# MOT – Classes 4-7 & VTAA Course Booking Form

**Course Date:**

|  |  |
| --- | --- |
| **Candidate Information** | |
| Name of Candidate |  |
| Home Address |  |
| Date of Birth |  |
| E-mail Address |  |
| Contact Number |  |
|  |  |
| **Employer Information** | |
| Company Name |  |
| Company Contact Name |  |
| Address |  |
| Telephone number |  |
| Mobile |  |
| E-mail address |  |

|  |  |
| --- | --- |
| **Requirements** | |
| Dietary Requirements If Any Please Specify |  |

# Course Requirements - MOT Classes 4 & 7

Applicants applying for the VTAA course will need to meet the driving license and experience requirements but do not need to meet the qualifcation requirements.

Please be aware that failure to comply with the prerequisite eligibility checks may result in the candidate being unable to complete the course and can result in payments for the training being lost.

**Driving License:**

To be eligible to take our MOT testing course and the Level 2 Award in MOT Testing qualification the candidate must have a current and full UK driving licence for the vehicle class(es) they want to test.

Prior to attending our MOT course, the candidate must carry out the following:

1. Access the DVLA website: <https://www.gov.uk/view-driving-licence>

2. Ensure they have the following information available:

a. Driving licence number

b. National Insurance number

c. The postcode on the driving licence

3. Click the ‘Start now’ button and follow the onscreen instructions

4. Choose the ‘Share your licence information’ tab

5. Click ‘get code’

6. Print or record the code (this code is case sensitive)

7. Ensure this code is provided to the training provider within 21 days or it will expire.

|  |  |
| --- | --- |
| Driving License Number: |  |
| Driving License Share Code: |  |

**Qualifications:**

To become a Tester for class 3, 4, 5 or 7 vehicles, the candidate must also have an appropriate qualification.

We will have to check, copy and sign the original certificate on the first day of the course.

This must be the full qualification certificate and not just the unit certificate.

The latest version of the ‘MOT Qualification Certificate Eligibility List’ can be found in the ‘General Documents’ section on this page: <https://www.abcawards.co.uk/qualification/level-2-award-in-mot-testing-classes-4-and-7/>

|  |  |
| --- | --- |
| **Qualifications** | **Date achieved** |
|  |  |
|  |  |
|  |  |

**Good Repute and Unspent Criminal Convictions**

To become a Tester for class 3, 4, 5 or 7 vehicles, the candidate must have no unspent convictions. Including criminal offences connected with the MOT testing scheme or the motor trade or involving acts of violence or intimidation.

|  |  |
| --- | --- |
| **Any Unspent Convictions** | **Delete as appropriate** |
| **Yes** | **No** |
| If you answered **Yes** please contact DVSA on **0300 123 9000** before proceeding  030 Not-for-profit organisations, charities and public bodies cost per minute (approximate) up to 10p landlines, 3p to 40p mobiles | |

**Disclosure and Barring Servcice (DBS)**

You will be required to submit a current Disclosure and Barring Servcice (DBS) check before attending the course. <https://www.gov.uk/request-copy-criminal-record>

Please be aware that “From 1 April 2022, you must provide a basic Disclosure and Barring (DBS) certificate at the demonstration test. The basic DBS check must be dated within 3 months of your DVSA demonstration test. A basic DBS check verifies an applicant’s identity based on the evidence provided and can confirm they are free from any unspent convictions.”

**Experience:**

To become a tester for class 3, 4, 5 or 7 vehicles, the candidate must be a skilled technician with at least 4 years’ full-time employment in the service and repair of the vehicle types to be tested. This can be self-certified by completing the below questions.

|  |  |  |
| --- | --- | --- |
| **Name of Company** | **Dates Employed** | **Duties** |
|  |  |  |
|  |  |  |
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Please check the boxes to confirm you have at least 4 years’ experience carrying out the below tasks.

|  |  |  |
| --- | --- | --- |
| **4 Years’ Experience With** | **Yes** | **No** |
| Routine Services and Inspections on Classes 4 – 7 Vehicles |  |  |
| Diagnosing Brake System Faults on Classes 4 – 7 Vehicles |  |  |
| Diagnosing Steering and Suspension Faults on Classes 4 – 7 Vehicles |  |  |
| Diagnosing Electrical Faults on Classes 4 – 7 Vehicles |  |  |
| Diagnosing Exhaust and Fuel System Faults on Classes 4 – 7 Vehicles |  |  |

**Health & Safety**

Due to the nature of this training certain medical conditions may restrict participation in some of the practical exam completed in the workshop but this will not affect your ability to complete the course.

You MUST advise us in advance of the training day(s) if you have a pacemaker or imbedded insulin pump or similar device.

Each delegate MUST bring their own safety foot wear to be allowed into the workshop.

**Declaration** to be completed by candidate

I understand that I may be refused a DVSA demonstration test or disqualified from MOT testing if I have knowingly entered information that is incorrect

Signature of Attendee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

**Declaration** to be completed by Training Provider

I understand that I have verified the information provided and understand that if I have knowingly accepted information that is incorrect DVSA can refuse to complete further Demonstration Tests from this Training Provider/Trainer

Training Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by Trainer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date