

Tester Eligibility

Full Name					
Driving licence Number					
Qualifications					Date achieved
Polovant 4 voors full time					
Relevant 4 years full time Employment and Employer Details Date From			Date to	Relevant Duties	
Any Hannat Consisting			Doloto as appropria	nto.	
Any Unspent Convictions Yes			Delete as appropriate No		
If you answered Yes please contact DV	/SA on 030	0 123 9000 before pro	ceeding		140
030 Not-for-profit organisations, chari	ties and pu	ublic bodies cost per n	=	up to 10p l	andlines, 3p to 40p mobiles
Declaration to be completed by candidate				Continue other side if required	
I confirm that I meet the Eligi https://www.gov.uk/become	•		ning a Tester as o	defined	in the MOT Testing Guide and
•	ncorrect	. Providing false		•	ed from MOT testing if I have knowingly to disclose material information may
Signature of Attendee			_		
Print Name		Date			
Declaration to be completed	by Trai	ning Provider			
I understand that I have verif	ied the	information pro	vided and unde	rstand t	hat if I have knowingly accepted
			-		ration Tests from this Training
_	alse info	rmation or failu	ire to disclose m	naterial i	information may result in prosecution
under the Fraud act 2006					
Signed by Trainer		Training Provider			
Print Name Date					
					d must be produced on request to the Awarding to retain or produce this document on request will resu

We collect, use, and store your personal data so that we can monitor and supervise the MOT scheme in line with our statutory duties. We do not routinely share your personal data unless we have a legal duty. For example, as part of a criminal investigation or to prevent fraud. Find out more at gov.uk/dvsa/privacy

in refusal by DVSA to carry out any future demonstration tests on candidates who have gained a level 2 award from this Training Provider