



the BVRLA guide to driving at work

Annex C - pre-employment check list

	C			
Dlagge Drint	Surname First name(s)			
Please Print				
Address				
	Post Code		Phone	
Date of birth	National Insurance number		Driver number	
I hold the following driving licence(s)				
Type (car/LGV/PSV)	Licence/permit no. Issued by:			Expiry date
		,		
In the past five years I have been involved in the following motor accidents and / or received the following traffic violations				
Date	Accident / traffic violation		Location	Penalty
	T			
Medical	Do you have a DVLA notifiable medical condition?		Yes	No
Permission is granted to: to refer to the appropriate licensing authority and / or to my previous employer(s) Date: / /20 Signature of applicant:				
The following must be completed by the interviewer				
I have examined the the applicant's medical history and driving licence(s) as noted above and confirm:				
The applicant does NOT have a DVLA notifiable medical condition All licences are in the name of the applicant All licences are valid for the country in which the applicant is resident All licences are valid for the group(s) stated A copy has been made and is attached Each licence has the following restrictions:				
Remarks				
Date:	Signature o	f interviewer		

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