







Application for Exam Centre Approval

Please complete and return to NRI, Access House, Halesfield 17, Telford, TF7 4PW or scan and email to LGVinstructorregister@rtitb.com

Please select which qualification(s) you wish to be approved to be an exam centre for:						
Assessor Instru	uctor Driver CPC	Instructor				
Please select the catego	ries you wish to be ap _l	proved to be	an exam ce	entre for:		
C1 C	C+E					
Registered Company No	ame:					
Trading Name (if differe	nt):					
Registered Company Nu	umber:					
ICO Certificate of Regis	tration Reference (Date	a Protection):				
Type of Organisation:						
Operator	Training Provide	er	Other (pl	ease state):		
Council	FE College					
Registered company add	dress:					
Street:		Town:				
County:		Post Code	:			
Tel Number:		Company	email:			
Is this where exams will the full a		Yes	No			
ii iio, pieuse provide iiie ioii u	udiess und posicode.					
Is the manoeuvring area		Ye	es	No		
ii no, piease provide me iuii a	aaress and posicode:					
Is the manoeuvring area 15 minutes or less travel time from the exam centre? Yes No If no, what is the travel distance/time?				No		
ii no, what is the travel distanc	.e/IIINe¢					



Access House, Halesfield 17, Telford, TF7 4PW, UK

+44(0)1952 520210











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Responsible	Person	Contact	Details:

Name

Telephone number Email address

Examination Centre Contact Details (if different from above):

Name

Telephone number Email address

Sales Contact Details:

Please enter the details as you wish them to appear on the NRI website.

Name

Telephone number Email address

Company website address

Accounts Details:

Street Town

County Post Code

Country VAT number

Telephone number Email address

Contact name Contact position

Inland Revenue UTR number (sole traders & partnerships only)

If you would like NRI to publish news of your approval on www.lgvinstructorregister.com/news and our social media, please tick here

If you would like NRI to send a press release announcing your approval, please tick here

Please supply the name of your preferred press outlet here:









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	examinations	ion numbers and traile	numbers for all ver	licies to be	used to	LINKI	
	Vehicle Registration numbers	Trailer Registration	numbers	Vehicl	e Categ	ory	
				C1	С	C+E	
				C1	C	C+E	
				C1	С	C+E	
				C1	С	C+E	
				C1	С	C+E	
				C1	C	C+E	
_							
	Application checklist						
	Exam routes (including map, photo	os & written instructions)	Manoeuvring ar	ea risk asse	essment		
	Classroom risk assessment		Fully completed	and signed	l applica	ation form	
	Equal Opportunities Policy		Health and Safe	ty Policy			
	The appropriate fee via credit	card details, cheque, p	ostal order, or purch	ase order r	number		

A cheque made payable to RTITB for £ A postal order made payable to RTITB for £ An official purchase order for £ (Please attach a copy and enter order number here: Payment by credit/debit card (please provide a contact number for us to contact you on to take payment:

Declaration		
For and on behalf of the organisation named below, I confirm that I have read and agree to the Terms and Conditions of Approval found at https://lgvinstructorregister.com/terms-and-conditions-of-exam-centre-approval/		
Signed by: (name of the Director in BLOCK CAPITALS)	For and on behalf of: (Registered Company Name)	
Signature:	Date:	
Signed by Sarah Brown , for and on behalf of	NRI:	

NATIONAL REGISTER OF LGV INSTRUCTORS

Access House, Halesfield 17, Telford, TF7 4PW, UK

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Payment Information