To be completed by the Candidate

Title

Forename

Surname

Address

Town   Postcode

Email

Date of Birth

SQA will only use your email address to give you updates regarding your ADR Driver Training Certificate.

Nationality

Course No.

ADR Exp. Date

Candidate Number (if applicable)

35mm

Please attach your photo here

45mm

Pictures **MUST** be 35mm x 45mm. Please ensure your picture is **NOT** larger than specified.
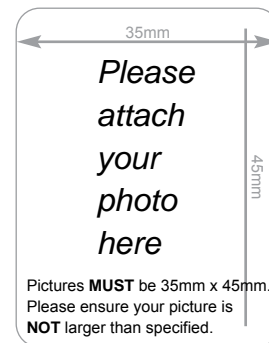
Please sign your name above in **BLACK INK**, keeping within the corner markers. Please **DO NOT** sign outside this area.

I certify that the above information is correct.

Signed   Date

Use dd/mm/yyyy format

SQA collects information about you on behalf of the Department for Transport in order to provide Dangerous Goods Driver qualifications.

We may share this information with the Driver and Vehicle Standards Agency (DVSA) as part of the Department for Transport (DfT).

More detail about how SQA uses your information can be found in our Privacy Statement

https://www.sqa.org.uk/sqa/45397.html

To be completed by the Training Provider

SQA Training Provider Number

I certify that I have seen photographic evidence of the candidate's identity.

Signed   Position

Print Name   Date

Candidate Examination Type (Put an X in the relevant box)

I certify that the above candidate has successfully completed the following exercises and assessments:

* Core written emergency incident/accident exercise, emergency first aid and fire fighting assessment.	**Signature**	**Date**
Tanker written emergency incident/accident exercise (* delete as applicable).	**Signature**	**Date**
Class 1/Class 7 loading and emergency exercise (* delete as applicable).	**Signature**	**Date**

Training Providers should retain this form for their own records. Do NOT send this form to SQA.

Version 6.2A October 2022