



BOSCASTLE CIC MINIBUS GROUP MEMBERSHIP

Name	
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Group name	
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Contact number	Date of birth
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Address	
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Email address	
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DVLA CHECK CODE see below	
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DL number (5)	<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"/>	<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"/>
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DL valid from (10)	<input type="text"/>
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NI number	<input type="text"/>
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Convictions in the last 5 years	Yes	No	If yes please give details
			<input type="text"/>

Vehicle Insurance claims in the last 5 years	Yes	No	If yes please give details
			<input type="text"/>

Medical conditions that would affect driving	Yes	No	If yes please give details
			<input type="text"/>

*DVLA CHECK CODE – Please log in to <https://www.viewdrivingrecord.service.gov.uk/driving-record/licence-number>.

Complete the required information to generate a check code.

- I consent to the Boscastle Minibus Group carrying out a DVLA driving licence search.
- I agree to inform the Boscastle Minibus Group of any changes to my licence, such as convictions or claims.
- I have read and agree to the Boscastle Minibus Group's terms and conditions of use.

Signed _____ Print _____ Date _____

OFFICE USE

DVLA search completed	<input type="checkbox"/>
B1 checked	<input type="checkbox"/>
2 yrs driving experience	<input type="checkbox"/>