



# Driving Entitlement Consent Form



The company/employer Chalcheck are making the enquiry on behalf of:

Department  
Identification

**Stephensons of Essex Ltd**

**10000338**

Drivers please complete in BLOCK CAPITALS

Surname

Forename

Middle Name

Date of Birth

Photo Licence  
Expiry (4B)

Driver number

Current Address

Address on Licence

Being the person referred to above. I authorise the company or companies listed to ask DVLA for my driver record information as and when they require, at a frequency they shall determine. I understand that the company I authorise to ask for my driver record information may use an intermediary company to make the enquiry with DVLA on their behalf. I authorise and direct DVLA to disclose to the company or companies above, all relevant information relating to my driver record from the computerised register of drivers maintained by DVLA. This includes personal details, driving entitlements, endorsement details, disqualifications, convictions, photo images and CPC details (where appropriate). Medical information is not to be provided.

This authority will expire when I cease to drive in connection with the company and in any case three years from the date of my signature

Signature .....

Date .....