

Apply to be a motorcycle approved training body



Provide Compulsory Basic Training (CBT) courses and Direct Access Scheme (DAS) training.

Please read the notes on the final page prior to completion.

The form should be completed electronically or in block capitals using black ink.

Details of Approved Training Body

Name of Approved Training Body _____

Business address of ATB _____

Address line 2 _____

Address line 3 _____

Postcode _____

Business telephone number _____

Correspondence address
(If different) _____

Correspondence line 2 _____

Correspondence line 3 _____

Postcode _____

Business website _____

Business email _____

Please confirm if you are content for the Agency to disclose details of the ATB/training sites to possible trainees; Yes / No _____

If yes this information will be included on the Agency's published CBT site list, given out to enquirers and made available to the public when requested.

Details of applicant

If you are applying for a partnership authorisation to have more than one authority holder please complete a separate form for each person. You may nominate up to three people including the main authority holder.

Main applicant ☐ / Additional applicant ☐

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other _____

First name(s) _____

Last name _____

Home address line 1 _____

Address line 2 _____

Town / City _____

Postcode _____

Email address _____

Mobile number _____

Date of birth _____

Driving licence number _____

Length time full category A or A2 licence held _____c

If you are a CBT or DAS instructor please provide your instructor certificate number(s)

Instructor certificate number _____

3 Character details

Please attach a current DBS certificate issued in the last three months.

Have you received any fixed penalties for motoring offences within the last four years? Yes/No _____

If yes, please give details _____

Have you any cautions or convictions for motoring or non-motoring offences?

Yes/No _____

If yes, please give details below: (Use a separate sheet if necessary)

Offence(s): _____

Name of court: _____

Date of conviction: _____

Penalty imposed: _____

Are you waiting for any kind of court proceedings to be taken against you?

Yes/No _____

If yes, please give details below: (Use a separate sheet if necessary)

Please include any additional information here

5 Declaration by applicant(s) of confirmation of receipt and acceptance of the conditions of which approval to provide an approved training course for motorcyclist is granted.

- (i) I apply to be authorised as an approved training body to conduct compulsory basic training courses;
- (ii) I have read and understood the ATB manual and confirm acceptance of, and agree to abide by the manual which gives detailed information for ATBs and instructors about what they must do to ensure that they meet the legal requirements in providing motorcycle training as an Authorised Training Body and / or instructor.
- (iii) I will ensure the content of the manual be made available to all instructors within every organisation and should be read with the conditions of appointment under which ATBs are authorised.
- (iv) I declare that to the best of my knowledge the contents of this form are correct and understand that to knowingly make a false statement may render this application invalid.

To be signed by all applicants

Signature _____

Date of signing _____

When completed please email this form and your DBS certificate to:
cbt@dvsa.gov.uk. You can include multiple attachments in the same email

If you are unable to email your forms you may post them to;

CBT Section
Driver and Vehicle Standards Agency
1 Unity Square
Queensbridge Road
Nottingham
NG2 1AY