

# CHSS Driver Document Checklist



Drivers Details			
Name:			
DRIVING LICENCE DETAILS			
Driving Licence No:		Expiry Date:	
No of points:		Date Points Expire on:	
VEHICLE DETAILS			
Registration Number			
Make:		Model:	
MOT DETAILS			
MOT required	YES / NO	If NO, MOT first Due Date:	
MOT Certificate No:			
MOT Expires on:			
INSURANCE DETAILS			
Insurance Company:			
Certificate No:			
Start Date:		Expiry Date:	
Type: (i.e. comprehensive)		Class: (e.g. Business):	

<b>DRIVERS SIGNATURE:</b>		<b>DATE:</b>	
<b>LINE MANAGERS SIGNATURE:</b>		<b>DATE:</b>	

**NOTE:** This Checklist must be scanned and emailed to HR for colleagues and must be kept on the volunteers record by the volunteer line manager.