



Membership Number _____

Full Name _____

Driving History

Do you have a driving license? **Yes** **No**

What type of driving license do you hold? **Full** **Learner's** **Restricted** **Permissao** **Other**

If other, please explain _____

When did you receive this license? (day/month/year) __/__/____

If you do not have a full license, please confirm when you expect to receive it? _____

When did you first start learning to drive (month/year)? __/____

Did you take lessons with a qualified instructor? **Yes** **No**

If yes, how many hours of instruction did you have? _____

What steps were involved in getting your driving license in your country?

Eye test **First aid** **Physical exam** **Written test** **Practical test**

What type of car do you usually drive? **Automatic** **Manual**

What side of the road do you drive on? **Left** **Right**

Do you have your own car? **Yes** **No**

If no, whose car do you normally drive? _____

How often do you drive? **4 or more times/week** **2-3 times/week** **once/week or less**

What kinds of roads do you normally drive on? **city** **highway** **country** **snow/icy**

Are you used to driving with passengers? **Yes** **No**

If yes, please explain (eg do you drive with children in the car, with friends, etc) _____

Have you ever had a driving accident? **Yes** **No**

If yes, please provide details and dates: _____

Have you ever been penalized for any driving offenses? **Yes** **No**

If yes, please provide details and dates: _____