



THE BERMUDA INSTITUTE OF ADVANCED MOTORISTS
P.O. Box 1837, Hamilton HM HX, Bermuda

APPLICATION FOR ADVANCED DRIVING TEST

PLEASE PRINT VERY CLEARLY USING a BLACK PEN

1. SURNAME (Dr/Mr/Mrs/Miss or title)
2. GIVEN NAMES IN FULL
3. DATE OF BIRTH
4. OCCUPATION
5. ADDRESS
6. TELEPHONE No's (Home) (Work) *(Please fill in any or all of the contacts you wish to use as a regular contact)*
TELEPHONE No's (Cell) (Pager)
E-MAIL address(es) (Home) (Work) *option for BIAM Courses/ purposes)*
7. (a) Has any Court in the last five (5) years convicted you of any motoring offence (this INCLUDES an Order of Disqualification but EXCLUDES Parking Offences)? YES/NO If "YES", please give the following particulars:
(b) ARE PROCEEDINGS PENDING ? YES/NO (b) DATE(S) OF OUTSTANDING OFFENCE(S).....
(c) PLEASE NOW LIST ANY OTHER OFFENCES IN LAST 5 YEARS, GIVING THEIR DATE(S) OF CONVICTION IMMEDIATELY AFTER THEM IN BRACKETS TOGETHER WITH THE PENALTIES IMPOSED FOR EACH OF THOSE OFFENCES (EXCLUDING PARKING OFFENCES)
.....
.....
.....
.....
8. DATE OF EXPIRY OF CURRENT BERMUDA DRIVING LICENCE
(Holders of a Learner's Permit are NOT eligible)
9. YEAR OF TRANSPORT CONTROL TEST
10. IN WHAT VEHICLE DO YOU PROPOSE TO BE TESTED?
11. REGISTRATION NUMBER
(i) Is this vehicle covered by insurance against third party risks?
(ii) Name of insurance company
(iii) Policy Number
(iv) Do you pay excess premiums, if your answer is 'yes', give details

(v) Do you receive a "no claims bonus" ? YES/NO (vi) Date of policy renewal
12. (i) I hereby apply to undergo the Advanced Driving Test, which I understand will be of not less than 45 minutes duration, and will be arranged at a mutually convenient time and place (normally 14 days' notice is required).
(ii) If successful in the test, I hereby apply for full membership of the B.I.A.M. (I understand that admission to the Bermuda Institute of Advanced Motorists does *not* qualify me for membership to The Institute of Advanced Motorists Ltd., UK).
(iii) I enclose \$35.00 as the fee for the test which is non - refundable except by special consideration of the Council. (Note: This fee is already included in the price of the Advanced/Defensive Driving Course)
(iv) I undertake when attending the test to produce my driver's licence (current) and motor vehicle licence.
(v) I declare that to the best of my knowledge and belief, the answers given above are true.
(vi) I agree that the Bermuda Institute and its officers, and employees shall not be under liability for any injury, damage or loss whatever and however caused, and that I am bound by the Articles of the Association of the Institute and any of its Rules and Regulations lawfully made from time to time.

YOUR SIGNATURE and DATE SIGNED:

Form ADT 1