

**Completion of Refresh Training**

**Notice to Licensing Board**

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| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Date of Birth |  |
| Personal Licence Number |  |
| Date of Personal Licence Issued |  |

|  |  |
| --- | --- |
| Date of Refresher Training  (Dated after 1st December 2020) |  |
| Course Title |  |

|  |  |
| --- | --- |
| Personal Licence Attached |  |
| Copy of Training Certificate Attached |  |

**For office use only**

|  |  |
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| Input into the system |  |