



# THE NATIONAL LIMOUSINE & CHAUFFEUR ASSOCIATION

## MEMBERSHIP 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:**

<b>Date Received</b>	<b>Information Checked</b>	<b>Information put on website</b>	<b>Date Approved</b>	<b>Membership Number</b>
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