

# Application to attend a course to obtain a certificate for drivers of vehicles carrying dangerous goods

Please complete in BLOCK CAPITALS and in black ink.

## To be completed by the candidate

**IOM Driver Number** (to be copied directly from your current IOM licence)

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**Non-IOM Driver Number** (to be copied directly from your current Non-IOM licence)

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## Candidate details

Forename(s)  Mr/Mrs/Miss

Surname  Date of birth  /  /

Address   
  
 Postcode

Telephone number  E-mail

Employed by

For how long have you driven Dangerous Goods carrying vehicles?

Vehicle types

Type of Dangerous Goods carried

The address shown above **must** be the same as that shown on the licence; it is an offence under the Road Traffic Act 1985 not to surrender a licence to notify a change of address. **If the address is not the same as the licence the certificate will not be issued by the Licensing Office. It is strongly recommended that candidates have their documentation correct at the time of registering for a course.**

I certify the above information is correct.

Signed

Date  /  /

**To be completed by the training provider**

**Candidate Examination Type** (Put an X in the relevant box)

Initial

Re-sit

Renewal

I certify the above mentioned candidate has demonstrated the ability to match the standards set out in the syllabus by means of an assessment carried out by a qualified/experienced Instructor.

I certify that I have seen photographic evidence of the candidate's identity and I have personally checked the candidate's driving licence.

Signed

Date

Position in Company

**Send completed form to:** Vehicle Licensing Office  
Department of Infrastructure  
Vehicle Test Centre  
Tromode, Isle of Man  
IM4 4QJ  
Tel: +44 1624 686753