

ADI Renewal declaration form

Enclosed, please find my registration fee of **€250** made payable to: The Road Safety Authority, ADI unit.

Payment type	Please tick
Cheque	
Postal Order	
Bank Draft	

Please tick all of the following declarations and sign at the end.

I declare that:

- My driving licence is valid and includes the [category](#) for which instruction is to be delivered, as follows.

	AM	A1	A2	A	B	BE	C1	C	C1E	CE	D1	D	D1E	DE	W
Please tick															

- I am properly insured to deliver driving instruction.
- The vehicles I provide for driving instruction are roadworthy, properly maintained and in full compliance with the [Road Traffic Act](#).
- I am a person of good repute and I do not have any convictions or charges for any of the following serious offences:

Have you been convicted or charged for any of the following?	<i>Please tick</i>	
	Yes	No
Murder		
Manslaughter		
Serious Assault		
Sexual Offences		
Drug Trafficking		
Any other offences		

- I am tax compliant, and I hold a current tax clearance certificate.
- I have not been disqualified from holding a driving licence, in the State, or by a Member State of the European Communities or the European Economic Area.
- I have not been disbarred from giving driving instruction by the competent authorities in a Member State of the European Communities or the European Economic Area.

Any changes must be notified immediately to the RSA Driver Education Section.

Signed: _____ **Date:** _____

ADI Number: _ _ _ _ _ (these personal details **must** be added)

ADI renewal check test

One of the conditions of renewing your ADI registration is that you pass a check test.

Do you need us to schedule a check test appointment for you? Yes No

If yes, please tell us your preferred [driving test centre](#) location:

We will email you the appointment details, so make sure to check your junk/spam folder.

Updating your personal details

Do you need us to update your [ADI online register](#) details? Yes No

If yes, please complete **all** of the fields below. It may take up to 10 days for any changes to be captured in the system.

Company or organisation name:	
Your name:	
ADI number:	
Telephone 1:	
Telephone 2:	
Address:	
Email Address:	
Website address:	
Counties to cover (max. 3):	
Categories* you're qualified to give instruction in	
List your training fleet by category e.g., A, A1, B, BE C, C1 etc.	

**Please include any sub-categories, e.g., C1, D1E, etc.*