



Is this organisation non-profit making? Yes / No

Please indicate which age group the organisation best represents:

Under 16's                       16 - 65                       Over 65's

Briefly describe the purpose & activities of the group:

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Will the group require accessible vehicles                      YES / NO

Please give details of 2 people authorised to book vehicles on behalf of the group

1
2

**DRIVERS**

Please give details of any persons authorised by the group to drive LAT vehicles on its behalf, who hold a current MiDAS certification (or Leeds City Council Blue Badge). Continue on separate sheet if necessary.

Name \_\_\_\_\_

Certificate No \_\_\_\_\_

Expiry Date \_\_\_\_\_

**DECLARATION**

I/We wish to register the above group as a member of Leeds Alternative travel. I/We agree to abide by the Terms & Conditions of hire. I/We undertake responsibility for the conduct of the passengers, and any damages to vehicles while using LAT vehicles. I/We agree to settle all invoices within 30 days. I/We agree to inform LAT of any changes to the information supplied.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print \_\_\_\_\_ Position \_\_\_\_\_