



OWNER DRIVER / SUB-CONTRACTOR APPLICATION FORM

This application has been drawn up to cover the key information we need to establish.

We welcome any additional information or detail you wish to attach to this form eg. References, details of specific skills, knowledge, etc.

PERSONAL DETAILS

Full Name	_____	Date of Birth	_____
Trading Name	_____	Age	_____
Address	_____	Nat Ins Nos	_____
	_____	Telephone Nos	Home _____
	_____		Business _____
	_____		Mobile _____
Postcode	_____		_____

DETAILS OF VEHICLE(S)

Vehicle Make & Model	Year	Gross Wgt	Body Type	Colour	Length

SUB-CONTRACTOR / EMPLOYMENT HISTORY

Company Name & Address	Dates		Area Covered	Freight Parcels / Pallets	Reason for Leaving
	From	To			

INSURANCE

<u>Vehicle Insurance</u>	(Y) / (N)	<u>Goods In Transit Insurance (GIT)</u>	(Y) / (N)
Current Insurers	_____	Current Insurers	_____
Expiry Date	_____	Expiry Date	_____
		Liability Limits	_____
Have you ever been the subject of an insurance investigation		(Y) / (N)	
Have you ever been convicted of a criminal offence		(Y) / (N)	
<u>If Yes to either question, please give details on a separate sheet</u>			

GEOGRAPHICAL KNOWLEDGE

Please tick the geographical areas you have experience / knowledge of (✓)

List areas / postcodes you are very familiar with (if whole county write ALL)

BELFAST	()	_____
Co ANTRIM	()	_____
Co DOWN	()	_____
Co ARMAGH	()	_____
Co L/DERRY	()	_____
Co TYRONE	()	_____
Co FERMANAGH	()	_____

DECLARATION

I confirm that the above information is correct.
I understand that any false information or deliberate omission will disqualify me from being considered or engaged as an owner driver / sub-contractor, and could lead to my contract being terminated, without notice, if either comes to light after commencement of any contract with the company.

Signed _____ Date _____