

Vehicle Document Record Form*

**This form is to be completed by employees who drive their own private vehicle and/or WCC fleet vehicles for work and where there is not access to HRMS.*

Employee Details

Forename(s)			
Surname		Title (e.g. Mr, Mrs)	
Employee Number			
For work I drive	<input type="checkbox"/> I will drive my own private vehicle	<input type="checkbox"/> I will drive a WCC fleet vehicle	

Section A – only complete if you drive your own private vehicle for work

Vehicle Registration No.		Effective Start Date [^]	
Vehicle Make		Vehicle Model	
I declare that I have a valid MOT (if required) and relevant 'business use' insurance. Tick this box as confirmation <input type="checkbox"/>			

[^] when the vehicle began to be used for work purposes

Section B – complete if you drive your own private vehicle and / or WCC fleet vehicle

Driving Licence			
Licence Number (starts with surname)			
Licence Valid From [#]		Licence Valid Until [#]	
Licence Type	<input type="checkbox"/> United Kingdom (UK)	<input type="checkbox"/> European	[#] Photo licence only
	<input type="checkbox"/> Other (please specify here)		
Vehicle Use	WCC Fleet Vehicle Only		
Licence Category (see item 9 on the photo licence – the bracket around the letter denotes old licence category / class e.g. (d))			
Licence Category	Current Held		Valid From
A1 (D)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
A (D)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
B (A)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
B (B)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
B + E (A)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
C1 (A)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
C1 + E (A)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

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C (HGV 2 &3)	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
C (HGV 2 &3 Artic's HGV 1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
D1 (A)	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
D1 + E (A)	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
D (PSV 3)	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
D + E (PSV 1 or 2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
G (G)	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
H (H)	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
F, K, L, N, P (F, K, E)	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Disqualification Start / End Date <i>(if applicable)</i>				
Do you have current driving endorsements?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If YES, please specify below the date offence started, date offence expires, endorsement type, and the number of points on your licence</i>				
Date Offence Started	Date Offence Expires	Endorsement Type	Points on Licence	

Employee's Declaration

I declare that the information specified on this form is true and accurate record of my vehicle and driving licence details. I have read, understood and agree to comply with the employee responsibilities stated within the Driving at Work Policy and appropriate guide. This includes confirmation that I agree to comply with the employee responsibilities within the Driving at Work Policy.

Job Title			
Team			
Signature		Date	

Driving Licence Documentation Check by Line Manager *(to be completed for employees who drive WCC Fleet vehicles)*

I am the line manager for the employee above and I confirm that I have checked the driving licence details specified against the original licence (photocard and paper counterpart) and I hereby certify that the information stated on this form is correct.

Job Title			
Name		Contact Tel. No.	
Signature		Date	

If this form is e-mailed from a valid individual WCC/ external e-mail account then a signature will not be required