



Driver & Vehicle Agency

Driver Licensing Enquiries

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

1 **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.	

3 LICENCE HOLDER DETAILS

Surname																					
Forename(s)																					
Driver Number											DOB										

Please ensure that your driver number is clearly legible. A NI driver number has 8 characters

4 CURRENT ADDRESS

House Number					Post Code						
House/Flat/Building											
Street											
Town											

5 NAME/ADDRESS ON LICENCE (if difference from address above)

Name											
House Number					Post Code						
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 Licence Holder Date



DP030101

Official Use Only													
Cq	<input type="checkbox"/>	Amt					Sh P	<input type="checkbox"/>	Amt				
PO	<input type="checkbox"/>	Amt											
Cash	<input type="checkbox"/>	Amt											
Card	<input type="checkbox"/>	Amt											
Add	<input type="checkbox"/>	Amt					Section						CEU <input type="checkbox"/>