

CIRCUIT DRIVER APPLICATION FORM



NOTES:

COMPLETION OF THIS APPLICATION FORM ADDS YOUR NAME TO COMCAB AIRPORT / CITY FLEET WAITING LIST; IT DOES NOT GUARANTEE YOUR ACCEPTANCE TO THE COMCAB FLEET.

PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK.

*** DELETE AS APPROPRIATE**

PERSONAL INFORMATION

SURNAME: FORENAMES: DATE OF BIRTH:/...../..... GENDER*: **M / F**

ADDRESS: HOME TEL:

..... MOBILE TEL:

..... POST CODE: E-MAIL:

INTRODUCER: NAME: BADGE No.: PLATE No.: **AIRPORT / CITY***

DRIVER INFORMATION

DRIVER ID :

PIN:

DRIVER BADGE No: YEAR / MONTH YOU STARTED TAXIING:/.....

PREFERRED SHIFT PATTERN*: **OPEN SHIFT / BACK SHIFT / NIGHT SHIFT** (APPLICABLE FOR CITY FLEET ONLY)

HAVE YOU EVER HAD YOUR LICENCE REVOKED: **Yes / No** IF YES, PLEASE GIVE REASON:

MEDICAL EXEMPTION: **Yes / No** IF YES, PLEASE GIVE DETAILS:

PLEASE INDICATE BELOW YOUR TAXIING EXPERIENCE / PREFERENCE:

DISCLOSURE SCOTLAND: **Yes / No** TOP TAXI: **Yes / No** FIRST AID CERT: **Yes / No**
WHEELCHAIR ACCREDITATION: **Yes / No** FERRYING ANIMALS: **Yes / No** FERRYING UNDER-16: **Yes / No**

PREVIOUS TAXI HISTORY

COMPANY DATE (DD/MM/YY) REASON FOR LEAVING

1) FROM: TO:

2) FROM: TO:

VEHICLE INFORMATION

HACKNEY PLATE No. : PLATE TYPE*: **HACKNEY / PRIVATE HIRE**

MAKE: MODEL:

VEHICLE REGISTRATION No.: VEHICLE REGISTRATION DATE:

COLOUR: NUMBER OF PASSENGERS LICENSED TO CARRY*: 4 / 5 / 6 / 7 / 8

PLEASE INDICATE BELOW YOUR VEHICLE ATTRIBUTES:

WHEELCHAIR ACCESSIBLE: **Yes / No** ANIMAL: **Yes / No** EXTRA LUGGAGE SPACE: **Yes / No** CHILD SEAT: **Yes / No**

(IF THE ANSWER IS NO TO THE QUESTIONS BELOW PLEASE SUPPLY INFORMATION)

DO YOU OWN YOUR VEHICLE? **Yes / No** LEASED FROM:

DO YOU OWN YOUR PLATE? **Yes / No** LEASED FROM:

.....
SIGNATURE

.....
DATE

TO BE COMPLETED UPON ACCEPTANCE

EMERGENCY CONTACT INFORMATION

NAME: RELATIONSHIP TO DRIVER:
 ADDRESS:
 HOME TEL:
 POST CODE: MOBILE TEL:

BANK DETAILS

BANK NAME: BRANCH:
 ADDRESS:
ACCOUNT NUMBER: **SORT CODE:**

**OFFICE USE ONLY
 (TICK WHEN COMPLETED + INITIAL)**

DOCUMENTATION CHECKLIST

- SUBSCRIBER'S OPERATIONAL AGREEMENT
- CODE OF PRACTICE & COMPLIANCE RULES
- EQUIPMENT RENTAL & SERVICE AGREEMENT
- SIGTEC USER VEHICLE/DRIVER FORM
- COMCAB ENVIRONMENTAL DOCUMENTS
- IVE DISCLAIMER
- INSTALLATION INFORMATION FORM
- DRIVERS ID BADGE SCANNED
- STANDING ORDER FORM*

TRAINING

- IVE TRAINED
- CHIP & PIN / INFORMATION FORM
- CHIP & PIN / INFORMATION STICKERS
- ZONE CARD
- ACCOUNT BOOK
- SUBSCRIPTION FEE ALLOWANCE (HOLIDAYS)
- D-LEAD FORMS
- BUSINESS CARDS
- COMCAB BADGES ETC
- COMCAB LIVERY
- BAA AIRPORT ORIENTATION TRAINING*
- SCREEN STICKER*
- SHIFT ROTA*

*APPLICABLE FOR AIRPORT FLEET ONLY

IVE INFORMATION

TERMINAL TYPE. : SIGTEC / ORBIT2 / GUIDE / HTC Hd2 OTHERS:
 SERIAL NO. : ESN:
 MOBILE No.: IMEI:

CPTS INFORMATION

MODEM SERIAL NO.:
 PINPAD SERIAL NO.: TID: G-TID: ...**V**.....
 MOBILE No.: IMEI: