

Coggeshall Community Bus Ltd. Driver Application Form

Please use block capitals throughout.

Drivers Full Name: (Mr/Mrs/Ms)	Date of Birth: /...../.....
Full Postal Address:	
Post Code:	
Telephone (Home): (Mobile):	E-Mail Address:
Date FULL driving licence obtained, (if licence obtained before Jan 1 st 1997 state MORE THAN FIVE YEARS):	
Driver Number (From Driving Licence):	Class “D1” Classification on Driving Licence (Yes or No)
Details of ALL accidents (including dates, costs, etc.) irrespective of liability in which the driver has been involved within the last FIVE years. If none state NONE:	
Details of all convictions (Dates, fines, bans & conviction codes) registered against the driver in the last FIVE years. Including any pending prosecutions. If none state NONE:	
Details of any physical or mental defect of disability. If none state NONE:	

IMPORTANT: There is a legal duty to immediately inform a director or the Secretary of the Coggeshall Community Bus Ltd of ANY change in the above information, or of any other material fact that may affect the insurance position.

I declare that the information given above is to the best of my knowledge and belief correct and complete in every detail.

Signature: Date:/...../.....

<u>For Office Use Only:</u>
Driving Licence Checked :/...../..... Driver Tested:/...../.....

Registered office: Dickins House, Guithavon Street, Witham, Essex CM8 1BJ
Registered in England. Registration Number 2576833