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Passport  
photo



## AUTOMOBILE ASSOCIATION OF KENYA DRIVER CERTIFICATION APPLICATION FORM.

(Please fill the form in block letters and return to the customer service desk after signing)

### CANDIDATE PERSONAL DATA

TITLE: Mr./Mrs/Ms (tick one)	Surname:	Other Name(s):
CANDIDATE'S ADDRESS: BOX	CODE:	CITY/TOWN:
NATIONALITY:	DATE OF BIRTH:	
EMAIL:	TELEPHONE NO.	
ID Number:	DL Number:	
DRIVING SPECIALTY ( I.E. CLASS OF YOUR DRIVING LICENSE) :		

### CERTIFICATION APPLICATION AND PAYMENT INFORMATION

CERTIFICATION REQUESTED (Tick one)	INITIAL DRIVER CERTIFICATION [ ]	DRIVER RE-CERTIFICATION [ ]
PAYMENT	SPONSORS NAME AND CONTACT:	
	LPO NO./ COMPANY LETTER:	

### SCOPE OF DESIRED CERTIFICATION - Class for which certification is being sought

Class E [ ]	Class BCE [ ]	Class FG [ ]	Class I [ ]	Class A - Bus [ ]	Class J - Matatu [ ]
Class H - Invalid Carriage [ ]					

### SUMMARY OF DRIVING EXPERIENCE

POSITION/TITLE (list most recent first)	EMPLOYER	START DATE	END DATE	DURATION

### DRIVING RELATED LICENSES AND MEMBERSHIP

SPECIALITY	(tick if applicable)	DETAILS
Driving Examiner		
Driving instruction license holder		
Others (List them)		

### EDUCATION

SCHOOL, COLLEGE OR UNIVERSITY	GRADUATION DATE	PROGRAM OF STUDY	CERTIFICATE EARNED

### REFERENCES (two referees required)

NAME	TITLE	RELATION SHIP	EMAIL/PHONE

**Documents to be attached:** 2 passport size photographs, Certificate of Good Conduct, Eye Test Report, ID card, driving license and any other related certificates.

**TERMS & CONDITIONS**

Answer the following questions, sign and date your application. Your signature means you agree to the following statements.

1. Have you ever been convicted of a criminal offence? **YES** [ ] **NO** [ ] ( If answer is YES explain fully on separate sheet and if NO provide a copy of Certificate of Good Conduct)
2. Have you ever had a professional registration or certification denied, suspended, or revoked other than for lack of minimum qualification or failure of examination? **YES** [ ] **NO** [ ] (If answer is YES, explain fully on separate sheet)
3. I understand that any falsification of information in this application including any attachments or supplemental materials provided now or later may be cause of rejection or withdrawal of certification or such other action as AA shall deem appropriate. I certify that the statements above (including any attachments submitted now or later) are accurate to the best of my knowledge. I hereby authorize the AA to verify any information or supplements submitted.
4. I also agree to hold AA harmless from any and all liability in the event this application is rejected on the basis of information furnished to the AA by me or third persons, who would, in the judgment of AA, make me ineligible for certification.
5. With this application, I hereby authorize A to publish in all of its directories or registries my name, address, country and any certification it issues to me. The AA will make every effort to keep your personal and examination information confidential. The AA will obtain your approval prior to releasing information from your AA records, other than directories, verification of your certification to the public for your records.
6. I further agree to adhere to the AA Certified Drivers Code of Conduct in its current and subsequent editions and if I am certified, to meet the requirements for recertification ( Code of conduct is as below).
7. The AA terms and condition of driving examination(assessment) apply.
8. I confirm that I am Physically fit to drive and do not suffer from any medical condition that can affect my driving.

**CODE OF CONDUCT OF AA CERTIFIED DRIVERS**

1. Place the safety and welfare of road users above all other considerations.
2. Protect and preserve public property and environment while executing his/her duties.
3. Not knowingly violate any road related laws, regulations, warnings or instructions set forth by Traffic Act and recognized road safety standards/regulations.
4. Make management and appropriate personnel aware promptly if there are safety concerns relating to driving.
5. Not mislead, misinterpret or knowingly deceive others concerning my work, myself or the vehicle I am driving.
6. Cooperate fully and completely with any administrative or investigations by AAK.
7. Not misrepresent or misuse any AAK certificate, card, acronyms, logos and trademarks belonging to AAK.
8. Not drive while under influence of alcohol or drugs.
9. Not drive if medically unfit.
10. Obey traffic rules and regulations
11. Ensure that the vehicle he/she is driving is roadworthy before starting a journey e.g. have daily routine checks to ensure it is mechanically sound, properly insured and licensed.

I have read and understood the terms, conditions and code of conduct above. I further request/do not (tick as appropriate) for accommodation of Special need during the examination .

Nature of special Need if you are requesting for accommodation:.....

Candidate’s Signature\_\_\_\_\_ Date: \_\_\_\_\_

**FOR AA’S OFFICIAL USE ONLY (REVIEW)**

1. Application accepted and candidate cleared to take the Certification exams YES [ ] NO [ ]  
(If NO, Reasons for rejecting) .....

Authorized signature: ..... Date:.....

2. AMOUNT PAID:..... RECEIPT NO./LPO NO.....

CONFIRMATION OF PAYMENT: CSA NAME/SIGN..... DATE.....

3. Name of Driving Examiner assigned :..... I confirm that I do/don’t have any interest in the Subject driving assessment assignment.

Signature.....Date.....