



Application for MOT Managers Course

Please complete in BLOCK CAPITALS

APPLICANT DETAILS

FULL NAME

HOME ADDRESS

.....

POSTCODE

DATE OF BIRTH

EMAIL ADDRESS

.....

TELEPHONE NUMBER

DO YOU HAVE A FULL DRIVING LICENCE?

DRIVING LICENCE NUMBER

Please note – all information must be completed in full

MOTOR TRADE EXPERIENCE

There are no formal entry requirements for this qualification.

Please note that the DVSA will check its criteria when learners apply to become an Mot Manager. It is important that they meet the requirements on the gov.uk website.

START DATE	END DATE	EMPLOYER	DUTIES

PLEASE SIGN BELOW

DECLARATION OF NON CONVICTION

I confirm that I have NO UNSPENT CRIMINAL CONVICTIONS as defined in the Rehabilitation of Offenders Act 1974 for criminal offences connected with the Vehicle Testing Scheme or the motor trade, of involving acts of violence or intimidation.

I am aware that if, in the future, it is brought to DVSA’s attention that there are any such unspent convictions that have not been disclosed this may result in the cessation of my approval to operate a Testing Station.

Please provide information (on a separate sheet) of any “unspent” convictions for criminal offences connected with the Vehicle Testing Scheme or the motor trade or involving acts of intimidation or violence.

Signature

Applicant to Complete

I declare that the information given on this form is correct.



Signature

Print Name

Job Title

Date