

Tester Eligibility

Full Name			
Driving licence Number			
Qualifications			Date achieved

Relevant 4 years full time Employment and Employer Details	Date From	Date to	Relevant Duties

Continue other side if required.

Any Unspent Convictions (please circle)	
Yes	No

If you answered **Yes** please contact DVSA on **0300 123 9000** before proceeding
 030 Not-for-profit organisations, charities and public bodies cost per minute (approximate) up to 10p landlines, 3p to 40p mobiles

Declaration to be completed by candidate

I confirm that I meet the Eligibility criteria for becoming a Tester as defined in the MOT Testing Guide and <https://www.gov.uk/become-an-mot-tester>

I understand that I may be refused a DVSA demonstration test or disqualified from MOT testing if I have knowingly entered information that is incorrect. Providing false information or failure to disclose material information may result in prosecution under the Fraud act 2006

Signature of Attendee _____

Print Name _____

Date _____

Declaration to be completed by Training Provider.

Declaration to be completed by Training Provider I understand that I have verified the information provided and understand that if I have knowingly accepted information that is incorrect DVSA can refuse to complete further Demonstration Tests from this Training Provider/Trainer. Providing false information or failure to disclose material information may result in prosecution under the Fraud act 2006

Signed by Trainer _____

Training Provider _____

Print Name _____

Date _____

Continued.....

Continue experience details here if necessary



Relevant 4 years full time Employment and Employer Details	Date From	Date to	Relevant Duties

Supporting details (must be complete)

MTS User ID	Example: (XXXX-0000)			
MOT Class	<input type="checkbox"/> 1&2	<input type="checkbox"/> 4&7	<input type="checkbox"/> Adding Class 3	<input type="checkbox"/> Adding Class 5
Date of Birth				
National Insurance #				
Contact Number				
Email Address				
Home Address				
Postcode				

Complete if necessary (current company/employment)	
Company Name	
Name & position of contact	
Company Contact Number	
Company Email	
Company Address	
Postcode	

Office Use only:

- Original qualification certificate provided, copied, stamped & signed.
- Driving license provided, copied & checked.
- Experience eligibility met / complies with DOB.