



Candidate _____

Test category _____

Address _____

Date _____

App ref _____

Time _____

Driver no. _____

Test results preference Post Email address _____

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 _____

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

 School car Dual controlTransmission Manual AutomaticAccompanied by Ins Sup Int Other Eyesight test S

Move off

Positioning

 Safety S D Control S D

Manoeuvres

Use of mirrors

 Normal driving S D Signalling S D Change direction S D Change speed S D

Signals

 Pedestrian crossings S D Necessary S D Correctly S D Timed S D

Junctions

 Clearance S D Approach speed S D Observation S D Turning right S D Turning left S D Cutting corners S D

Judgement

 Appropriate speed S D Undue hesitation S D Traffic signs S D Road markings S D Traffic lights S D Traffic controllers S D Other road users S D

Total faults

 Pass Fail None ETA Physical Verbal ECO Control Planning

Licence received

Pass certificate number

I acknowledge receipt of my pass certificate and confirm there has been no change to my health since I last applied for a licence.

 Yes No

X _____