

## 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 New Authorisation 1. The training is free of charge for one person per Authorisation. The cost of training for additional applicants will be £220 + VAT (£258.50 inclusive of VAT) Cheques should be made payable to "V.O.S.A." and should be attached to this form 2. Change in Authorisation Before applying you must have informed your local area office of the changes and completed a new VT01 3. Existing trained AE left Before applying, you must have informed your local area office of the change 4. Additional AE training requested Cost of training is £220 + VAT (£258.50 inclusive of VAT). Payment must be received before the the course takes place Area Office Recommended 5. Official Use Only Name (please print) Area signature 6. Cessation **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 Training Services Use Only Date attended course Signature

Please complete in BLOCK CAPITALS				
AUTHORISE	ED EXAMINER (A	AE) DETAILS	EXP	LANATORY NOTES
AE number				do not know your AE number, e contact your local VOSA office.
AE name			Comp	plete exactly as on VT01
AE address				orrespondence will be sent to ddress.
AE postcode				
AE telephone no. including area code			phon	se complete. We may need to e you to check details and ge course dates.
APPLICANT DETAILS				
Mr / Mrs / Miss	s / Ms	Date of Birth	D M	MYY
Surname		Forenan	nes	
Home address				
Postcode		Job T	itla	
Signature	Driving Licence No. if held			
Date			ig Licence No. II	Tield
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.				
COURSE DETAILS				
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	CANTERBURY	GLASGOW	NEWBURY
EXETER	LINCOLN	DERBY	QUEENSFERRY	
Timing Urgent - will a	accept cancellation	Within 4 weeks	4-8 weeks	Over 8 weeks
Dates NOT available e.g. holidays				
Please return th	nis form to:- VOSA Tr	aining Services, Book	king Section, Berk	eley House, Croydon Street,

Bristol, BS5 0DA