



**THE MOT
TRAINING & COMPLIANCE
GROUP LTD**

APPLICATION FOR LVI TWO DAY COURSE

APPLICANT DETAILS	
NAME	
ADDRESS	
POSTCODE	
PHONE	
EMAIL	
DATE OF BIRTH	
DRIVING LICENCE NO	
DATE OF TRAINING	

Please forward the completed form with a [copy of your driving licence](#)
to karena@themotgroup.co.uk