

# Company Vehicle and Drivers' Details Form

## Foreword

The Stage Management Association have produced a Guidance Note on 'Stage Managers and Driving', endorsed by the Theatre Safety Committee, which looks at best practice when a company vehicle is being driven. A copy can be obtained from the Stage Management Association.

To assist designated drivers and managers (the manager being the person or organisation employing or engaging the driver) in implementing this Guidance Note, the Equity Stage Management Committee and the Stage Management Association, again endorsed by the Theatre Safety Committee, have produced the following two simple forms for recording details of permitted drivers and details of the company vehicle being driven.

The original completed forms and associated paperwork should be kept in the manager's office and a senior member of staff on tour should have a copy. In addition, we recommend that drivers are given a copy of the completed paperwork relevant to them and that a copy of the Manager's Declaration is kept in the vehicle.

You can find notes to help you fill in the forms at the end of this document.

*Stage Management Association (SMA): [admin@stagemanagementassociation.co.uk](mailto:admin@stagemanagementassociation.co.uk), 020 7403 7999*  
*Equity Stage Management Committee (SMC): [stagemanagement@equity.org.uk](mailto:stagemanagement@equity.org.uk), 020 7379 6000*

*The Theatre Safety Committee is a cross-industry body that monitors developments and disseminates information relating to health and safety in the theatre industry. Its members are Association of British Theatre Technicians (ABTT), Broadcasting Entertainment Cinematograph and Theatre Union (BECTU), Equity, Independent Theatre Council (ITC), Institute of Entertainment and Arts Management (IEAM), Little Theatre Guild (LTG), Musicians' Union (MU), Society of London Theatre (SOLT), Stage Management Association (SMA) and Theatrical Management Association (TMA). The Committee can be contacted c/o Head of Legal Affairs, SOLT/TMA, 32 Rose Street, London WC2E 9ET.*

# Company Vehicle and Drivers' Details Form

## Section 1 – Drivers Details

### Section 1 A – Drivers Details (to be completed by the driver)

#### Driver's Declaration

- There is no legal reason and/or medical condition (as defined by Motor Insurance Companies or the DVLA) precluding me from driving and I meet the legal eyesight standards.
- The Manager has confirmed that I am old enough, have enough driving experience, the correct category of license etc. to legally and safely drive the Company Vehicle.
- I am aware that I must observe the relevant legal restrictions, that I am responsible for civil fines incurred when driving the manager's vehicle and that the manager forbids anyone driving the vehicle to use their phone while in control of the vehicle unless making a 999/112 call to the Emergency Services.
- I am aware that I must comply with the manager's requirements on record keeping (drivers' logs, vehicle check sheets etc.) as specified in the Notes of Section 2 – Managers Declaration and these have been explained to me, if relevant.
- I acknowledge that I must promptly report any suspected defects with the company vehicle to the manager or their named representative. If I fail to do so, the manager may no longer agree to indemnify me against any claim made against me in respect of the condition of the company vehicle, providing I could have been reasonably expected to have been aware of the defect to the company vehicle.

|                    |       |                    |         |
|--------------------|-------|--------------------|---------|
| Professional Name  |       | Legal Name         |         |
| Driver Number      |       | Licence Categories |         |
| Age                | years | Years Driving      | year(s) |
| Driver's Signature |       | Date               |         |

### Section 1 B – Driver's Details (to be completed by the Manager)

|                            |  |                       |                                                          |
|----------------------------|--|-----------------------|----------------------------------------------------------|
| Induct. & Pract. Date & By |  | Copy of Licence Taken | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Print Name                 |  | Job Title             |                                                          |
| Signed                     |  | Date                  |                                                          |

