



Where the organisation does not have in place a company Driving Licence process, that clearly states that the Licence has been checked including **operative name, date of review, frequency of review** and **where copy held** as a minimum, then this form must be used.

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|--------------------------|--|--------------------------|--|
| Name: | | | |
| Occupation Title: | | | |
| Depot: | | | |
| Last Review Date: | | This Review Date: | |

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| Statement to confirm Driving Licence has been checked: |
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| Frequency Driving Licence is Checked (e.g. Monthly, quarterly etc.): |
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| State Where Driving Licence Copy is Held: |
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|--|--|----------------|--|
| Name of Qualified Supervisor: | | | |
| Qualified Supervisor Signature: | | QS No.: | |
| Date (DD/MM/YYYY): | | | |

| | | | |
|---------------------------------------|--|----------------|--|
| Name of Authoring Officer: | | | |
| Authorising Officer Signature: | | AO No.: | |
| Date (DD/MM/YYYY): | | | |