

LTSC Approved Assessor Application Form

DATE OF REGISTRATION

PERSONAL DETAILS

/ /

Full Name :

Company Name:

COMPANY DETAILS

Address :

The City :

Fax:

Zip Code :

Email:

Daytime Phone:

Mobile Phone:

DRIVERS LICENCE DETAILS

(Please provide a copy)

Licence Number:

I Endorsement details:

Length Held:

Expiry Date:

Would you be prepared to sign up to Driver Check (TORO) ?

Yes

No

Do you suffer from an illness/disability/medical condition which could affect your driving performance?

Yes

No

Please attach copies of the following industry experience details:

- Work History
- CV
- Letter of attestation (minimum 2)
- Record of achievements

Have you read and would you comply with the LTSC Assessors responsibilities? Yes

*See Appendix 1

Have you attached all relevant information needed for this application? Yes

Signed _____