

Premier ADT Candidate Registration Form

Personal Details	
Name	
Date of Birth	
Address	
Post Code	
Mobile	
Telephone (other)	
Email	
Driving Licence No	
Licence Share Code	Case sensitive, get your share code from https://www.gov.uk/view-driving-licence

Vehicle Details	
Make/Model	
Registration	
Gearbox	Manual/Automatic (delete)
Colour	
Insurance Company	
MoT (if applicable)	

Business Details (if applicable)	
Company Name	
Position Held / Title	
Address	
Post Code	
Insurance Company	

Training Required (specify and mark with an X)	
Advanced Driver Training (Half, Full and 3 Days)	
Emergency Response Driving Course (Blue Lights)	
Business or Fleet Assessments	
General or Routine Assessment	
Instructor Training (ADI) (Fleet)	
Internal Quality Assurance (IQA)	
Vehicle Familiarisation (Sports & Performance)	

Once complete please save and forward to premieradt@outlook.com – Thank You!

Your Data and Your Privacy - In compliance with the General Data Protection Regulations (25th May 2018) and Data Protection Act 1998 upon completing this registration form you consent to providing Premier ADT information to contact you using the details provided. These details are will be used to make legal checks in regard to your driving licence and vehicle documents (tax, insurance, MoT). Premier ADT does not retain your information once it has been used nor will your details be passed or sold to any third party. Details are stored securely until deletion. You are entitled to know what details are stored about you and may request such information in compliance with GDPR.

