

**Application for MOT Managers Course**

Please complete in BLOCK CAPITALS

**APPLICANT DETAILS**

FULL NAME …………………………………………..………….……

*Please note – all information must be completed in full*

*There are no formal entry requirements for this qualification.*

*Please note that the DVSA will check its criteria when learners apply to become an Mot Manager. It is important that they meet the requirements on the gov.uk website.*

HOME ADDRESS ……………………………………………………………………………………

………………………………………………………………………………….

POSTCODE ……………………………………. …………………….

DATE OF BIRTH ………………………………………………………..

EMAIL ADDRESS ……………………………………………………..…

TELEPHONE NUMBER ………………………………………………

**MOTOR TRADE EXPERIENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| START DATE | END DATE | EMPLOYER | DUTIES |
|  |  |  |  |
|  |  |  |  |



PLEASE SIGN BELOW

*Please provide information (on a separate sheet) of any “unspent” convictions for criminal offences connected with the Vehicle Testing Scheme or the motor trade or involving acts of intimidation or violence.*

**DECLARATION OF NON CONVICTION**

I confirm that I have NO UNSPENT CRIMINAL CONVICTIONS as defined in the Rehabilitation of Offenders Act 1974 for criminal offences connected with the Vehicle Testing Scheme or the motor trade, of involving acts of violence or intimidation.

I am aware that if, in the future, it is brought to DVSA’s attention that there are any such unspent convictions that have not been disclosed this may result in the cessation of my approval to operate a Testing Station.

Signature ……………………………………………………………………

Applicant to Complete

I declare that the information given on this form is correct.

Signature ……………………………………………………………………

Print Name …………………………………………………………………

Job Title ……………………………………………………………………..

Date ……………………………………………………………………………