

# APPROVED DRIVING INSTRUCTOR TEST OF DRIVING ABILITY



Full Name (in CAPITALS):

Address:




Postcode:

Telephone number (mobile / home):

Please  as appropriate:

This application is for my

1st  2nd  Final  attempt

Centre at which I wish to be tested

BELFAST  LONDONDERRY

Dates on which I will not be able to take the test

From:  To:

From:  To:

From:  To:

- I apply for admission to the test of driving ability which forms part of the qualifying examination for the Register of Approved Driving Instructors,

Signature:

PDI No:

Date:

## Official Use Only

### Details of appointment

Date  Time  Place

Date Invitation Issued

GMC/096/01

Fee.	<p>(a) Payment by Credit / Debit Card</p> <p>I wish to pay by <b>Visa/MasterCard/Switch/Maestro</b> - Please charge <b>£ 130.00</b> to my credit / debit card</p> <p>Card No. <input type="text"/></p> <p>Card Valid : Month <input type="text"/> Year <input type="text"/></p> <p>Card Expires : Month <input type="text"/> Year <input type="text"/> Issue Digit <input type="text"/> (Switch/Maestro Cards Only)</p> <p>Name of account holder <input type="text"/> Signature of cardholder <input type="text"/></p>
	<p>Payment by cheque / postal order</p> <p>I enclose a cheque / postal order for <b>£ 130.00</b></p> <p>Cheques / postal orders should be made payable to the Driver &amp; Vehicle Agency and crossed A/C Payee. Do not send cash through the post.</p>