RDIT/1 (Rev.03/19)	Please read the Notes for guidance before completing this f
er of oppit priver Trainers Rec	ister of official states and the states of t
our Details	1 Driving Licence Details
Title: Mr. Mrs. Miss Ms. Other	What is the driver number on your driving licence?
First name(s):	Have you been disqualified
Surname:	from driving at any time during the last four years? No Yes
Address:	If yes, please give details below.
	Offence(s) (use a separate sheet if necessary):
	Exact date of conviction: Period of disqualification:
Postcode:	
Telephone number (with area code):	
Mobile number:	Character Details
Fax number:	If you answer 'Yes' to any of these questions, please give details
	on a separate sheet. Where appropriate, you should provide deta of the offence(s), any courts involved, date of conviction(s) and ar penalty imposed.
Email address:	
	Have you received any fixed penalties for motoring offences No Yes
Date of Birth:	within the last four years?
Have you applied for DRDIT registration No Yes	Have you any cautions or convictions (current or spent) for No Yes
	motoring offences?
DI Registration Details	2
ADI PRN	Have you any cautions or convictions (current or spent) for No Yes

		r	Tra	inors Register of ORDIT Driver Traine
ual Registration	<u>5</u>		114	Declaration
Do you require dual registration?	j	ste)r (
Do you require dual registration?	P	er ^F	Tra	
	i c	.te	or i	I declare that:
Yes No	2	510	,	 The details given in this form are to the best of my knowledge true and correct
Please provide the name and address of the driving school(s) you require dual registration for:				I have read and understood the ORDIT Terms and Conditions
				As an ORDIT trainer I shall offer development training to existing ADI's
	-			 I understand that while I am seeking registration or after I have been registered, I will inform the Registrar's office in writing within seven days if I:
				 receive any cautions or am convicted of any offence, including motoring offences, fixed penalties and non-motoring offences.
				change my home or business address
redit/Debit card - Payment Details	6			
Please charge £ to my account.				
My card number is				
lame of card holder				
				I enclose the *registration fee/dual registration fee (*delete as appropriate) of:
Expiry date Signature of card holder				Chaguya /Destal Order po
	ר			Cheque/Postal Order no.
				or have completed the credit/debit card details above Signed:
paying by debit/credit card, to be signed and dated by the andidate: I agree that any refund be made to the card holder				
paying by debit/credit card, to be signed and dated by the andidate: I agree that any refund be made to the card holder				Dated: