

TARRANT INTERNATIONAL LTD.

DRIVER APPLICATION FORM

1 Surname: _____ First Names: _____
 Address: _____
 Home Phone No: _____ Mobile No: _____

2 Date of Birth: _____ 3. NI / PPS Number:

4 (a) What type of Heavy Goods licence do you hold? _____
 (b) On what date did you obtain it? _____
 (c) Who is the issuing authority? _____
 (d) What authority holds your Test Certificate? _____
 (e) What is the number of your licence? _____ **enclose a copy**

5 Please state type of Heavy Goods Vehicles you have driven and for what periods:

TON	PERIOD	NAME OF EMPLOYER	TELEPHONE NO
	From: _____ To: _____	_____	_____
	From: _____ To: _____	_____	_____
	From: _____ To: _____	_____	_____

6 (a) Have you any health or physical defect, infirmity or condition which could impair your ability to drive .i.e vision or hearing **YES / NO** If YES, please give details: _____

 (b) Do you have any endorsements/points on your licence? **YES / NO**. If so, please advise details: _____

 (c) Have you **EVER** been charged with any motor offences? **YES / NO** If so, please give dates, nature of prosecutions and results of prosecutions: _____

 (d) Is any prosecution pending? **YES / NO** If so, give details _____

Remember: Your licence will be checked with the relevant Licensing Authority.

7 Are you now or have you been insured in your own name in respect of any motor vehicle? **YES / NO**
 If **YES** please state:
 Name of insurers: _____ Policy No _____
 Expiry Date of Policy: _____ Present No Claims Bonus: _____

8 Have you had any accidents, claims or losses in the past **FIVE** years in any vehicle driven by you? If YES, please give details:

IF NO ACCIDENTS - PLEASE WRITE "NONE" IN THE BOX BELOW

Date	Details of Accident	Cost of own damage	Cost of t/p damage

I warrant that all the above statements and particulars are true and that I have not suppressed, misrepresented or mis-stated any material fact.

Date: _____ Signature of proposed Driver: _____

I hereby declare that, to the best of my knowledge, the above information is correct and I agree that this document shall be incorporated into and shall form part of the contract between me and the Company.

Date: _____ Signature of Insured: _____