

D1 valid until:

Renewal date:

Blacon on the Move

Holy Trinity Church

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DRIVERS REGISTRATION FORM

FULL NAME _____

ORGANISATION (*if applicable*) _____

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: _____

Today's date: _____