

## Driver Application Form

### PERSONAL DETAILS

Title (Mr/Mrs/Ms/Miss) \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

E-mail \_\_\_\_\_ Daytime Tel No \_\_\_\_\_

Evening Tel No \_\_\_\_\_ Date of Birth \_\_\_\_\_

Badge No (if applicable) \_\_\_\_\_ Expiry Date (if applicable) \_\_\_\_\_

Driving License No \_\_\_\_\_ Expiry Date \_\_\_\_\_ No of Points \_\_\_\_\_

Have you been reprimanded or spoken-to about any aspect of your driving or any other matter by the licensing authorities (if Yes please give details on reverse): Yes  No

### VEHICLE DETAILS (if applicable)

Make \_\_\_\_\_ Model \_\_\_\_\_ Reg No \_\_\_\_\_

Colour \_\_\_\_\_ No of Seats \_\_\_\_\_ Mileage \_\_\_\_\_

License Plate No \_\_\_\_\_ Expiry Date \_\_\_\_\_

MOT Cert No \_\_\_\_\_ Expiry Date \_\_\_\_\_ Tax Expiry Date \_\_\_\_\_

Insurance Co \_\_\_\_\_ Cert No \_\_\_\_\_ Expiry Date \_\_\_\_\_

Vehicle Type Car  Estate  Multi-Seater  Disabled  Wheelchair  Other

To the best of my knowledge, the information given on this form is correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please print and complete this Application Form and return to EastCoast Taxis Admin Office.

### ADMINISTRATION ONLY (please do not write in section below)

Date Received \_\_\_\_\_ Received By \_\_\_\_\_ Administered By \_\_\_\_\_

Accepted Yes  No  If Yes, Start Date \_\_\_\_\_ If No, state reasons below:

Index \_\_\_\_\_ Call Sign \_\_\_\_\_ Pin No \_\_\_\_\_

MOT Serial No \_\_\_\_\_ Radio Serial No \_\_\_\_\_ Meter Serial No \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_