



SENIOR OBSERVER TEST APPLICATION

CAR / MOTORCYCLE *

** Delete as applicable*

IAM Membership No.

Membership Expiry Date

Name and Number of IAM Group holding your records

GROUP No. ..

Date of last Senior Observer Test (if applicable)

Surname (Mr, Mrs, Miss, Ms, Other)		
First name(s)	Date of Birth:	
Address		
		Postcode
Tel No(Private)	Tel No (Business)	Mobile

Email address

I wish to apply for the Senior Observer Practical Test

Make and Model of vehicle (Cars – three seats minimum)

Year

Registration Number

Is this vehicle covered by Insurance against Third Party Risk? **YES / NO *** (**Delete as appropriate*)

Name of Insurance Company

If the vehicle is not insured by you personally but, for instance, under a block scheme by the firm by whom you are employed, give particulars of Company name and person from whom details can be obtained.

I undertake when attending for Test to produce my current Driving Licence and Certificate of Insurance or other evidence. also MOT Certificate where applicable. I will attend the Test with a Group Associate for the "Observed Run" element of the Test. I will ensure that he/she has a roadworthy vehicle and holds a full, current and valid driving licence and a current and valid Certificate of Insurance for his/her vehicle and, where appropriate, an MOT Certificate. I agree that The Institute and its officers and employees shall not be under any liability for any injury, damage or loss whatever and however caused and that I am bound by the Articles of Association of The Institute and any of its Rules and Regulations lawfully made from time to time. I understand that should I carry out any observing beyond my 76th Birthday the cover provided by the Groups Permanent Accident Policy is restricted to a death benefit only and all cover ceases beyond my 82nd Birthday.

Payment Details (complete (i) or (ii), as appropriate).

(i) I enclose a cheque for £30.00, for the Test fee.
(Cheques should be made payable to IAM Ltd.)

(ii) I authorise you to debit my Switch/Delta or Mastercard or Visa Account for £30.00, for the Test fee

Card No	Expiry date	Issue No (Switch/Delta only)
Signature	Date	

Date

APPLICANT'S SIGNATURE

I declare that the above Observer has fulfilled all the requirements of a "Qualified Observer"

Signature of Group Chief Observer

Name of Chief Observer in Capitals