**Fill in one of these forms for each driver.**

# Company Vehicle and Drivers' Details Form

## Section 2 – Managers Declaration

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                           |                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------|
| <b>Section 2 – Vehicle etc. Details</b> (to be completed by the Manager)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    |                           |                                                                    |
| Registration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    | Fuel Type                 |                                                                    |
| Max. Auth. Mass (MAM)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | kg                                                                 | Unladen Weight            | kg                                                                 |
| Number of Pass. Seats                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    | Cat. of Licence Required  |                                                                    |
| Height of Vehicle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | m                                                                  | Width & Length of Vehicle | m wide      m long                                                 |
| <b>Insurance</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                           |                                                                    |
| Insured By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    | Policy Number             |                                                                    |
| Valid Till                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    | Copy Attached             | <input type="checkbox"/> No <input type="checkbox"/> Yes           |
| <b>MOT, Tax &amp; Service</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                           |                                                                    |
| MOT Valid Till                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    | Copy of MOT Attached      | <input type="checkbox"/> No <input type="checkbox"/> Yes           |
| Tax Disc Valid Till                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    | Date of Last Service      |                                                                    |
| <b>Damage, Defects, Concerns Etc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                           |                                                                    |
| Report To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    | Mobile Number             |                                                                    |
| <b>Breakdown &amp; Recovery</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                           |                                                                    |
| Provider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    | Membership Number         |                                                                    |
| Tel Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    | Covered For               |                                                                    |
| Valid Till                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    | Copy Attached/ Avail.     | <input type="checkbox"/> No <input type="checkbox"/> Yes           |
| <b>Special Requirements &amp; Record Keeping</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                           |                                                                    |
| Speed Restricted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> No <input type="checkbox"/> Yes – details | Other                     | <input type="checkbox"/> No <input type="checkbox"/> Yes – details |
| Drivers Log                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> No <input type="checkbox"/> Yes – details | Vehicle Check Sheet       | <input type="checkbox"/> No <input type="checkbox"/> Yes – details |
| <b>Load</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                           |                                                                    |
| Production                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    | Without Doubt Under MAM   | <input type="checkbox"/> No <input type="checkbox"/> Yes – details |
| Weighed Loaded Weight                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    | Date When Weighed         |                                                                    |
| <b>Notes (including the names of permitted drivers and Record Keeping required)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                           |                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                           |                                                                    |
| <b>Manager's Declaration</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                           |                                                                    |
| <ul style="list-style-type: none"> <li>The vehicle and its documents are properly described above, the vehicle is taxed, serviced, has a valid MOT (if required) and is comprehensively and appropriately insured for use by the drivers listed above in the notes section in connection with the manager's business.</li> <li>The vehicle is roadworthy; not overloaded; has safely constructed full width seats, with seat belts for all occupants; adequate legroom; adequate and properly controlled heating and ventilation; compartments and/or safe stowage for set, luggage, props, etc.; and, so far as is reasonably practicable, the Manager will ensure that the vehicle meets the best practice described in the Guidance Note.</li> <li>The manager agrees to indemnify the drivers against any claim made against them in respect of the condition of the company vehicle, unless the driver has been negligent in reporting defects (see Drivers Declaration).</li> <li>The manager acknowledges that the vehicle load must be planned so as not to exceed the MAM.</li> </ul> |                                                                    |                           |                                                                    |
| Print Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    | Job Title                 |                                                                    |
| Signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    | Date                      |                                                                    |

# Company Vehicle and Drivers' Details Form

## Notes to Aid Completing the Form

### Section 1A – Driver's Details

This section is to be completed by the driver.

Professional name

Name the driver is professionally known by.

Legal name

Name the driver is legally known by.

Driver Number

As shown on Driving Licence, Item 5.

Licence Categories

As shown on Driving Licence, Item 9.

There may also be a list of codes under Item 12, which should be recorded when relevant (provisional entitlement can be disregarded unless relevant). A full list of Information Codes is available from;  
[www.gov.uk/driving-licence-codes](http://www.gov.uk/driving-licence-codes)

Age

The driver's age, in years.

Years Driving

How many years the driver has been driving, not how long they have held their licence. List full years, rounded down i.e. 9 months would be recorded as zero.

