

**CONFIRMING DETAILS OF LGV / PCV PRACTICAL DRIVING TESTS USING THE TRAINER BOOKING FACILITY ( TBF )**

<b>TEST CENTRE</b>

<b>BUSINESS NAME AND ADDRESS</b>
<b>TEL:</b>

<b>BUSINESS I.D NUMBER</b>

<b>VEHICLE / CANDIDATE DETAILS</b>
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REFERENCE NUMBER	TEST TIME	TEST DATE	NAME OF CANDIDATE	THEORY TEST PASS CERTIFICATE OR GB / NI DRIVER LICENCE NUMBER	MAN / AUTO	OVERALL VEHICLE DIMENSIONS ( IN METRES )			SEATING CAPACITY	CATEGORY OF TEST / INC CCPC - DCPC
						Length	Width	Height		

<b>NAME :</b>	<b>DATE :</b>
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