

Candidate _____ **Category type** _____

Address _____

App ref _____ **Date** _____

Driver no _____ **Time** _____

Test results preference Post Email address _____

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.

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).

X _____

I agree to DVSA collecting, using, storing and sharing my personal information for the purpose of carrying out the driving test

DL196 CBT certificate no. _____ **Mod1 pass certificate no.** _____

Vehicle reg **Vehicle details** School bike

Transmission Manual Automatic **Accompanied by** Ins Sup Int Other

Eyesight test (S)

AS NS NS HS/DS

ETA Verbal

ECO Control Planning

Safety questions

Safety / Balance questions (S) (D)

Precautions (S) (D)

Move away

Safety (S) (D)

Control (S) (D)

Control

Throttle (S) (D)

Clutch (S) (D)

Gears (S) (D)

Front brake (S) (D)

Rear brake (S) (D)

Steering (S) (D)

Balance / slow control (S) (D)

Ancillary controls (S) (D)

Rear observation

Signalling (S) (D)

Change direction (S) (D)

Change speed (S) (D)

Signals

Necessary (S) (D)

Correctly (S) (D)

Timed (S) (D)

Clearance / obstructions (S) (D)

Response to signs / signals

Traffic signs (S) (D)

Road markings (S) (D)

Traffic lights (S) (D)

Traffic controllers (S) (D)

Other road users (S) (D)

Use of speed (S) (D)

Following distance (S) (D)

Progress

Appropriate speed (S) (D)

Undue hesitation (S) (D)

Junctions

Approach speed (S) (D)

Observation (S) (D)

Turning right (S) (D)

Turning left (S) (D)

Cutting corners (S) (D)

Judgement

Overtaking / Filtering (S) (D)

Meeting (S) (D)

Crossing (S) (D)

Positioning

Normal riding (S) (D)

Lane discipline (S) (D)

Pedestrian crossings (S) (D)

Position / normal stop (S) (D)

Awareness planning (S) (D)

Bends (S) (D)

Total faults **Pass** **Fail** **None**

Licence received Yes No

Mod2 Pass certificate number

I acknowledge receipt of my pass certificate and confirm there has been no change to my health since I applied for a licence.

X _____

Activity code <input style="width:40px; height:20px;" type="text"/>	Route number <input style="width:40px; height:20px;" type="text"/>	Independent driving <input type="checkbox"/> Diagram <input type="checkbox"/> Traffic signs	Debrief witnessed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Test conducted Car to bike <input type="checkbox"/> Bike to bike <input type="checkbox"/>	Identification Photocard <input type="checkbox"/> Passport <input type="checkbox"/>	Physical description of the candidate <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
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Safety / Balance questions <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	Additional information <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
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Weather conditions

1. Bright / dry roads <input type="checkbox"/>	4. Shower <input type="checkbox"/>	7. Dull / dry road <input type="checkbox"/>	10. Windy <input type="checkbox"/>
2. Bright / wet roads <input type="checkbox"/>	5. Foggy / mist <input type="checkbox"/>	8. Snowing <input type="checkbox"/>	11. Other (describe) <input type="checkbox"/>
3. Raining through test <input type="checkbox"/>	6. Dull / wet roads <input type="checkbox"/>	9. Icy <input type="checkbox"/>	_____

D255 <input type="checkbox"/> Yes <input type="checkbox"/> No	Language <input type="checkbox"/> English <input type="checkbox"/> Cymraeg
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Fault descriptions

Examiner's signature X _____

Reason for use iPad: Tech fault / Lost / Stolen / Broken Transfer Other (please specify) _____
*Delete as appropriate

Examiner scheduled on journal _____	Staff number <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
Examiner who conducted test _____	Staff number <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>

Date of re-key **Re-keyed by** _____