

Candidate _____ **Test category** _____

Address _____

App ref _____ **Date** _____

Driver no. _____ **Time** _____

I declare that the use of the test vehicle for the purpose of the test is fully covered by a valid policy of insurance which satisfies the requirements of the legislation.

I normally live/have lived in the UK for at least 185 days in the last 12 months (except test ordered by a court after disqualification).

X _____

Test results preference Post Email address _____

I agree to DVSA collecting, using, storing and sharing my personal information for the purpose of carrying out the driving test.

Instructor reg number _____	Vehicle reg _____	Vehicle details <input type="checkbox"/> School car <input type="checkbox"/> Dual control
Transmission <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Accompanied by <input type="checkbox"/> Ins <input type="checkbox"/> Sup <input type="checkbox"/> Int <input type="checkbox"/> Other	

Eyesight test (S)

AS NS NS HS/DS

Move off

Safety (S) (D)

Control (S) (D)

Positioning

Normal driving (S) (D)

Lane discipline (S) (D)

Manoeuvres

Reverse / Right Reverse park (road)

Reverse park (car park) Forward park

Control (S) (D)

Observation (S) (D)

Use of mirrors

Signalling (S) (D)

Change direction (S) (D)

Change speed (S) (D)

Pedestrian crossings (S) (D)

Position / normal stop (S) (D)

Awareness planning (S) (D)

Clearance (S) (D)

Following distance (S) (D)

Use of speed (S) (D)

Show me / Tell me

Show me / Tell me (S) (D)

Signals

Necessary (S) (D)

Correctly (S) (D)

Timed (S) (D)

Progress

Appropriate speed (S) (D)

Undue hesitation (S) (D)

Controlled stop

Controlled stop (S) (D)

Junctions

Approach speed (S) (D)

Observation (S) (D)

Turning right (S) (D)

Turning left (S) (D)

Cutting corners (S) (D)

Response to signs / signals

Traffic signs (S) (D)

Road markings (S) (D)

Traffic lights (S) (D)

Traffic controllers (S) (D)

Other road users (S) (D)

Control

Accelerator (S) (D)

Clutch (S) (D)

Gears (S) (D)

Footbrake (S) (D)

Parking brake (S) (D)

Steering (S) (D)

Precautions (S) (D)

Ancillary controls (S) (D)

Judgement

Overtaking (S) (D)

Meeting (S) (D)

Crossing (S) (D)

Total faults

Pass **Fail** **None**

ETA Physical Verbal **ECO** Control Planning

Licence received Yes No

Pass certificate number _____

I acknowledge receipt of my pass certificate and confirm there has been no change to my health since I last applied for a licence.

X _____

Activity code <input type="text"/>	Route number <input type="text"/>	Independent driving <input type="checkbox"/> Sat nav <input type="checkbox"/> Traffic signs	Debrief witnessed <input type="checkbox"/> Yes <input type="checkbox"/> No
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Identification Photocard <input type="checkbox"/> Passport <input type="checkbox"/>	Physical description of the candidate <input type="text"/>
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Show me / Tell me question(s) <input type="text"/>	Additional information <input type="text"/>
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Weather conditions

1. Bright / dry roads <input type="checkbox"/>	4. Showers <input type="checkbox"/>	7. Dull / dry roads <input type="checkbox"/>	10. Windy <input type="checkbox"/>
2. Bright / wet roads <input type="checkbox"/>	5. Foggy / misty <input type="checkbox"/>	8. Snowing <input type="checkbox"/>	11. Other (describe) <input type="checkbox"/>
3. Raining through test <input type="checkbox"/>	6. Dull / wet roads <input type="checkbox"/>	9. Icy <input type="checkbox"/>	<input type="text"/>

D255 <input type="checkbox"/> Yes <input type="checkbox"/> No	Language <input type="checkbox"/> English <input type="checkbox"/> Cymraeg
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Fault descriptions

iDriveLeeds.CO.UK

Examiner's signature X _____

Reason for use: iPad: Tech fault / Lost / Stolen / Broken Transfer Other (please specify) _____
*Delete as appropriate

Examiner scheduled on journal _____	Staff number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Examiner who conducted test _____	Staff number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Date of re-key **Re-keyed by** _____