Application for access to VOSA online report services

Fields with an * and in Red are mandatory.



Please ensure this form is completed by a "named person" who is already referenced on your operator licence. This will allow VOSA to complete your application without delay.

1. Company details

Operator licence

Operator licence

Registration details will be sent to the contact address provided below, this should be the same as recorded on your operator licence. (See Notes)

Company name *		
Contact address*		
Town/City *		
Post code *		
2. Contact details		
Title *	Forename *	Surname *
e-mail address *		
Tel.number *		
2. On anotantian a	D-4-11-	
Operator Licence I Please list the numbers		ld by your company that you wish to receive reports for.
	icences you wish to receive repor	ts on, use the additional information box on the next page to continue
Operator licence *		Operator licence
Operator licence		Operator licence

Operator licence

Operator licence

4. Additional Information. Use this space to inform us of any additional information.				
NOTES: VOSA online reports services comprise of, Vehicle test hand Operator Compliance Risk Score (OCRS). This servi	·			
If you have more than one contact address on your op you want all correspondence to be sent.	erator licence, please provide us with the address			
 The information collected in this form will used to: Verify your company details against our records Set up your company for online report services 				
What happens next?				
 After your application has been submitted we w Once you have registered you will be able to add 				
Data Protection The personal information you provide on this form will functions. It will not be disclosed to other organisations	• •			
For further information, visit our Information Charter av	vailable from VOSA's website: www.vosa.gov.uk.			
Print Name *	Date *			
For official use only.				
The content was very.				