

**IMPORTANT:** Please read the notes over the page before filling in this form – Please write clearly in BLACK INK using CAPITAL LETTERS.

D796

**1 Company details** (to be filled in by the company making the enquiry):

Company name and address (the company):

DUNDEE CITY COUNCIL
LICENSING DEPARTMENT
21 CITY SQUARE
DUNDEE
Postcode: DD1 3BY

Account number:

J808
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Reference number:

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Please delete as appropriate:

Are you making an enquiry on behalf of another company?

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, company name must be entered below.

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**2 Driver details** (to be filled in by the driver):

Surname:

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First name:

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Middle name(s)

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Date of birth:

/	/
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Driver number:

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Current address:

Line 1
Line 2
Line 3
Post town
Postcode:

Address on licence (if different):\*

Line 1
Line 2
Line 3
Post town
Postcode:

\* You must tell DVLA of any changes to your address.  
Failure to do so could result in a fine of up to £1000

**3 CPC information** (please see notes over the page):

Please delete as appropriate:

Do you require CPC information?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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DQC number

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**4 Driver declaration** (to be filled in by the driver):

**IMPORTANT:** Please read the notes over the page before signing this form

**Declaration:**

Being the person referred to in section 2 above, I authorise the company or companies listed in Section 1 above to ask DVLA for my driver record information as and when they require, at a frequency they shall determine. I understand that the company I authorise to ask for my driver record information may use an intermediary company to make the enquiry with DVLA on their behalf.

I authorise and direct DVLA to disclose to the company or companies in Section 1, all relevant information relating to my driver record from the computerised register of drivers maintained by DVLA. This includes personal details, driving entitlements, endorsement details, disqualifications, convictions, photo images and CPC details (where appropriate). Medical information is not to be provided.

This authority will expire when I cease to drive in connection with the company and in any case three years from the date of my signature.

SIGNATURE:

DATE: