

## **Driver & Vehicle Agency**

**Driver Licensing Enquiries** 

County Hall, Castlerock Road, Coleraine, BT51 3TB Tel: 0300 200 7861

Name of Driving Licence Verification Company

Drivercheck Ltd

MANDATE FOR RELEASE OF DRIVER LICENSING INFORMATION **USE BLACK INK AND BLOCK CAPITAL LETTERS** 2 **EMPLOYER DETAILS** Name of Employer Employee Staff No. LICENCE HOLDER DETAILS 3 Surname Forename(s) **Driver Number** DOB Please ensure that your driver number is clearly legible. A NI driver number has 8 characters **CURRENT ADDRESS** 4 House Number Post Code House/Flat/Building Street Town NAME/ADDRESS ON LICENCE (if difference from address above) 5 Name Post Code House Number House/Flat/Building Street Town I hereby consent to the Driver and Vehicle Agency (DVA) disclosing to the above-named Company any information held by it in relation to my authorisation to drive a motor vehicle in Northern Ireland. I understand this may include sensitive personal data including any relevant disqualifications, endorsements or restrictions within the meaning of the Road Traffic Orders. I acknowledge that DVA is not responsible for the manner in which the above-named Company or my employer controls or processes any of my personal data. Signature of 



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