**Tester Eligibility**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name** |  | | | | | **Date of Birth** |  |
| **Driving licence Number** |  | | | | | | |
| **Qualifications** | | | | | **Date achieved** | | |
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| **Relevant 4 years full time**  **Employment and Employer Details** | | **Date From** | **Date to** | **Relevant Duties** | | | |
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| **Any Unspent Convictions** | | | **Delete as appropriate** | | | | |
| **Yes** | | | **No** | | | | |
| If you answered **Yes** please contact DVSA on **0300 123 9000** before proceeding  030 Not-for-profit organisations, charities and public bodies cost per minute (approximate) up to 10p landlines, 3p to 40p mobiles | | | | | | | |

**Declaration** to be completed by candidate Continue other side if required

I confirm that I meet the Eligibility criteria for becoming a Tester as defined in the MOT Testing Guide and <https://www.gov.uk/become-an-mot-tester>

I understand that I may be refused a DVSA demonstration test or disqualified from MOT testing if I have knowingly entered information that is incorrect. Providing false information or failure to disclose material information may result in prosecution under the Fraud act 2006

Signature of Attendee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

**Declaration** to be completed by Training Provider

I understand that I have verified the information provided and understand that if I have knowingly accepted information that is incorrect DVSA can refuse to complete further Demonstration Tests from this Training Provider/Trainer. Providing false information or failure to disclose material information may result in prosecution under the Fraud act 2006

Signed by Trainer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_