

Driving Test Report

DL25A

0407T

I declare that:

- the use of the test vehicle for the purposes of the test is fully covered by a valid policy of insurance which satisfies the requirements of the relevant legislation.
- I normally live/have lived in the UK for at least 185 days in the last 12 months (except taxi/private hire). See note 30.



Candidate

S D/C

Application Ref.

Date

Time

Dr./No.

DTC Code / Authority

Reg. No.

Examiner:

Staff / Ref. No.

Auto Ext

Cat. Type

1

2

3

4

5

6

7

8

9

0

V

ADI / Reg

ADI Cert. No.

Sup

ADI

Int

Other

C

		Total	S	D			Total	S	D			Total	S	D
1a	Eyesight				13	Move off				23	Positioning			
						safety					normal driving			
1b	H/Code / Safety					control					lane discipline			
2	Controlled Stop				14	Use of mirrors- M/C				24	Pedestrian crossings			
	promptness					signalling					25	Position / normal stops		
	control					change direction					26	Awareness / planning		
3	Reverse / Left Reverse with trailer					change speed				27	Ancillary controls			
	control				15	Signals					28	Eco Safe Driving		
	observation					necessary					29	Spare 1		
4	Reverse/Right					correctly					30	Spare 2		
	control					timed					31	Spare 3		
	observation				16	Clearance / obstructions					32	Spare 4		
5	Reverse Park										33	Wheelchair	Pass	Fail
	control				17	Response to signs / signals						Pass	Fail	None
	obs.					traffic signs								Total Faults
6	Turn in road					road markings								Route No.
	control					traffic lights								
	observation					traffic controllers								
7	Vehicle checks					other road users								
	control				18	Use of speed								
	observation													
8	Taxi manoeuvre				19	Following distance								
	control													
	observation				20	Progress								
9	Taxi wheelchair					appropriate speed								
	control					undue hesitation								
10	Uncouple / recouple													
	control													
11	Precautions													
	control													
12	Control													
	accelerator													
	clutch													
	gears													
	footbrake													
	parking brake / MC front brake													
	steering													
	balance M/C													
	LGV / PCV gear exercise													
	PCV door exercise													

Pass	Fail	None	Total Faults	Route No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ETA V P D255

Survey A B C D
E F G H

Debrief Activity Code

I acknowledge receipt of Pass Certificate Number: Licence rec'd Yes
Wheelchair Cert. No: COA
No

There has been no change to my health: see note 29 overleaf.