

Application for Nominated Tester Training

NEW & RETURNING TESTERS

Please answer the following questions completing all sections where appropriate in BLOCK CAPITALS

1.	Have you been a Nomina Tester before?	ated	YES		Go to 2
	rester before:		NO		Go to 4 and complete the rest of the form in full
2.	Is the course required because of disciplinary		YES		Go to 4 and complete the rest of the application
	action?		NO		Go to 3
3.	How long is it since you last tested?	Less than 5	years		DO NOT COMPLETE THIS FORM - you will require a Refresher course - complete a VT76 form
		More than 5	years		Go to 4 and complete the rest of the form in full
		These can be	found	in The	ck that you fulfil the criteria set to MOT Testing Guide, Section E and ction in RED text.
VE	HICLE TESTING STA	ION (VTS) [DETAIL	_S	EXPLANATORY NOTES
VTS	number				You must be sponsored by the Authorised Examiner of a VTS
VTS	name				VTS number and address must be completed in full or
VTS address					we cannot process your application.
VTS	postcode				
no. i	telephone ncluding code				Please complete. We may need to phone you to check details and arrange course dates.

An executive agency of the Department for **Transport**

5. Please complete in BLOCK CAPITALS	
APPLICANT DETAILS	EXPLANATORY NOTES
Mr / Mrs / Miss / Ms Surname	Please provide information (on a seperate sheet) of any 'unspent' convictions for
Forenames	criminal offences connected with the Vehicle Testing Scheme or the motor trade,
Home address including	or involving acts of violence or intimidation.
Postcode	
Date of birth D D M M Y Y	
Have you got a FULL driving licence?	You must have a full unrestricted UK licence for the classes of vehicles you wish to test as per Section E2.7 of the MOT Testing Guide
Driver number	You MUST complete your driver number. We cannot process your application without this
6. Please complete in BLOCK CAPITALS	
MOTOR TRADE EXPERIENCE	EXPLANATORY NOTES
DATE START END EMPLOYER BRIEF DESCRIPTION OF DUTIES	You MUST have at least 4 years full time experience repairing the classes of vehicle you wish to test
DATE FMPLOYER BRIEF DESCRIPTION	full time experience repairing the
DATE FMPLOYER BRIEF DESCRIPTION	full time experience repairing the classes of vehicle you wish to test Please list both the month and year that you started and finished
DATE FMPLOYER BRIEF DESCRIPTION	full time experience repairing the classes of vehicle you wish to test Please list both the month and year that you started and finished with each employer We cannot process your application without this
DATE START END EMPLOYER BRIEF DESCRIPTION OF DUTIES	full time experience repairing the classes of vehicle you wish to test Please list both the month and year that you started and finished with each employer We cannot process your application without this
DATE START END EMPLOYER BRIEF DESCRIPTION OF DUTIES 7. VEHICLE CLASSES	full time experience repairing the classes of vehicle you wish to test Please list both the month and year that you started and finished with each employer We cannot process your application without this information
7. VEHICLE CLASSES What classes of vehicle do you wish to test? Please tick box	full time experience repairing the classes of vehicle you wish to test Please list both the month and year that you started and finished with each employer We cannot process your application without this information
7. VEHICLE CLASSES What classes of vehicle do you wish to test? Please tick box Class I & II	full time experience repairing the classes of vehicle you wish to test Please list both the month and year that you started and finished with each employer We cannot process your application without this information
7. VEHICLE CLASSES What classes of vehicle do you wish to test? Please tick box Class I & II	full time experience repairing the classes of vehicle you wish to test Please list both the month and year that you started and finished with each employer We cannot process your application without this information

8 VOCATIONAL QUALIFICATIONS (Class III,IV, V & VII only)

EXPLANATORY NOTES

You must hold one of the vocational qualifications or pass the NTT(A) qualifying exam.

Alternatively, if you have been a tester previously we will accept a copy of the original letter authorising you to test. If you are returning to testing following cessation for disciplinary reasons, we cannot accept your original authorisation letter

If you do not hold any qualifications, or cannot provide copies of the certificates, then we will automatically put you forward to sit the NTT(A) qualifying exam.

