



Driver and Vehicle Register

Program Name: _____ Dates: _____ to _____

Name of Driver	Driver's Licence Number	Vehicle Description	Insurer	Vehicle has comprehensive insurance cover (tick for yes)	Vehicle Registration
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

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