



ADI Renewal declaration form

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

Payment type	Please tick
Online banking EFT – please also	
include the date the lodgement was	
made to the RSA bank account	Date: / /
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 <u>category</u> for which instruction is to be delivered, as follows.

	AM	A1	A2	A	В	BE	C1	С	C1E	CE	D1	D	D1E	DE	W
Please t ick															

- ☐ 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:

Please tick

Have you been convicted or charged for any of the following?	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 pe	rsonal details must be added)
ADI renewal check test	
	hat an ADI must pass a check test when eting this requirement please state below, the to complete your Check Test/s.
Please state preferred Check Test Cent	tre location:
We will email you the appointment detai	ils, so make sure to check your junk/spam folder.
Updating your personal detai	ils
Do you need us to update your <u>ADI onli</u>	<u>ne register</u> details? Yes □ No □
If yes, please complete all of the fields l to be captured in the system.	below. It may take up to 10 days for any changes
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.