

Candidate _____	Test category _____	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 _____
Address _____	_____	
App ref _____	Date _____	
Driver no. _____	Time _____	
Test results preference <input type="checkbox"/> Post <input type="checkbox"/> Email address _____		
I agree to DVSA collecting, using, storing and sharing my personal information for the purpose of carrying out the driving test.		

Instructor reg number <input style="width:90%;" type="text"/>	Vehicle reg <input style="width:100%;" type="text"/>	Vehicle details
		<input type="checkbox"/> School car
Transmission <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Accompanied by <input type="checkbox"/> Ins <input type="checkbox"/> Sup <input type="checkbox"/> Int <input type="checkbox"/> Other	
		<input type="checkbox"/> Dual control

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

Licence received	Pass certificate number	I acknowledge receipt of my pass certificate and confirm there has been no change to my health since I last applied for a licence.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width:100%;" type="text"/>	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"/> Sat nav <input type="checkbox"/> Traffic signs	Debrief witnessed <input type="checkbox"/> Yes <input type="checkbox"/> No
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Identification	Physical description of the candidate
Photocard <input type="checkbox"/> Passport <input type="checkbox"/>	

Show me / Tell me question(s)	Additional information
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Weather conditions

1. Bright / dry roads <input type="checkbox"/>	4. Showers <input type="checkbox"/>	7. Dull / dry roads <input type="checkbox"/>	10. Windy <input type="checkbox"/>
2. Bright / wet roads <input type="checkbox"/>	5. Foggy / misty <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"/>
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"/>

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