



THE NATIONAL LIMOUSINE & CHAUFFEUR ASSOCIATION

RENEWAL APPLICATION FORM

Your personal details will not be passed to any third party without your permission and will not be used by us or any associated companies for any propose other than those to which you have consented

| | |
|-------------------------------|--|
| Name of applicant | |
| Job Description | |
| Name of Company | |
| Address of Company | |
| | |
| Correspondence address | |
| | |
| Telephone / Mobile | |
| Email | |
| Website | |

N.B if you are a driver/chauffeur after completing the above information go to [Section 2](#) to continue.

How many vehicles do you operate? _____ How many drivers do you have? _____

Stretch Limousines _____ Wedding Cars _____ Exec/Saloon Cars _____ Other (Please specify) _____

VEHICLE OPERATION DETAILS

UPTO 8 SEATS

Private Hire/Special Events _____ Restricted PCV _____ 7 Day Contract _____

Other (Please specify) _____

Name of Licensing Authority _____

Licence number _____

9 SEATS OR MORE

Do you have a COIF for your vehicle? _____

Certificate number _____

Do you operate on self-drive hire? _____

Have any of your vehicles been converted to Schedule 6? _____

Who did the conversion/s? _____

Are you willing to have the conversion/s inspected? _____

INSURANCE DETAILS

Name of insurance company _____

Policy Number _____ Renewal Date _____

ALCOHOL LICENCE

Do you hold a 'Personal Alcohol Licence? Yes/No If 'Yes' please state Licence Number: _____

Licence valid: From _____ to: _____

Do you hold a 'Premises Licence? Yes/No If 'Yes' please state Licence Number: _____

Premises Licence valid: From _____ to: _____

SECTION 2

CRB CHECK

Have you had a CRB check? If 'Yes' Please state date _____

Job Description when you applied for CRB (e.g. Driver) _____

If 'No' would you like to use our Fast Track CRB application form on our website? Yes/No

N.L.C.A. COURSES

Would you like any information regarding the N.L.C.A. Courses that we operate throughout the country?
Yes/No

What courses would you be interested in? _____

DECLARATION

I _____ (PRINT NAME) hereby declare that, to the best of my knowledge, the information I have provided on this form is correct and true. I agree to abide by the N.L.C.A. Terms & Conditions and understand that any infringement will result in cancellation of my membership.

Signature _____ Date _____

Membership is £120 P.A from the date of joining. A full refund will be given if you are not approved, upon the receipt of the membership packs. If a member resigns at any time no refund will be given.

**Please return completed application form and cheque (made payable to NLA) to:
John Flint , Membership Secretary, 1 Linkside Avenue, Royton, Oldham OL2 6YS
If you would like to pay by Credit/Debit card or Direct Debit please call John on: 07817 940185.**

For office use only:

| Date Received | Information Checked | Information put on website | Date Approved | Membership Number |
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