MDL72

Hazard Perception Test

Application Form

APPLICANT'S NAME: _____
SURNAME OTHER NAMES

DATE OF BIRTH: ____ / ____ / ____ LICENCE NUMBER: _____

APPLICANT'S SIGNATURE: _____

OFFICE USE ONLY

DATE OF HPT: ____ / ____ / ____ TEST SITE: _____

CHECK LIST FOR OPERATOR

- ☐ PHASE II LEARNERS PERMIT
- ☐ APPLICANT 17 YEARS OF AGE
- ☐ PASSED PDA MINIMUM OF 6 MONTHS PRIOR TO UNDERTAKING THE HPT
- ☐ LOG BOOK COMPLETED/ UPDATED ON RECORD
- ☐ FEE PAID. RECEIPT No: _____

CHECKLIST VERIFIED BY: NAME _____

SIGNATURE _____ DATE: _____

TEST RESULT

☐ PASS ☐ FAIL

TEST RESULT VERIFIED BY NAME _____

SIGNATURE _____