

Application for MOT Managers Course

Who should attend this two day course?

- If you are a Company, Partnership or Designated Council The person with direct responsibility for MOT Operations at the Vehicle Testing Station (VTS)
- If you are an individual The person listed on the VT01 as Authorised Examiner

For further guidance please refer to 'The MOT Testing Guide' section B

Please note: The MOT Managers course DOES NOT enable you to become a Nominated Tester. If you wish to become a Nominated Tester, please complete a VT78 application form.

Why are you applying for this course? Please tick box							
1.	New A	Authorisation					
	•	The training is free of charge for one person per Authorisation. The cost of training for additional applicants will be £220 + VAT at prevailing rate Cheques should be made payable to "V.O.S.A." and should be attached to this form					
2.	Chang	ge in Authorisation					
	•	Before applying you must have informed your local area office of the changes and completed a new VT01					
3.	Existi	ng trained AE left					
	•	Before applying, you must have informed your local area office of the change					
4.	Additi	onal AE training requested					
	•	Cost of training is £220 + VAT at prevailing rate. Payment must be received before the course takes place					
5.	Area	Office Recommended					
Official Use Only							
Area signature Name (please print)							
6.	Cessa	ation					
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.dft.gov.uk/vosa							

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AE number	D EXAMINER (A		If you do not know your AE number,				
l				contact your local VOSA office.			
AE name			Compl	ete exactly as on VT01			
AE address		All cor this ac	respondence will be sent to Idress.				
AE postcode							
AE telephone no. including area code		phone	Please complete. We may need to phone you to check details and arrange course dates.				
APPLICANT DETAILS							
Mr / Mrs / Miss / Ms Date of Birth D M M Y Y							
Surname Forenames							
Home address							
Postcode Postcode							
Job Title Signature							
Date	Driving Licence No. if held						
We may take disciplinary action if, at any time, we find that a false declaration has been made on this form.							
Cancellations must be made in writing to VOSA Training Services at the address below.							
Please indicate 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	CHELMSFORD	GLASGOW	NEWBURY			
EXETER	LINCOLN	DERBY					
Timing Urgent - will a	accept cancellation	Within 4 weeks	4-8 weeks	Over 8 weeks			
Dates NOT available e.g. holidays							
Please return this form to:- VOSA Training Services, Booking Section, Berkeley House, Croydon Street, Bristol, BS5 0DA							