

<b>Candidate</b> _____	<b>Test category</b> _____	<b>I declare that the use of the test vehicle for the purpose of the test is fully covered by a valid policy of insurance which satisfies the requirements of the legislation.</b>  <b>I normally live/have lived in the UK for at least 185 days in the last 12 months (except test ordered by a court after disqualification).</b>  <b>X</b> _____
<b>Address</b> _____		
<b>App ref</b> _____	<b>Date</b> _____	
<b>Driver no.</b> _____	<b>Time</b> _____	
<b>Test results preference</b> <input type="checkbox"/> Post <input type="checkbox"/> Email address _____		
<b>I agree to DVSA collecting, using, storing and sharing my personal information for the purpose of carrying out the driving test.</b>		

<b>Instructor reg number</b> _____	<b>Vehicle reg</b> _____	<b>Vehicle details</b> <input type="checkbox"/> School car <input type="checkbox"/> Dual control
<b>Transmission</b> <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<b>Accompanied by</b> <input type="checkbox"/> Ins <input type="checkbox"/> Sup <input type="checkbox"/> Int <input type="checkbox"/> Other	

<input type="checkbox"/> <b>Eyesight test</b> (S)	<b>Move off</b> <div><input type="radio"/> Safety (S) (D)</div> <div><input type="radio"/> Control (S) (D)</div>	<b>Positioning</b> <div><input type="radio"/> Normal driving (S) (D)</div> <div><input type="radio"/> Lane discipline (S) (D)</div> <div><input type="radio"/> Pedestrian crossings (S) (D)</div> <div><input type="radio"/> Position / normal stop (S) (D)</div> <div><input type="radio"/> Awareness planning (S) (D)</div> <div><input type="radio"/> Clearance (S) (D)</div> <div><input type="radio"/> Following distance (S) (D)</div> <div><input type="radio"/> Use of speed (S) (D)</div>
<input type="checkbox"/> <b>AS</b> <input type="checkbox"/> <b>NS</b> <input type="checkbox"/> <b>NS</b> <input type="checkbox"/> <b>HS / DS</b>	<b>Use of mirrors</b> <div><input type="radio"/> Signalling (S) (D)</div> <div><input type="radio"/> Change direction (S) (D)</div> <div><input type="radio"/> Change speed (S) (D)</div>	<b>Progress</b> <div><input type="radio"/> Appropriate speed (S) (D)</div> <div><input type="radio"/> Undue hesitation (S) (D)</div>
<b>Manoeuvres</b> <div><input type="checkbox"/> Reverse / Right <input type="checkbox"/> Reverse park (road)</div> <div><input type="checkbox"/> Reverse park (car park) <input type="checkbox"/> Forward park</div> <div><input type="radio"/> Control (S) (D)</div> <div><input type="radio"/> Observation (S) (D)</div>	<b>Signals</b> <div><input type="radio"/> Necessary (S) (D)</div> <div><input type="radio"/> Correctly (S) (D)</div> <div><input type="radio"/> Timed (S) (D)</div>	<b>Response to signs / signals</b> <div><input type="radio"/> Traffic signs (S) (D)</div> <div><input type="radio"/> Road markings (S) (D)</div> <div><input type="radio"/> Traffic lights (S) (D)</div> <div><input type="radio"/> Traffic controllers (S) (D)</div> <div><input type="radio"/> Other road users (S) (D)</div>
<input type="checkbox"/> <b>Show me / Tell me</b> <div><input type="radio"/> Show me / Tell me (S) (D)</div>	<b>Junctions</b> <div><input type="radio"/> Approach speed (S) (D)</div> <div><input type="radio"/> Observation (S) (D)</div> <div><input type="radio"/> Turning right (S) (D)</div> <div><input type="radio"/> Turning left (S) (D)</div> <div><input type="radio"/> Cutting corners (S) (D)</div>	<b>Total faults</b> <div><input type="checkbox"/> <b>Pass</b> <input type="checkbox"/> <b>Fail</b> <input type="checkbox"/> <b>None</b></div>
<input type="checkbox"/> <b>Emergency stop</b> <div><input type="radio"/> Emergency stop (S) (D)</div>	<b>Judgement</b> <div><input type="radio"/> Overtaking (S) (D)</div> <div><input type="radio"/> Meeting (S) (D)</div> <div><input type="radio"/> Crossing (S) (D)</div>	
<b>Control</b> <div><input type="radio"/> Accelerator (S) (D)</div> <div><input type="radio"/> Clutch (S) (D)</div> <div><input type="radio"/> Gears (S) (D)</div> <div><input type="radio"/> Footbrake (S) (D)</div> <div><input type="radio"/> Parking brake (S) (D)</div> <div><input type="radio"/> Steering (S) (D)</div> <div><input type="radio"/> Precautions (S) (D)</div> <div><input type="radio"/> Ancillary controls (S) (D)</div>	<input type="checkbox"/> <b>ETA</b> Physical <input type="checkbox"/> Verbal <input type="checkbox"/>	<input type="checkbox"/> <b>ECO</b> Control <input type="checkbox"/> Planning <input type="checkbox"/>

<b>Licence received</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Pass certificate number</b> _____ <b>X</b> _____	<b>I acknowledge receipt of my pass certificate and confirm there has been no change to my health since I last applied for a licence.</b>
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Activity code		Route number		Independent driving	<input type="checkbox"/> Sat nav	<input type="checkbox"/> Traffic signs	Debrief witnessed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identification	<div>Physical description of the candidate</div> <div>Photocard <input type="checkbox"/></div> <div>Passport <input type="checkbox"/></div>								
<div>Show me / Tell me question(s)</div>					<div>Additional information</div>				
<div>Weather conditions</div> <div>1. Bright / dry roads <input type="checkbox"/></div> <div>2. Bright / wet roads <input type="checkbox"/></div> <div>3. Raining through test <input type="checkbox"/></div> <div>4. Showers <input type="checkbox"/></div> <div>5. Foggy / misty <input type="checkbox"/></div> <div>6. Dull / wet roads <input type="checkbox"/></div> <div>7. Dull / dry roads <input type="checkbox"/></div> <div>8. Snowing <input type="checkbox"/></div> <div>9. Icy <input type="checkbox"/></div> <div>10. Windy <input type="checkbox"/></div> <div>11. Other (describe) <input type="checkbox"/></div> <div></div>									
D255 <input type="checkbox"/> Yes <input type="checkbox"/> No			Language <input type="checkbox"/> English <input type="checkbox"/> Cymraeg						
<div>Fault descriptions</div> <div></div>									
<div>Examiner's signature</div> <div>X</div>									

Reason for use: <input type="checkbox"/> iPad: Tech fault / Lost / Stolen / Broken <input type="checkbox"/> Transfer <input type="checkbox"/> Other (please specify)									
Examiner scheduled on journal					Staff number				
Examiner who conducted test					Staff number				
Date of re-key					Re-keyed by				