



APPLICATION FOR NT DIRECTED RE - TRAINING (CLASS III, IV & VII ONLY)

This is a 2 day course. This MUST be signed by a VOSA Area Office Employee:

Official Use Only

VOSA Signature Name (please print)
 (& Code if applicable)

HAS A FORMAL WARNING BEEN ISSUED YES NO IF YES, WHAT IS THE DUE DATE OF TRAINING

Reason for Recommendation :

Please complete in BLOCK CAPITALS

VEHICLE TESTING STATION (VTS) DETAILS

EXPLANATORY NOTES

VTS number

VTS name

VTS address

VTS postcode

VTS telephone no. including area code

VTS number and address must be completed in full or we cannot process your application.

All correspondence will be sent to this address.

Please complete. We may need to phone you to check details and arrange course dates.

APPLICANT DETAILS

Mr / Mrs / Miss / Ms **Surname**

Forenames

Driver number

Signature: **Date:**

Name (please print):

You MUST complete your driver number. We cannot process your application without this.

COURSE DETAILS

Please indicate your preferred training location. We cannot guarantee we will be able to provide a course at your preferred location, but we will make every effort to do so.

EDINBURGH	NEWCASTLE	LEEDS	CHADDERTON	BOURNEMOUTH
BIRMINGHAM	WATFORD	MITCHAM	BRISTOL	CHELMSFORD
THETFORD	BRIDGEND	EXETER	INVERNESS	

Dates NOT available e.g. holidays

DECLARATION

TO BE COMPLETED BY THE AUTHORISED EXAMINER FOR THE VTS:

I declare that following the course, I:

- Accept full responsibility for the person's actions as an MOT Tester
- Shall arrange that testing is not interrupted by other work
- Understand that substandard testing may put the authorisation at risk
- Will ensure that the person applies the latest MOT testing procedures and standards
- Will notify the VOSA area office of any change which effects the person's suitability

This declaration must be signed by the person with the overall responsibility for the testing station e.g. the Owner, Partner, Director or Company Secretary.

Signed

Job Title

Print Name

Date

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.dft.gov.uk/vosa

Please return form to:

VOSA Training Services, Berkeley House, Croydon Street, Bristol BS5 0DA