



**Western Cape
Government**

Transport and Public Works

DRIVER DETAILS & DECLARATION

Instruction:

1. All drivers of State-owned vehicles are compelled to complete the declaration as set out below.
2. Transport prescripts are obtainable from the GMT web portal and/or GMT Bureau.

I, (surname and full names) _____

(Please declare: Official/Contract Worker/Consultant/Student/Volunteer/Intern):- _____
employed at the following:

Department: _____

Section: _____

Street Address: _____

IDENTITY NO: _____ PERSAL NO: _____

POST/SALARY LEVEL: _____ POST (RANK) DESCRIPTION: _____

TELEPHONE NUMBER: OFFICE _____ FAX NUMBER: _____

E MAIL ADDRESS: _____

HOME ADDRESS: _____

TELEPHONE NUMBER: HOME: _____ CELL NUMBER: _____

DRIVER LICENCE DETAILS:

LICENCE VALID FROM: _____ TO _____

LICENCE NUMBER: _____

DATE OF FIRST ISSUE: _____

PrDP EXPIRY DATE (IF APPLICABLE): _____

TYPE OF VEHICLE (that may be driven by the relevant licence holder): _____ (Code)

ENDORSEMENTS (declare if any): _____

I undertake to notify my supervisor and transport officer in writing should anything regarding the above-mentioned information change or should my Driver's licence and/or Professional Drivers Permit – for whatever reason – be suspended, endorsed or cancelled, as long as I am in the employ of the Department referred to above.

I am familiar with the content of the Instructions contained in the Application to Travel and prescripts contained in the Guide for Drivers of Government Vehicles and other prescripts as set out in GMT Circulars issued from time to time.

I undertake to adhere to the relevant prescripts and am aware that non-compliance will lead to disciplinary steps and that I may/will be held responsible for any losses incurred by the Government.

I am also aware that should I commit a traffic or related offence – whilst in possession of a State-owned vehicle (or vehicle privately-hired through the State) – then such traffic fines, letters of demand, summonses and/or Warrants of Arrests arising from such a violation, would be re-directed to me as the offending driver at the time of the transgression.

I agree to provide the originals of the following for copying/scanning and retention on record:

- Identification document
- Drivers' licences
- Proof of residential address

SIGNATURE OF DRIVER: _____

PLACE: _____

DATE: _____

CONTACT DETAILS OF SUPERVISOR:

NAME: _____ (Print)

TELEPHONE NO: OFFICE _____ **CELL NO:** _____

FAX NO: _____ **E-MAIL ADDRESS:** _____

SUPERVISOR (SIGNATURE): _____ **DATE:** _____

STREET ADDRESS: _____

(only if different from drivers office address)

CONTACT DETAILS OF TRANSPORT OFFICER:

NAME: _____ (Print)

TELEPHONE NO: OFFICE _____ **CELL NO:** _____

FAX NO: _____ **E-MAIL ADDRESS:** _____

TRANSPORT OFFICER (SIGNATURE): _____ **DATE:** _____

STREET ADDRESS: _____

(only if different from drivers office address)