



Driver & Vehicle
Standards
Agency

Dangerous Goods Driver Training (DGDT) Authorised Association Application

Section 1: Association Details

Important: Authorisation is granted to the legal entity of your organisation and not the person who completes the application form (except in the case of a sole proprietor). There is no provision for the transfer of authorisation to another person or corporate body.

1.1 Association name:

1.2 Correspondence
address:

1.2.1 Website address

1.2.2 Name of person
responsible:

1.2.3 Position (i.e
owner/director):

1.2.4 Telephone number:

1.2.5 Email address:

1.3 Has anyone of a senior capacity been linked with other organisations involved in the delivery of DGDT or other Statutory Schemes?

Yes (see 2.2.3)

No

1.3.1 If **Yes** - Please provide further details including the person's name, position, training provider name, approval number (if known) and the name of the scheme.

Important: If you, your association or anyone connected to it have been suspended or withdrawn, you must put in place robust and effective control measures to address the risks. All outstanding issues must be resolved satisfactorily before authorisation can be granted. You will be contacted following receipt of the application and invited to demonstrate what measures have been taken. Failure to have done so may result in the refusal of your application.

1.4 Type of organisation:

- Limited Company
- Sole Trader
- Partnership
- Charity
- Local Authority
- LLP (Limited Liability Partnership)
- Other (please specify)

1.4.1 If **Sole trader** -
Proprietor name:

1.4.2 If **Partnership** –
Partner name(s):

1.4.3 If **LLP** (Limited
Liability Partnership):

1.4.4 Companies House
registration number or
Charity number (if
applicable)

1.4.5 VAT No. (if applicable)

1.4.6 Registered address:

1.5 Please tell us about your association and the services it provides:

Section 2: Training Material

2.1 Modules

- | | | | |
|--------------------------|--------------------------------------|--------------------------|----------|
| <input type="checkbox"/> | Core (including practical exercises) | <input type="checkbox"/> | Class 8 |
| <input type="checkbox"/> | Class 2 | <input type="checkbox"/> | Class 9 |
| <input type="checkbox"/> | Class 3 | <input type="checkbox"/> | Packages |
| <input type="checkbox"/> | Class 4 | <input type="checkbox"/> | Tanks |
| <input type="checkbox"/> | Class 5 | <input type="checkbox"/> | Class 1 |
| <input type="checkbox"/> | Class 6 | <input type="checkbox"/> | Class 7 |

2.2 Please provide details of the training material including:

- Instructor notes
- Audio/visual presentations for each module
- Details of the course handouts
- Training programmes showing how the course will run and links to the syllabus
- Details of how the mandatory practical exercises will be delivered
- Example of the written material for the 'desktop' exercise

Section 3: Confirmatory Statements

To further support your application and provide assurance that you will operate in a professional manner, please confirm aspects of your administration/delivery using the format below:

- 3.1** We confirm that we will inform DVSA/HSENI of any changes to our contact details.
- 3.2** We confirm that we have appropriate controls in place to inform DVSA/HSENI of any changes to our legal status and understand that the authorisation is granted to the legal entity and does not permit the transfer of authorisation.
- 3.3** We confirm that, upon request by DVSA/HSENI, we will submit revised training materials highlighting the changes to reflect the updated syllabus changes within 30 calendar days.
- 3.4** We confirm that we will attend annual stakeholder meetings with DVSA/HSENI to share feedback, information, and if applicable, intelligence on our training providers/members.

Failure to comply with the Confirmatory Statements may result in your approval being suspended or revoked.

Section 4: Publication

4.1 Would you like the association to be publicised on the GOV.uk website?

Yes

No

Section 5: Payment

5.1 Details of how to make payment will be sent to you upon receipt of the application. Please note the fee should be made within 5 working days. Failure to do so, may result in the return of your application.

Section 6: Applicant Details and Checklist

6.1 Please provide details of the person completing the form:

Name:

Position:

Date:

6.2 Application Checklist

Training Material

Read and agreed to each of the relevant confirmatory statements

This form should be completed in full and sent via email to adr@sqa.org.uk or alternatively:

**SQA
DGD T Department
The Optima Building
58 Robertson Street
Glasgow
G2 8DQ**