Application for LGV Instructor							
1: YOUR DETAILS	2: DRIVER LICENCE DETAILS						
	Drivers Licence No:						
Title							
Surname			Please confirm	which category yo	ou wish to quali	fy onto the Register	
First Name			i.e. C1, C or CE				
Centre Name			Start & expiry	dates of your enti	tlement to drive	e this LGV category	
			Sto	art		Expiry	
Centre Address							
	Have you been	en disqualified from driving at any time during the last four years?					
			Ye	es		No	
	If yes p			If yes please gi	olease give details below:		
Tel							
Mobile Tel							
Email address							
Home address							
			3: CHARAC	CTER DETAILS	5		
If you answer yes to any of these questions, please give detail on a seperate sheet. Please tick:							
			Have you rece	eived any fixed			
			within the las		yes	no	
Tel			Have you and convictions for offer	for motoring	yes	no	
Mobile Tel			convictions for	y cautions or non-motoring nces?	yes	no	
Email address			Are you waiting court proceedi	g for any kind of ngs to be taken st you?	yes	no	
DECLARATION							
The details given in this form are to the best of my knowledge true and correct							
I understand that while I		n or after I have been reg		m the RTC Office			
within seven days if 1:							
Receive any cautions or am convicted of any offence, including motoring offences, fixed penalties and non-motoring offences							
Change my home or business address							
I understand that the information held on the Register will be disclosed to members of the public seeking LGV driving tuition							
Signed				Date			