



NATIONAL REGISTER
OF LGV INSTRUCTORS

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LOGISTICS UK

NRI TTAS Centre Application Form

Please read the NRI TTAS Centre Accreditation Criteria before completing this form

ABOUT YOUR ORGANISATION	
1	Registered Company Name
2	Trading Name if Different
3	Registered Company Number
4	Are you an Approved NRI Exam Centre..... YES NO If YES go to Q15
5	ICO Certificate of Registration Reference (Data Protection)
6	Type of Organisation: Operator Training Provider Local Authority FE College Other (please state)
7	Registered Company Address: Street Town County Postcode Telephone number Email address



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ABOUT YOUR ORGANISATION	
8	Do you have an off-road area for B+E training?..... YES NO
9	Is that area: Your own site:..... YES NO Address And/or
10	Multiple sites..... YES NO
11	Responsible Person Contact Details Name Telephone Email
12	Accounts Details: Address if different from Q7 VAT number Telephone Email Contact name Contact position Inland Revenue UTR number (sole traders and partnerships only)
13	If you would like NRI to publish news of your approval please tick here.....
14	If you would like NRI to carry your company contact information on the NRI website please tick here



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COMPLIANCE WITH NRI TTAS ACCREDITATION CRITERIA				
15	Please provide the registration numbers of your towing vehicles:			
	Vehicle 1	Vehicle 4		
	Vehicle 2	Vehicle 5		
	Vehicle 3	Vehicle 6		
	16	Do these vehicles carry an appropriate and in-date first aid kit?.....	YES	NO
	17	Are all trailers used for training purposes at least 750kg and a maximum of 3,500kg MAM?	YES	NO
18	Do you undertake daily inspections of vehicles and trailers used for training or assessment by using and retain a daily inspection/defect sheet?	YES	NO	

YOUR INSTRUCTORS			
19	Please list the instructors who will provide training under NRI TTAS and state how they meet the accreditation criteria		
	Instructor 1		
	Name		
	Email	Date of birth	
	Instructor 1 qualifications held.....	YES	NO
	NRI member.....	YES	NO
	NVDIR member.....	YES	NO
	ADI member.....	YES	NO
	CTLLS/CET, PTLLS/AET, DTLLS/DET		
	Instructor 2		
	Name		
	Email	Date of birth	
	Instructor 1 qualifications held.....	YES	NO
	NRI member.....	YES	NO
	NVDIR member.....	YES	NO
	ADI member.....	YES	NO
	CTLLS/CET, PTLLS/AET, DTLLS/DET		



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YOUR INSTRUCTORS			
Instructor 3			
Name			
Email		Date of birth	
Instructor 1 qualifications held.....	YES	NO	
NRI member.....	YES	NO	
NVDIR member.....	YES	NO	
ADI member.....	YES	NO	
CTLLS/CET, PTLLS/AET, DTLLS/DET			
Instructor 4			
Name			
Email		Date of birth	
Instructor 1 qualifications held.....	YES	NO	
NRI member.....	YES	NO	
NVDIR member.....	YES	NO	
ADI member.....	YES	NO	
CTLLS/CET, PTLLS/AET, DTLLS/DET			
Instructor 5			
Name			
Email		Date of birth	
Instructor 1 qualifications held.....	YES	NO	
NRI member.....	YES	NO	
NVDIR member.....	YES	NO	
ADI member.....	YES	NO	
CTLLS/CET, PTLLS/AET, DTLLS/DET			



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POLICIES AND PROCESSES (Current NRI centres go to Payment Information)			
20	Do you have a list of current B+E Instructors?.....	YES	NO
21	Do you have public liability and appropriate road risk insurance in place?.....	YES	NO
22	Do you have a written Quality Assurance Policy.....	YES	NO
23	Do you have a Customer Complaints Policy (As part of the QA policy or as a stand-alone policy)?.....	YES	NO
24	If your organisation employs 5 or more people, do you display a current Health & Safety Law poster?	YES	NO
25	Do you have a written Health & Safety Policy?.....	YES	NO
26	Do you have a written GDPR Policy?.....	YES	NO
27	Do you have written Risk Assessments?.....	YES	NO
28	Do you have a written Lone worker risk assessment?.....	YES	NO
29	Do your First Aid Provisions comply with Table 2' in the HSE's INDG214?.....	YES	NO
30	Do you have written Fire and Emergency Evacuation Procedures?.....	YES	NO

CANDIDATE DETAILS			
31	Do you maintain a Progressive Record of Training for each candidate?.....	YES	NO
32	Are your training records stored securely and protected from damage (for example flood, fire, theft, etc.) for a period of 6 years.	YES	NO

PAYMENT INFORMATION	
Payment by credit/debit card; please provide a phone number for us to contact you on to take this payment:	
A Purchase Order for £:	Please attach a copy and enter order number here:
A cheque made payable to RTITB for £:	A postal order made payable to RTITB for £:



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Declaration

For and on behalf of the organisation named below, I confirm that I have read and agree to the NRI TTAS Terms and Conditions of Accreditation.

Signed by:

(name of the Director in BLOCK CAPITALS)

For and on behalf of:

(Registered Company Name)

Signature:

Date:

Accreditation Approved by NRI Manager

Signed by **Steven Schmidt** (NRI Manager)