



Membership Number:

Chiltern Rangers Driver Registration form

CONFIDENTIAL

All information given on this form will be treated in accordance with the 1998 UK data protection act and will only be used for the service stated above. Your personal details will not be made available outside our organisation unless we are obliged, by law, to do so.

Personal Details

Full Name:	
Organisation:	
Home Address:	
Postcode:	Date of Birth:
Tel. No. (day):	Tel. No. (eve):
Email:	

Licence Details

Driver Number:		
Licence Valid :		From: To:
Full Licence:	Yes/No	Licence Groups:
MiDAS certificate:	Yes/No	Certificate No.:

tel: 01494 474486

@Chiltern Rangers

info@chilternrangers.co.uk

Chiltern Rangers CIC

www.chilternrangers.co.uk

Chiltern Rangers

Registered Office: Kingsmead Depot, 60 Fennels Road, High Wycombe, Buckinghamshire HP11 1SL



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Driving Details: Please delete as appropriate. If you answer 'YES' to any of the following questions please give details in the space provided.

Have you been convicted during the past 5 years of any offence in connection with a motor vehicle?	Yes/No
Are there any endorsements on your driving licence?	Yes/No
Have you ever been disqualified from driving?	Yes/No
Have you any prosecutions or police enquiries pending for motoring offences?	Yes/No
Have you ever had a motor insurance policy declined, cancelled or been refused Renewal or had any special conditions imposed?	Yes/No
Have you been involved as a driver in a collision in the last five years, regardless of fault?	Yes/No
Have you currently, or any history of, any conditions or disability that may affect your ability to drive safely now or in the future? If in doubt, declare any condition or disability.	Yes/No
Are you currently taking any medication, which may affect your ability to drive?	Yes/No
Have you resided outside the United Kingdom of the Republic of Ireland for at least 3 years?	Yes/No
Have you any additional driving entitlement, e.g. LGV or PCV?	Yes/No

Please read and sign the following declaration (If you would prefer to email your form, please type your name into the signature line):

I declare that the details given are correct and that, to my knowledge, there are no other relevant facts I need to disclose. I agree to exercise all due care for the safety of my passengers and security of the vehicle whilst it is in my charge. I also undertake to inform of any collision or accident that occurs whilst I am responsible for the vehicle. I understand that it is an offence under the Road Traffic Act 1988 to knowingly make a false statement to obtain insurance cover.

I undertake to advise of any subsequent illness, condition or event that might affect my suitability as a driver, including any subsequent refusal of motor insurance or any driving convictions. I understand that failure to do so, and any false declaration made above, may render insurance cover for the vehicle invalid and that I may be held personally responsible to pay costs or damages.

Signed: _____ Date: _____

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