

## Vehicle Use Checklist

Group/Organisation: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date(s) of Use: \_\_\_\_\_

Vehicle to be Used: **Minibus**

**DRIVER(S)** (EACH DRIVING LICENCE MUST BE PRODUCED AND **CHECKED VISUALLY**)

Name	Over 25 Years of Age	UK Driving Licence	Driving for at least 2 Years	Driving Licence Expiry Date	D1 Category on Licence (Minibus only)

**MINIBUS PERMIT**

Small Bus Permit obtained  Permit Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Running Costs**

Option for External Costs (A/B/C/D)

**If Option B or D,**

Full tank of fuel provided  Mileage at start: \_\_\_\_\_

Full tank of fuel on return  Mileage on return: \_\_\_\_\_

**Miscellaneous**

Please note issues/repairs

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Checklist Completed by (18<sup>th</sup> Edmonton Scout Group Signature): \_\_\_\_\_

Once completed please hand to Transport Manager for filing.