



The Chartered
Institute of Logistics
and Transport

Exam Administration Unit
1 Fitzwilliam Place, Dublin 2
Lo-Call: 1890 25 25 99;
TEL. 01 6763188; FAX 01 6764099

PLEASE USE BLOCK LETTERS & BLACK PEN ONLY

**APPLICATION FOR REPLACEMENT ADR
training Certificate**

**(For drivers of vehicles carrying
dangerous goods by road)**

ADR Certificate No:

Name (block letters): _____

Signature: _____ **Date of birth:** _____

Present address: _____

_____ **Telephone:** _____

Employer: _____

If the original certificate has been lost or destroyed, please state how the loss occurred:

The following to be completed by Garda:

I hereby certify that I have witnessed the above applicant's signature on this form and that it is in his/her own handwriting and that the accompanying photographs (on the back of which I have signed my name) are a true likeness of the applicant.

Signature: _____ **Rank:** _____

Address/Station: _____


Carriage of Dangerous Goods by road Regulations, 2010 (S.I. 617), requires drivers of vehicles carrying dangerous goods to be in possession of a valid Driver Training Certificate covering the classes of goods being carried.

A fee of €15 is payable in respect of each application for a replacement certificate. Cheques, postal orders, etc should be crossed and made payable to: The Chartered Institute of Logistics & Transport.

PLEASE DEBIT MY CREDIT/DEBIT CARD WITH THE AMOUNT: € 15

CARD NO:

EXPIRY DATE: _____ **CVV:** _____

Applicants Signature Within Black Box 	FIX PHOTO HERE
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