Driver's Signature

Driver's signature to confirm the details above are correct and that they accept the Driver's Declaration above.

Date

The date the driver signed the form.

### Section 1B – Driver's Details

This section is to be completed by the Manager or their representative.

Induct. & Pract. Date & By

The date the driver had an Induction, within working time, including two hours supervised practice driving the vehicle. The induction should include being shown how to refuel the vehicle, check oil, water, tyre pressure, location of spare tires, access, controls, what paperwork they need to complete (vehicle checks, driver logs, etc.) as specified in the Notes of Section 2 – Managers Declaration for each company vehicle. The person responsible for the induction should initial after the date.

Copy of Licence Taken

The Manager has taken a copy of the Driving Licence.

Print Name

The name of the person completing the form on behalf of the Manager.

Job Title

The job title of the person completing the form on behalf of the Manager.

Signed

The signature of the person completing the form on behalf of the Manager, to confirm the details above are correct and that the driver is permitted to drive the Company Vehicle.

Date

The date the person completed the form on behalf of the Manager.

### Section 2 – Manager's Declaration

This section is to be completed by the Manager or their representative

#### Vehicle etc. Details

Registration

As given on the V5C or number plate.

Fuel Type

e.g. Diesel, Petrol, Bio Diesel, LPG.

Max. Auth. Mass (MAM)

Maximum Authorised Mass (MAM) is the maximum weight of a vehicle, in kilograms, including the load and a full tank of fuel, which can be carried safely while used on the road. This is also known as gross vehicle weight (GVW) or permissible maximum weight. It will be listed in the owner's manual and is normally shown on a plate or sticker fitted to the vehicle.

Unladen Weight

This is the weight of the vehicle, in kilograms, when it is not carrying any load. If it is known, and if the weight of a full tank of fuel is known, it can be

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## Notes to Aid Completing the Form

used for a quick check as to whether the vehicle is likely to be under its MAM by adding the weight of the load and the fuel to it.

|                           |                                                                                                                                                                                                     |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Number of Pass. Seats     | Number of Passenger Seats (when all in place).                                                                                                                                                      |
| Cat. Of Licence Required  | Category of Licence required to drive the vehicle. A full list of categories is available from:<br><a href="http://www.gov.uk/driving-licence-categories">www.gov.uk/driving-licence-categories</a> |
| Height of Vehicle         | Overall height of the vehicle in meters.                                                                                                                                                            |
| Width & Length of Vehicle | Overall width and length of the vehicle in meters.                                                                                                                                                  |

### Insurance

|               |                                                                                                                                                                            |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Insured By    | Name of Insurance Company.                                                                                                                                                 |
| Policy Number | Policy Number as shown on the relevant Policy Document & Certificate of Motor Insurance for the vehicle.                                                                   |
| Valid Till    | Date (and time if given) that the Insurance Policy runs to.                                                                                                                |
| Copy Attached | Is a copy of the Policy Document or Certificate of Motor Insurance attached to the form. If the vehicle is hired this may be a copy of the hire agreement, if appropriate. |

### MOT, Tax & Service

|                      |                                                                                                                                                                                      |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MOT Valid Till       | Date the relevant MOT for the vehicle is valid till. If an MOT is not required or the vehicle is hired and such information is not given by the hire company mark the box as 'N/A'.  |
| Copy of MOT Attached | If there is a valid MOT for the vehicle, is a copy attached to the form. Mark 'No' if you marked the previous box as 'N/A'.                                                          |
| Tax Disc Valid Till  | Date the current tax disc is valid till.                                                                                                                                             |
| Date Of Last Service | Date of the last service of the vehicle. If the vehicle is new and/or has not been serviced or is hired and such information is not given by the hire company mark the box as 'N/A'. |

