

# DRIVING EXPERIENCE FORM

NAME \_\_\_\_\_

NATIONAL INSURANCE NUMBER

A= FULLY EXPERIENCED  
Y= YES

B= SOME EXPERIENCE  
N= NO

Please tick boxes that are relevant to you:



DRIVING LICENSE (FULL)	Y	N	TRANSMISSION	A	B		A	B
CAT. B (CAR, VAN UP TO 3.5 TONNE)	<input type="checkbox"/>	<input type="checkbox"/>	AUTOMATIC	<input type="checkbox"/>	<input type="checkbox"/>	SHOP DELIVERY	<input type="checkbox"/>	<input type="checkbox"/>
CAT. C1 (3.5 TONNE)	<input type="checkbox"/>	<input type="checkbox"/>	EPS	<input type="checkbox"/>	<input type="checkbox"/>	SHUNTER WORK	<input type="checkbox"/>	<input type="checkbox"/>
CAT C1 (7.5 TONNE)	<input type="checkbox"/>	<input type="checkbox"/>	PRESELECTOR	<input type="checkbox"/>	<input type="checkbox"/>	STRETCH TRAILERS	<input type="checkbox"/>	<input type="checkbox"/>
CAT. C (CLASS 2)	<input type="checkbox"/>	<input type="checkbox"/>	RANGE CHANGE	<input type="checkbox"/>	<input type="checkbox"/>	TAUTLINER	<input type="checkbox"/>	<input type="checkbox"/>
CAT. C+E (CLASS 1)	<input type="checkbox"/>	<input type="checkbox"/>	SPLITTER BOX	<input type="checkbox"/>	<input type="checkbox"/>	TILT & SLIDE	<input type="checkbox"/>	<input type="checkbox"/>
CAT. D1 (PCV - MINIBUS)	<input type="checkbox"/>	<input type="checkbox"/>	TWO SPEED AXLE	<input type="checkbox"/>	<input type="checkbox"/>	TIPPER	<input type="checkbox"/>	<input type="checkbox"/>
CAT. D (PCV - BUS & COACH)	<input type="checkbox"/>	<input type="checkbox"/>	ADR	<input type="checkbox"/>	<input type="checkbox"/>	VEHICLE COLLECTION / DELIVERY	<input type="checkbox"/>	<input type="checkbox"/>
MISCELLANEOUS LICENCES			BOX VAN	<input type="checkbox"/>	<input type="checkbox"/>	WAGON & DRAG	<input type="checkbox"/>	<input type="checkbox"/>
ADR	<input type="checkbox"/>	<input type="checkbox"/>	BUILDING SUPPLIES	<input type="checkbox"/>	<input type="checkbox"/>			
CPC	<input type="checkbox"/>	<input type="checkbox"/>	CHAINS & WARWICKS	<input type="checkbox"/>	<input type="checkbox"/>			
DIGITAL TACHOGRAPH	<input type="checkbox"/>	<input type="checkbox"/>	CONTAINERS	<input type="checkbox"/>	<input type="checkbox"/>			
FLT LICENSE	<input type="checkbox"/>	<input type="checkbox"/>	DRAW BAR	<input type="checkbox"/>	<input type="checkbox"/>			
HIAB	<input type="checkbox"/>	<input type="checkbox"/>	FLAT BED	<input type="checkbox"/>	<input type="checkbox"/>			
IPAF	<input type="checkbox"/>	<input type="checkbox"/>	FOOD DELIVERY	<input type="checkbox"/>	<input type="checkbox"/>			
MOFFETT	<input type="checkbox"/>	<input type="checkbox"/>	HIAB	<input type="checkbox"/>	<input type="checkbox"/>			
			LOW LOADER	<input type="checkbox"/>	<input type="checkbox"/>			
			MULTI DROP	<input type="checkbox"/>	<input type="checkbox"/>			
			NIGHT TRUNKING	<input type="checkbox"/>	<input type="checkbox"/>			
			PARCEL DELIVERY	<input type="checkbox"/>	<input type="checkbox"/>			
			REFRIGERATED UNIT	<input type="checkbox"/>	<input type="checkbox"/>			
			REFUSE COLLECTION	<input type="checkbox"/>	<input type="checkbox"/>			
			REMOVALS	<input type="checkbox"/>	<input type="checkbox"/>			
			REFRACTABLE ROOF	<input type="checkbox"/>	<input type="checkbox"/>			
			ROLL ON ROLL OFF	<input type="checkbox"/>	<input type="checkbox"/>			
			ROPING & SHEETING	<input type="checkbox"/>	<input type="checkbox"/>			
			SKIP	<input type="checkbox"/>	<input type="checkbox"/>			

