



Driver & Vehicle  
Standards  
Agency

# Dangerous Goods Driver Training (DGDT) Authorised Association Reapproval Application

DVSA collects and handles your personal data in accordance with data protection laws and on behalf of HSENI.

The personal information you provide on this form will be processed by the Scottish Qualifications Authority (SQA) and used for the purposes of the Competent Authority's (DVSA/HSENI's) statutory function of processing your application.

The data protection law allows us to release your data to the police and other enforcement bodies. We also provide data to other parties where the law allows it. For further information about how we process your data, your rights and who to contact, please see our privacy policy at [DVSA accredited training schemes: privacy notice - GOV.UK](#)

## 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 DGD T or other Statutory Schemes?

☐ Yes

☐ 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**Important:** If you, your association or anyone connected to it have been suspended or withdrawn, you must put in place robust and effective control measures to address the risks.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 any changes to 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 confirm if there have been any changes to your training material:

☐ Yes

☐ No (see section 3)

**2.3** If yes, 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

If applicable, SQA will provide details on how to submit the training materials after receiving your application.

## 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?

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Yes

☐

No

If you chose to opt-in, we will publish the website address provided in 1.2.1 on [Get approved to provide dangerous goods \(ADR\) driver training - GOV.UK](#)

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## 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](mailto:adr@sqa.org.uk) or alternatively:

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