DRIVING TEST REPORT

I declare that:

- the use of the test vehicle for the purposes of the test is fully covered by a valid policy of insurance which satisfies the requirements of the relevant legislation.
- I normally live/have lived in the UK for at least 185 days in the last 12 months (except taxi/private hire). See note 30.

✘ _____

Candidate:

S ☐ D/C ☐

Application Ref. ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐

Date ☐☐☐☐☐☐ Time ☐☐☐☐ Dr./No. ☐☐☐☐☐☐

DTC Code / Authority ☐☐☐☐☐☐ Reg. No. ☐☐☐☐☐☐

Examiner:

Cat. Type ☐☐☐☐ Auto ☐ Ext ☐

1	2	3	4	5	6	7	8	9	0
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Instructor Reg ☐☐☐☐☐☐☐ Instructor Cert ☐☐☐☐☐☐☐

Sup	ADI	Int	Other
☐	☐	☐	☐

		Total	S	D
1a Eyesight				
1b H/Code / Safety				
2 Controlled Stop				
3 Reverse / Left Reverse with trailer	control			
	observation			
4 Reverse/ Right	control			
	observation			
5 Reverse Park	control			
R ☐ C ☐	obs.			
6 Turn in road	control			
	observation			
7 Vehicle checks				
8 Forward park	control			
Taxi manoeuvre	observation			
9 Taxi wheelchair				
10 Uncouple / recouple				
11 Precautions				
12 Control	accelerator			
	clutch			
	gears			
	footbrake			
	parking brake / MC front brake			
	steering			
	balance M/C			
	PCV door exercise			

		Total	S	D
13 Move off	safety			
	control			
14 Use of mirrors	signalling			
	change direction			
	change speed			
15 Signals	necessary			
	correctly			
	timed			
16 Clearance / obstructions				
17 Response to signs / signals	traffic signs			
	road markings			
	traffic lights			
	traffic controllers			
	other road users			
18 Use of speed				
19 Following distance				
20 Progress	appropriate speed			
	undue hesitation			
21 Junctions	approach speed			
	observation			
	turning right			
	turning left			
	cutting corners			
22 Judgement	overtaking			
	meeting			
	crossing			

		Total	S	D
23 Positioning	normal driving			
	lane discipline			
24 Pedestrian crossings				
25 Position / normal stops				
26 Awareness / planning				
27 Ancillary controls				
28 Spare 1				
29 Spare 2				
30 Spare 3				
31 Spare 4				
32 Spare 5				
33 Wheelchair	Pass ☐	Fail ☐		

Pass	Fail	None	Total Faults
☐	☐	☐	☐☐

ETA V ☐ P ☐ D255 ☐

Eco Safe driving Control ☐ Planning ☐

Debrief ☐

I acknowledge receipt of Pass Certificate Number: ☐☐☐☐☐☐☐☐

Wheelchair Cert. No: ☐☐☐☐☐☐☐☐

Licence rec'd Yes ☐ COA ☐ No ☐

There has been no change to my health: see note 29 overleaf.

✘ _____