### Damage, Defects, Concerns Etc.

|               |                                                                                                                                                                                                                                                                                                   |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Report To     | The name of the manager or their representative that the driver or passengers can contact in the first instance if they notice any damage, defects or have any concerns over the roadworthiness of the vehicle. This is also the person to be contacted in the event of an accident or emergency. |
| Mobile Number | Mobile number of the person named.                                                                                                                                                                                                                                                                |

### Breakdown & Recovery

|                       |                                                                                                                                                                                         |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Provider              | The company that provides breakdown cover. If the vehicle is hired, this may be provided under the hire agreement.                                                                      |
| Membership Number     | Reference number given by the breakdown & recovery provider for the agreement. If the vehicle is hired it may not be given or may be a contract number or the vehicle registration etc. |
| Tel Number            | The telephone number that the breakdown and recovery company can be contacted on 24 hours a day if required.                                                                            |
| Covered For           | What level of cover the breakdown and recovery company provides e.g. Roadside, Recover, At Home, Accident Care, etc.                                                                    |
| Valid Till            | Date that the breakdown and recovery company contract runs till.                                                                                                                        |
| Copy Attached/ Avail. | Copy Attached/ Available. The membership card or the details on it are in the vehicle or attached to this document. Both would be ideal.                                                |

# Company Vehicle and Drivers' Details Form

## Notes to Aid Completing the Form

### Special Requirements & Record Keeping

|                  |                                                                                                                                                                                                                 |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Speed Restricted | If the vehicle cannot be driven at the National Speed Limit for a car or as shown on the road, then details must be provided in the Notes section. This would include any speed limiters that have been fitted. |
| Other            | If there are any other requirements that need to be known to legally and/or safely drive the vehicle e.g. Tachograph, then details must be provided in the Notes section.                                       |
| Drivers Log      | If the driver is required to complete a log of when they have been driving then details must be provided in the Notes section.                                                                                  |
| Vehicle Log      | If the driver is required to complete a vehicle check sheet as to the roadworthiness of the vehicle then details, including frequency, must be provided in the Notes section.                                   |

### Load

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Production              | Give a reference for the load being described e.g. the name of the show being toured.                                                                                                                                                                                                                                                                                                                                                        |
| Without Doubt Under MAM | If it is thought by the manager that the load being carried is without doubt under the Maximum Authorised Mass (MAM) of the vehicle then the manager may choose not to weigh the vehicle at a weighbridge. If this is the case, then the manager must provide details in the Notes to support this e.g. "The set weighs 400 kg, when added to the Unladen Weight of the vehicle, stated above, there is 1000 kg remaining for 4 passengers". |
| Weighed Loaded Weight   | If the vehicle is weighed at a weighbridge when loaded, record the weight here. NB the Maximum Authorised Mass (MAM) of the vehicle includes passengers and a full tank of fuel. Although passengers do not need to be weighed, an allowance for them is needed to ensure the vehicle is not overweight. The standard accepted allowance per passenger is 75 kg. If the vehicle is not weighed, mark the box 'N/A'.                          |
| Date When Weighed       | The date the vehicle was weighed at a weighbridge. If the vehicle is not weighed, mark the box 'N/A'.                                                                                                                                                                                                                                                                                                                                        |

### Notes

|       |                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Notes | Record any remarks or observations relevant to the vehicle if they are not listed elsewhere; provide more information where these notes call for it; and record the names or initials of the permitted drivers. Check that each permitted driver is old enough, has enough driving experience, the correct category of license, etc. to legally drive the vehicle and meet the requirements of the insurers. |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Managers Declaration

|            |                                                                                                                                                                                          |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Print Name | The name of the person completing the form on behalf of the Manager.                                                                                                                     |
| Job Title  | The job title of the person completing the form on behalf of the Manager.                                                                                                                |
| Signed     | The signature of the person completing the form on behalf of the Manager, to confirm the details above are correct and that the driver(s) is/are permitted to drive the Company Vehicle. |
| Date       | The date the person completed the form on behalf of the Manager.                                                                                                                         |