**Grey Fleet Driver Authorisation Form**

Driver Name:

Driver Licence Number:

Role:

Location/Department/Depot:

Vehicle Registration Number:

Vehicle Make and Model:

Engine size and / or Fuel Type:

Current mileage:

Line Manager Name:

Check date:

Next check required:

|  |  |
| --- | --- |
| Check | Relevant Dates, Comments and Verification |
| Driver licence check mandate form signed |  |
| Insurance cover for business use |  |
| Vehicle MOT certificate (if applicable) |  |
| Vehicle tax |  |
| Record of vehicle servicing |  |
| Have any necessary repairs been made? |  |
| Eyesight check |  |
| Health declaration signed |  |

As a member of the management team responsible for checking driver licences against the DVLA database I confirm the following details:

|  |  |
| --- | --- |
| Licence number |  |
| Status |  |
| Points and endorsements |  |
| Licence indicates that employee is competent to drive for work purposes |  |

Signed:

Name:

Position:

Date:

As the line manager of the employee I confirm that the above documents have been checked and I authorise the employee to drive for work purposes on behalf of the organisation.

Signed

Name

Position

Date