



ACCREDITED MOVERS
QUALITY CHECKED MOVING COMPANIES

Driver's Declaration Form

I hereby give my consent to **[Insert Your Company Name]** to access and verify my driving license details with the Driver and Vehicle Licensing Agency (DVLA) and any other relevant authorities.

I understand that this check is essential to ensure compliance with the company's insurance policy and to confirm my eligibility to drive as part of my employment. I also understand that this check will be carried out in strict accordance with data protection laws and regulations.

I confirm that the information I have provided about my driving license is accurate to the best of my knowledge. I understand that providing false information may lead to disciplinary action, up to and including dismissal.

I agree to inform [Company Name] immediately if there are any changes to my driving licence status, including but not limited to points added, disqualification, or expiration.

This consent is valid from the date of signing until revoked in writing by me.

Driver's Full Name:

Full Postal Address:

Driver's License Number:

Date:

Signature:

Please note that this consent form must be signed and returned before you can commence your duties as a driver for [Company Name]. Failure to do so may result in a delay to your start date.