



HERS Portfolio Drivers Licence Check

Drivers Licence Statement:

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.

Complete the statement below to confirm that the named operatives Driving Licence has been checked, including the frequency of the check and where the information is held.

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

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):			

And/Or:

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