

BIKER PLUS

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Please **do not** send payment with this application

Name:

Address:

Post Code:

Telephone number:

Date of birth:

Driving licence number:

Date that you passed your bike test:

Make and model of your bike:

How often do you ride?

Do you ride in Derbyshire?

What situations – if any – have caused you difficulty while riding?

Signed

Date

TO PRINT THE APPLICATION FORM, CLICK ON THE PRINTER ICON AT THE TOP OF THE ACROBAT WINDOW NOW, OR CLICK ON THE FLOPPY DISK ICON, SAVE IN YOUR 'MY DOCUMENTS' FOLDER AND PRINT AT YOUR CONVENIENCE.

Please complete and return this application in an envelope to:

**Mike Barlow Motorcycle Training
Dronfield Scooters
Beech Works
Stubley Hollow
Wreakes Lane
Dronfield
S18 1PN**

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