

# IAM TEST BOOKING FORM

ASSOCIATE MEMBERSHIP NUMBER .....

**To: IAM House, 510 Chiswick High Road, London W4 5RG**

I will be ready to take the Advanced Driving/Motorcycling test in approximately 3 weeks. Please arrange for an examiner to contact me.

Currently held details	Please advise any changes since enrolment
First Name:	
Surname:	
Address:	
Postcode:	
Tel. Day:	
Tel. Eve:	
Tel. Mobile	
email:*	

By providing my email address I consent to being contacted by email by the IAM. I understand that my details will not be passed to third parties.

**Vehicle details** Car  Motorcycle  Make and Model .....

Registration No ..... Year ..... Engine Size ..... Manual / Auto .....

Is the vehicle capable of sustaining the national speed limit? YES/NO

If the vehicle is not fitted with seat belts, due to being exempt, please tick box  (if applicable)

Time since attaining full licence ..... (years)

I confirm that I hold a full Driving Licence, valid for driving and/or riding in the UK/EU. I will provide a vehicle which is road legal, fully insured and has a valid MOT certificate (if applicable).

**Insurance details**

Name of Insurer ..... Class of Cover ..... Private or Company.....

Contact details if company or Block cover .....

Driver Licence Number ..... Valid from ..... Valid to .....

**Driving Convictions**

Have you, within the last three years been disqualified or received penalty points as a result of a court conviction or a fixed penalty notice? Please also give details if the offence occurred more than three years ago and the order of the court became effective within the last three years, or the period of disqualification expired within the last three years.

Yes  No  If yes, please give details

Offence ..... Period of disqualification, if applicable ..... Date of conviction .....

Details of incident(s) .....

**Data Protection**

The Institute may, from time to time, write to you and/or make your name and address available to approved companies so that you may be informed about products or services which may be considered to be of interest to you. If you prefer not to receive such information, please tick the box

**Declaration**

I declare that to the best of my knowledge and belief the answers given above are true. I agree that the Institute and Group and their officers and employees shall not be under any liability for any injury, damage or loss (whatsoever and however caused) and that I am bound by the Articles of Association of the Institute and any of its Rules and Regulations lawfully made from time to time.

Signature ..... Date .....

Town, city or postcode area preferred for test .....

**For IAM use**

Date received at IAM House..... Group .....