Driving Theory Test Application Form

Book Online the quick and easy way

www.dsa.gov.uk

or www.direct.gov.uk/motoring

DSA™ DRIVING STANDARDS AGENCY SAFE DRIVING FOR LIFE

or Telephone 0870 0101 372 Welsh Language 0870 0100 372 Text Phone 0870 0106 372

Our operators are available from Monday to Friday 8.00am to 6.00pm to book your test and receive immediate confirmation of your test appointment. The best times to contact us are between 10.00am to 11.00am & 2.30pm to 3.30pm. You should have your provisional Driving Licence Number and Debit/Credit card details to hand. We accept Mastercard, Visa, Switch, Delta or Solo. *(for alternative booking and payment methods please see overleaf)*

For internet or phone bookings you do not need to complete this form

Please complete in CAPITAL LETTERS

Driving Licence Number *(copy this from your driving licence)*

Category of Test *(please place an X in the box as appropriate)*

Cat. B	Cat. A - Cat. P	Cat. C	Cat. D
☐ Car	☐ Motorcycle *(Including Mopeds)*	☐ Large Goods *(Lorries & Medium Goods)*	☐ Passenger Carrying *(Buses & Coaches)*

Title Ms Mrs Mr Miss

First Names

Surname

Gender Male ☐ Female ☐

Address

Date of Birth D D M M Y Y

Daytime Telephone No. *(incl STD)*

Postcode

Evening Telephone No. *(incl STD)*

Where would you like to take your test? *(see locations and centre numbers on reverse of this page)*

Location

Centre No.

When would you like to take your test? *(please allow 10 days for postal application)* Date D D M M Y Y

Weekday ☐ Evening ☐ Saturday ☐ ASAP ☐

All efforts will be made to book the date specified. However if that date is not possible, then a test will be booked for you on the closest possible date.

To allow us to book a date and time that is best for you, we recommend you use the internet address or telephone number at the top of this form.

The following special needs are available upon request *(please place an X in the box as appropriate)*

- ☐ Additional time for the multiple - choice element *(please attach supporting documents such as a letter from your employer or teacher)*
- ☐ British Sign Language Video clips on the screen
- ☐ Welsh Language Service *(available at certain test centres only; see over page)*
- ☐ If you have other special needs Please call 0870 0101372 to discuss them

Please place an X in the box if you would like to listen to the test through a headphone in one of the following languages: *(only available for car or motorcylce with the exemption of Welsh, which is available for all cateogories)*

☐ Albanian	☐ Arabic	☐ Bengali	☐ Cantonese	☐ Dari	☐ Farsi	☐ Gujarati
☐ Hindi	☐ Kashmiri	☐ Kurdish	☐ Mirpuri	☐ Polish	☐ Portuguese	☐ Punjabi
☐ Pushto	☐ Spanish	☐ Tamil	☐ Turkish	☐ Urdu	☐ Welsh	☐ English

If paying by credit/debit card I agree that any refund is made to the card holder

Candidate's Signature

D D M M Y Y

PLEASE DO NOT SEND CASH

I wish to pay by Mastercard / Visa / Switch / Delta / Solo.

Please charge £ to my account. My card number is:

Start Date *(Switch only)* M M Y Y

Issue Number: *(Switch only)*

Card Expiry Date M M Y Y

Title

Name of card holder

Signature of card holder

I enclose ☐ cheque(s) / ☐ postal order(s) for the total amount of £

Date D D M M Y Y

Cheque or postal order number(s) are