

## Blacon on the Move

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# DRIVERS REGISTRATION FORM

FULL NAME \_\_\_\_\_

TITLE \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

POSTCODE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

*Please tick the boxes below:*

I confirm I have suffered no accidents, losses or damages in respect of any vehicle within the last 5 years, whether a claim has been made or regardless of blame.

I confirm that I have no motoring convictions, driving licence endorsements or fixed penalty incurred in the last 5 years.

*I attach a copy of my driving licence as evidence.*

(See <https://www.gov.uk/view-driving-licence>)

I confirm that I have no medical conditions which need to be notified to the DVLA

Signature: \_\_\_\_\_

Date: \_\_\_\_\_