

I declare that:

- the use of the test vehicle for the purposes of the test is covered by a valid policy of insurance which satisfies the requirements of current legislation
- I normally/have lived in the UK for at least 185 days in the last 12 months (except taxi/private hire). See note 30.

X _____

Candidate

Applic. Ref

Date Time

DTC Code/Authority

Examiner:

Test Report

S D/C

Dr./No.

Reg. No.

Auto Ext

Cat. Type

1 2 3 4 5 6 7 8 9 0

ADI/Reg

ADI Cert. No.

Sup ADI Int Other

		Total	S	D			Total	S	D			Total	S	D
1a	Eyesight			<input type="checkbox"/>	13	Move off				23	Positioning			
1b	H/Code / Safety					safely					normal driving			
2	Controlled Stop					control					lane discipline			
					14	Use of mirrors- M/C rear obs				24	Pedestrian crossings			
						signalling					25	Position / normal stops		
3	Reverse / Left Reverse with trailer					change direction					26	Awareness / planning		
						change speed					27	Ancillary controls		
4	Reverse/ Right				15	Signals					28	Spare 1		
						necessary					29	Spare 2		
						correctly					30	Spare 3		
						timed					31	Spare 4		
5	Reverse Park				16	Clearance / obstructions					32	Spare 5		
											33	Wheelchair	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
R <input type="checkbox"/> C <input type="checkbox"/>					17	Response to signs / signals					Pass	Fail	None	Total Faults
6	Turn in road					traffic signs					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						road markings					ETA	V <input type="checkbox"/>	P <input type="checkbox"/>	SN <input type="checkbox"/>
7	Vehicle checks					traffic lights					Debrief	<input type="checkbox"/>		
						traffic controllers								
8	Taxi manoeuvre				18	Use of speed								
9	Taxi wheelchair				19	Following distance								
10	Uncouple / recouple				20	Progress								
						appropriate speed								
11	Precautions					undue hesitation								
12	Control				21	Junctions								
	accelerator					approach speed								
	clutch					observation								
	gears					turning right								
	footbrake					turning left								
	Parking brake / MC front brake					cutting corners								
	steering				22	Judgement								
	balance M/C					overtaking								
	LGV / PCV gear exercise					meeting								
	PCV door exercise					crossing								

I acknowledge receipt of Pass Certificate Number Lic R'cd

Wheelchair Cert No

There has been no change to my health: see note 29 overleaf.

X _____

