Signature*Date of
Signature*

D	D		M	M		Y	Y	Y	Y
		/			/	2	0	.	.

Electronic signature cannot be accepted

ISO/IEC 27001:2005
TS 580380

Return Instructions: Please complete the document, remembering to sign and date it. Then return to Licensing Dept: Warwick District Council

ISO/IEC 27001:2005
TS 580380

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