

# Apply for a refund for use of a British sign language (BSL) interpreter

### Section 1

#### Your details

Full name (please include title Mr/Mrs/Miss/Ms/Other)
Address
Address
Postcode
Email
Linat
Daytime telephone number
Can we leave a message with someone else?
Yes No
res INO
Fill in at least 2 of the 3 details marked (*) below
*Driving licence number
Driving acence number
*Theory test certficate number
*Dealise reference and the
*Booking reference number
Test centre
Test date Test time

## Section 2

## Interpreter information

Ask your interpreter to fill in this section or send us a receipt
I confirm that the candidate named in section 1 paid:
I confirm that my standard hourly rate is:
BSL interpreter's reference number
Daytime telephone number
Signed by interpreter
Section 3
Your declaration
I agree that you can contact my interpreter to check my claim.
ragice that you can contact my interpreter to oncor my claim.
I agree that all the information provided is correct. I understand that filling in this form does not guarantee that I will receive a refund.
Your signature
Date
Data protection
We collect, use and store your personal data so that we can check and consider your claim for a refund for use of a BSL interpreter.
We may share your personal data if we have a lawful reason, for example, as part of a criminal investigation or to prevent fraud.
Find out more at www.gov.uk/dvsa/privacy