# FLEET SERVICE CENTRE

Advantage House Unit 7-8, Mitre Bridge Industrial Park Mitre Way London W10 6AU

> Tel:020 8962 1800 Fax:020 8962 1838

www.computercab.co.uk

## **Application for Membership**

#### PLEASE REFER TO INDIVIDUAL FLEET INFORMATION SHEETS BEFORE COMPLETION

### **Please complete in BLOCK CAPITALS**

| Title (circle one) Mr/Mrs/Miss/Ms/O                  | her Full nam                     | ne   |                            |
|--|----------------------------------|--|----------------------------|
| Address  |                                  |  |                            |
| Postcode   | Date of Birth                    | Email  |                            |
| Home telephone                                       |                                  | Mobile   |                            |
| Ethnic Origin  |                                  |  |                            |
| How did you hear about Computer (                    | Cab/DataCab/Call a Cab?          | Friend Trade advert M  Other (please specify)      |                            |
| If a circuit has been recommended t                  | o you by a friend, please give t | heir name and call sign                            |                            |
| Name   |                                  | Call sign  |                            |
| Are you an LTDA member? <b>YES / NO</b> (circle one) |                                  | Do you have an All London licence? <b>YES / NO</b> |                            |
|  |                                  | Do you have a Suburban licence? <b>YE</b> :        | S / NO                     |
| How long have you held your licence?                 |                                  | Badge number                                       |                            |
| Taxi type: TXI/TXII/TX4/FAIRWAY/METRO (circle one)   |                                  | Registration number                                |                            |
| Are you the owner? YES / NO                          |                                  | If NO, state the name of owner                     |                            |
| Address of owner                                     |                                  |  |                            |
| leter make   |                                  | Meter model  |                            |
| Please indicate your preferred circui                | t below by ticking the relevant  | t box below:                                       |                            |
| ComCab   | Datacab                          | CALLO CAB  | LocalTaxiGroup             |
| (requires non liveried taxi)                         | (liveried taxi acceptable)       | (liveried taxi acceptable)                         | (liveried taxi acceptable) |
| Why have you chosen this particular                  | circuit?                         |  |                            |

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Confirmation letter sent

Variable

Free Trial Period

PAYG

| continuation  |   |                      |  |  |  |
|---|---|----------------------|--|--|--|
| Have you had any previous radio experience? YES / NO  |   |                      |  |  |  |
| If YES, please give details of other radio circuit(s)                                       |   |                      |  |  |  |
| 1 Circuit   | . Date of leaving                               | . Call sign          |  |  |  |
| 2 Circuit   | . Date of leaving                               | Call sign            |  |  |  |
| If you have ever been found guilty of a radio circuit complaint, please give details        |   |                      |  |  |  |
| 1   |   |                      |  |  |  |
| 2   |   |                      |  |  |  |
| I declare that to the best of my knowledge that the facts stated above are true and correct |   |                      |  |  |  |
| Signature   | Date  |                      |  |  |  |
| Once completed, please return this form using the Freepost en                               | velope provided, or return to the address at th | ne top of this page. |  |  |  |
| THE COMPANY RESERVE THE RIGHT TO REFUSE ANY APPLICATION FOR MEMBERSHIP                      |   |                      |  |  |  |
| Office use only. Please do not complete this section  |   |                      |  |  |  |
| Application accepted YES / NO   | . Date  |                      |  |  |  |
| Authorised by   |   |                      |  |  |  |
| Fitting/Training date   |   |                      |  |  |  |

FSC/AFM/09.07