

# Private Vehicle Registration Form

**To be completed by Volunteer Drivers**

**Purpose of the form:**

- to register the private vehicles used for the transport of children in connection with bowls away fixtures or tours.
- to inform drivers of the need to check and amend their insurance, if necessary, if they intend to use their vehicle on behalf of the organisation, and if passengers are being carried in connection with the organisation's activities or events
- the form must be completed by the driver of any private vehicle used for the transportation of individuals to and from bowls activity.

Completed forms must be posted/mailed to the Hon. Secretary Sussex County Indoor B. A.

Driver Details	Vehicle Details
Full Name:	Registration Number:
Address:	Colour:
	Name of Registered Keeper:
Post Code:	Make:
Telephone Number:	Model:
Driving license Number and type (eg Full):	
Other members authorised to drive the vehicle:	
MOT Expiry Date:	
Insurance Company	
Insurance Expiry Date:	
Road Tax Expiry Date:	
<p>Declaration (please tick each box)</p> <p>I have informed the insurance company of my intention to transport members on behalf of the County/Club. I have stated if I will be claiming expenses in connection with this additional use. <input type="checkbox"/></p> <p>I have extended the policy and paid any additional premium as required by the insurance company <input type="checkbox"/></p> <p>To the best of my knowledge my vehicle is roadworthy. <input type="checkbox"/></p> <p>I will inform all passengers of the legal requirements to wear seat belts. <input type="checkbox"/></p> <p>I will inform all passengers that smoking is not permitted in the vehicle. <input type="checkbox"/></p> <p>I agree not to give children a lift on their own. <input type="checkbox"/></p> <p>I declare that the information stated here is correct and that I will inform the Sussex County IBA of any changes. <input type="checkbox"/></p>	

I have agreed, if asked to give sight of my driving licence to the Sussex County IBA Secretary. ☐

Signed:

Print Name:

Date:

Bowls Approved Driver

Name:

Registration Number:

Signed:

Date:

County/Club/County Secretary/Chair

Original Driving License and paper seen (insert date) and driving offences listed.

Signed:

Date:

**Hon. Secretary**  
**Sussex County Indoor Bowls Association**  
**Sea Barn**  
**The Warren**  
**Ferring**  
**BN12 5PQ**

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