

Candidate _____	Test category _____	I declare that the use of the test vehicle for the purpose of the test is fully covered by a valid policy of insurance which satisfies the requirements of the legislation. I normally live/have lived in the UK for at least 185 days in the last 12 months (except test ordered by a court after disqualification). X _____
Address _____		
App ref _____	Date _____	
Driver no. _____	Time _____	
Test results preference <input type="checkbox"/> Post <input type="checkbox"/> Email address _____		
I agree to DVSA collecting, using, storing and sharing my personal information for the purpose of carrying out the driving test.		

Instructor reg number _____	Vehicle reg _____	Vehicle details <input type="checkbox"/> School car <input type="checkbox"/> Dual control
Transmission <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Accompanied by <input type="checkbox"/> Ins <input type="checkbox"/> Sup <input type="checkbox"/> Int <input type="checkbox"/> Other	

<div><input type="checkbox"/> Eyesight test (S)</div> <div><input type="checkbox"/> AS <input type="checkbox"/> NS <input type="checkbox"/> NS <input type="checkbox"/> HS / DS</div> <div>Manoeuvres<div><input type="checkbox"/> Reverse / Right <input type="checkbox"/> Reverse park (road) <input type="checkbox"/> Reverse park (car park) <input type="checkbox"/> Forward park</div><div><input type="radio"/> Control (S) (D)</div><div><input type="radio"/> Observation (S) (D)</div></div> <div><input type="checkbox"/> Show me / Tell me<div><input type="radio"/> Show me / Tell me (S) (D)</div></div> <div><input type="checkbox"/> Controlled stop<div><input type="radio"/> Controlled stop (S) (D)</div></div> <div>Control<div><input type="radio"/> Accelerator (S) (D)</div><div><input type="radio"/> Clutch (S) (D)</div><div><input type="radio"/> Gears (S) (D)</div><div><input type="radio"/> Footbrake (S) (D)</div><div><input type="radio"/> Parking brake (S) (D)</div><div><input type="radio"/> Steering (S) (D)</div></div> <div><div><input type="radio"/> Precautions (S) (D)</div><div><input type="radio"/> Ancillary controls (S) (D)</div></div>	<div>Move off<div><input type="radio"/> Safety (S) (D)</div><div><input type="radio"/> Control (S) (D)</div></div> <div>Use of mirrors<div><input type="radio"/> Signalling (S) (D)</div><div><input type="radio"/> Change direction (S) (D)</div><div><input type="radio"/> Change speed (S) (D)</div></div> <div>Signals<div><input type="radio"/> Necessary (S) (D)</div><div><input type="radio"/> Correctly (S) (D)</div><div><input type="radio"/> Timed (S) (D)</div></div> <div>Junctions<div><input type="radio"/> Approach speed (S) (D)</div><div><input type="radio"/> Observation (S) (D)</div><div><input type="radio"/> Turning right (S) (D)</div><div><input type="radio"/> Turning left (S) (D)</div><div><input type="radio"/> Cutting corners (S) (D)</div></div> <div>Judgement<div><input type="radio"/> Overtaking (S) (D)</div><div><input type="radio"/> Meeting (S) (D)</div><div><input type="radio"/> Crossing (S) (D)</div></div>	<div>Positioning<div><input type="radio"/> Normal driving (S) (D)</div><div><input type="radio"/> Lane discipline (S) (D)</div></div> <div><div><input type="radio"/> Pedestrian crossings (S) (D)</div><div><input type="radio"/> Position / normal stop (S) (D)</div><div><input type="radio"/> Awareness planning (S) (D)</div><div><input type="radio"/> Clearance (S) (D)</div><div><input type="radio"/> Following distance (S) (D)</div><div><input type="radio"/> Use of speed (S) (D)</div></div> <div>Progress<div><input type="radio"/> Appropriate speed (S) (D)</div><div><input type="radio"/> Undue hesitation (S) (D)</div></div> <div>Response to signs / signals<div><input type="radio"/> Traffic signs (S) (D)</div><div><input type="radio"/> Road markings (S) (D)</div><div><input type="radio"/> Traffic lights (S) (D)</div><div><input type="radio"/> Traffic controllers (S) (D)</div><div><input type="radio"/> Other road users (S) (D)</div></div> <div>Total faults<div><input type="text"/></div><div><div>Pass<input type="checkbox"/></div><div>Fail<input type="checkbox"/></div><div>None<input type="checkbox"/></div></div></div>
<div><input type="checkbox"/> ETA Physical <input type="checkbox"/> Verbal <input type="checkbox"/></div>		<div><input type="checkbox"/> ECO Control <input type="checkbox"/> Planning <input type="checkbox"/></div>

Licence received <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass certificate number _____ <div><input type="text"/></div>	I acknowledge receipt of my pass certificate and confirm there has been no change to my health since I last applied for a licence. X _____
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