

Junior/New driver Assessment of Capability for Combined Drive Trials

I ----- being Area Delegate/Island Councillor for
----- have been through the Level 1 Achievement
Certificate with ----- and have observed him/her driving.

I am satisfied they are competent to compete an Affiliated Combined Drive Trial.

Date

Junior/New driver Name -----

Age (If under 16 years old) -----

Signature -----

Parental Consent form to be attached if Junior Driver under 16 years of age.

Forms to be sent to Island Combined Drive Committee Convenor.

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