

Older driver refresher application form

This is an interactive PDF form that you can type into the fields directly. As this form requires a signature, please fill in, print off, sign and send to Herefordshire Council, Road Safety Unit, Plough Lane, Hereford HR4 0LE

Name:

Address:

Postcode:

Home No.

Mobile No.

Email address:

Date of birth:

Declaration

I confirm that I am not taking any medication that could affect my driving.

I confirm that there is no medical reason that prevents me from driving.

I confirm that I can read a vehicle number plate from a distance of 67 feet (20.5 metres, about 5 car lengths).

Payment of £10 is attached (cheques payable to Herefordshire Council)

Signature:

Date: