

Candidate Registration Form

September 2024

Candidate Details

Candidate title:

Candidate full name:

Candidate address:

Candidate email address:

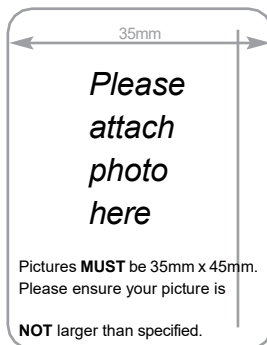
Candidate date of birth:

Candidate nationality:

Candidate number (if applicable):

Course number:

ADR expiry date:



Candidate must sign below in **BLACK INK**, keeping within the corner markers. Please **DO NOT** sign outside of the area.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

To be completed by the training provider

Training provider number:

Print name:

Position:

Candidate examination type:

<input type="checkbox"/> Initial	<input type="checkbox"/> Refresher	<input type="checkbox"/> Refresher and additional
<input type="checkbox"/> Additional	<input type="checkbox"/> Resit	

I certify the above candidate has successfully completed the following exercises and assessments:

Core written emergency incident/accident exercise, emergency first aid and fire fighting assessment

Date:

Tanker written emergency incident/accident exercise (delete as appropriate)

Date:

Class 1/Class 7 loading and emergency exercise (delete as appropriate)

Date:

Training providers should retain this form for their own records.