Driving Test Report

DL25A
10/05T

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.

X _____

Candidate

S D/C

Application Ref.

Date D D M M Y Y Time H H M M Dr./No.

DTC Code / Authority Reg. No.

Examiner: Staff / Ref. No.

Cat. Type Auto Ext 1 2 3 4 5 6 7 8 9 0 V

ADI / Reg ADI Cert. No. Sup ADI Int Other C

	Total	S	D
1a Eyesight			
1b H/Code / Safety			
2 Controlled Stop			
promptness			
control			
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 Taxi manoeuvre			
control			
observation			
9 Taxi wheelchair			
10 Uncouple / recouple			
11 Precautions			
12 Control			
accelerator			
clutch			
gears			
footbrake			
parking brake / MC front brake			
steering			
balance M/C			
LGV / PCV gear exercise			
PCV door exercise			

	Total	S	D
13 Move off			
safety			
control			
14 Use of mirrors- M/C rear obs			
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 Eco Safe Driving			
29 Spare 1			
30 Spare 2			
31 Spare 3			
32 Spare 4			

33 Wheelchair Pass Fail

Pass Fail None Total Faults Route No.

ETA V P SN

Survey A B C D E F G H

Debrief Activity Code

I acknowledge receipt of Pass Certificate Number: Lic. R'cd

X

Wheelchair Cert. No:

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

X _____

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