

NO: \_\_\_\_\_

**Australian Driver Trainers Association (Victoria) Inc.  
APPLICATION FOR MEMBERSHIP**

*OFFICE USE ONLY*

Ms/Miss/Mr/Mrs

Given Names	Family Name

Address

Suburb

Postcode

Telephone

Home

Business

Email:

Facsimile

Mobile

Website:

Name of Driving School

What is your Relationship with the Driving School? (Please 4)

- Owner    Manager    Sub-Contractor    Partner    Other .....

For use on our Web Site Instructor Locator – refer [www.adtav.org.au](http://www.adtav.org.au)

Please circle 1 or 2 areas below where you do most of your training.

Outer North Western	North	Outer Eastern	Geelong	
Western	South	Eastern	Peninsula	Regional

What is the number of your current Driver Licence?

What is the number of your Driving Instructor Authority?

**NOTE: Please attach a photocopy of your Driver Licence and Driving Instructor Authority to this application.**

Where did you obtain your qualification? .....

What type of vehicle do you normally teach in? (Please 4)

- Manual    Automatic    Both    Heavy Vehicle    Motorcycle

Which VicRoads Licence Testing Offices do you most often use?

1		3	
2		4	

What year did you first become a Driving Instructor?

What areas of specialisation do you offer? e.g. aged driver assessment etc.

.....

What languages do you speak?

1		3	
2		4	

I declare that I will support and abide by the Australian Driver Trainers Association (Victoria) Inc's Statement of Purposes, Rules of Incorporation, Code of Practice and Vehicle Standards (which may be amended from time to time).

DATE
/ /

SIGNATURE

Please Return this Form with the correct Fee to:-

Australian Driver Trainers Association (Victoria) Inc.  
13 Essex Road, Mt. Waverley, Victoria, 3149  
Telephone: (03) 9809 5777 Facsimile: (03) 9809 5677

*OFFICE USE ONLY*  
DB  
KIT  
Website

