Driver & Vehicle Agency

Licensing Enquiry Section
County Hall, Coleraine, BT51 3TA
Tel: 0845 402 4000 Fax: 028 7034 1422

COMPANY NAME: DRIVER CHECK

MANDATE FOR RELEASE OF INFORMATION IN ACCORDANCE WITH THE PROVISIONS OF THE DATA PROTECTION ACT 1998 (AS AMENDED)
USE BLACK INK AND BLOCK CAPITAL LETTERS

Employer Details

Employer's Name	
Employee's/Staff Number	

Driver Details

Surname	
Forenames	

Date of Birth: D D / M M / Y Y Y Y

Please ensure that each character in your driving licence number is clearly legible. A NI licence has 8 characters.

Driving Licence Number: (Mandatory)

Current Address

House Number	
House/Flat/Building	
Street	
Town	

Name/Address on Licence (if different from address above)

Name	
House Number	Post Code
House/Flat/Building	
Street	
Town	

I hereby consent to ***Company Name***:_____

(1) Obtaining from Driver Vehicle Agency (DVA) any information that may be held on DVA's computerised driver database relating to myself (with the exception of any medical information) and/or my driving entitlement, past and present. I understand that this may include sensitive personal data including any endorsements, disqualifications etc. (*within the meaning of the Road Traffic Act 1988*)

(2) Disclosing such information with any comments or recommendations to my employer for purposes including, assessing my continuing suitability to drive vehicles in the course of my employment.

I acknowledge that DVA is not responsible for the manner in which my employer controls or processes any of my personal data.

Signature é

Date é ..