Please see below for examples of acceptable qualifications:-

NVQ/SVQ - Level 3 - Vehicle Maintenance and Repair

- Maintaining Autmotive Vehicles

City & Guilds - Minimum Level 2 - Motor vehicle craft studies

Repair & Servicing of Road Vehicles

National Craft Certficate - Motor Vehicle Mechanics

If you have any of these qualifications or any other motor vehicle related certificates please enclose a copy of them. PLEASE DO NOT SEND ORIGINALS.

We only accept copies of the FINAL CERTIFICATE. We do not accept 'Record of Achievement' or 'Unit Credit' Towards' towards' Certificiates.

9. NTT(A) QUALIFYING EXAM Have you ever sat the NTT (A) Qualifying Exam? No Go to 10 Yes Complete rest of section 9 What was your result? tick box PASS Please enclose a copy of your pass letter - Go to 10 FAIL

EXPLANATORY NOTES

FIRST FAIL - cannot resit the exam until 4 months has elapsed, unless suitable training has been undertaken SECOND FAIL - cannot resit the exam until 2 years has elapsed since your *first* fail

THIRD & SUBSEQUENT FAIL - cannot resit until 2 years has elapsed since your last fail

Proof of training can be a course certificate or a letter from your employer detailing training undertaken

10. COURSE DETAILS

Please circle your preferred training location and when you would like your course. We cannot guarantee we will be able to provide a course at your preferred location in the time span indicated, but we will make every effort to do so.

EDINBURGH	NEWCASTLE	LEEDS	CHADDERTON	BOURNEMOUTH
BIRMINGHAM	WATFORD	MITCHAM	BRISTOL	BRIDGEND
THETFORD	INVERNESS	CANTERBURY	GLASGOW	NEWBURY
EXETER	LINCOLN	DERBY	QUEENSFERRY	

Timing

Urgent - will accept cancellation	Within 4 weeks	4-8 weeks	Over 8 weeks
Dates NOT available e.g. holidays			

11. DECLARATION OF NON CONVICTION					
I confirm that I have NO UNSPENT CRIMINAL CONVICTIONS as defined in the Rehabilitation of Offenders Act 1974 for criminal offences connected with the Vehicle Testing Scheme or the motor trade, or involving acts of violence or intimidation. I am aware that if, in the future it is brought to VOSA's attention that there are any such unspent convictions that have not been disclosed, this may result in the cessation of my approval to carry out statutory testing.					
Signature:					
12. DECLARATION					
TO BE COMPLETED BY THE APPLICANT:					
I declare that the information given on this form is correct. I understand that if I pass the course:					
I will be legally responsible for the MOT test certificates and other official documents that I use					
 I must notify the Authorised Examiner at my VTS (or the VOSA Area Office if I am the Authorised Examiner) if my driving licence is suspended or restricted 					
I may be disqualified from testing if I fail to carry out tests to the required standard					
Signed Job Title					
Print Name Date					
TO BE COMPLETED BY THE AUTHORISED EXAMINER FOR THE VTS:					
I declare that to the best of my knowledge the information given on this form is correct. I agree to:					
Allow the candidate the necessary time and facilities to prepare for the course and practice for the demonstration test					
 Accept full responsibility for the person's actions as an MOT tester 					
Arrange that testing is not interrupted by other work					
Understand that substandard testing may put the authorisation at risk Ensure that the person applies the letest MOT testing procedures and standards.					
 Ensure that the person applies the latest MOT testing procedures and standards Notify the VOSA area office of any change which effects the person's suitability as a tester 					
This declaration must be signed by the person with the overall responsibility for the testing station e.g. the Owner,					
Partner, Director or Company Secretary					
Signed Job Title					
Print Name Date					
We may take disciplinary action if, at any time, we find that a false declaration has been made on this form.					
Data Protection Act					
The personal information you provide on this form will be used for the purposes of VOSA's statutory functions. It will not be disclosed to other organisations unless required or permitted by law. For further information, visit our Information Charter available from VOSA's website: www.vosa.gov.uk					

Please return this form to:-

VOSA Training Services, Booking Section, Berkeley House, Croydon Street, Bristol, BS5 0DA

OFFICIAL USE ONLY	1st attempt	2nd attempt	1st Result	2nd Result	Signature
NTT (A) Exam result					
NT Course - Part 1 result					
Part II Practical Test Result					