

Leased Car Eligibility Form

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| Employee’s Name: |  | | Pay number: | | | |  |
| Post title: |  | | Post grade/band: | | | |  |
| Directorate/Dept: |  | | | | | | |
| Work address: |  | | | | | | |
| Home address: |  | | | | | | |
| If you have a car at the moment, what is the cubic capacity: | | | | |  | | |
| Is this vehicle owned by you, leased or a pool car? | | | | |  | | |
| Estimated business mileage per year: | | | | |  | | |
| Estimated personal mileage per year: | | | | |  | | |
| If duties of post, or post holder, are expected to change in the next 4 years, please give further details: | | | | | | | |
| Do you currently have any driving convictions that could affect your application for insurance? | | | | | | | |
| **Please attach a copy of your driving licence, DVLA driving summary and eye sight form . Your application will not be processed without this** | | | | | | | |
| Signed/Print Name: | |  | | Date: | |  | |
| Signed/Print by Authorising Officer: | |  | | Date: | |  | |
| Position: | |  | | Location: | |  | |
| ***As Authorising Officer, I support this application for a leased vehicle on the grounds that it is in the interest of the service for this employee to be issued with such a vehicle. I further confirm that a ULEV vehicle has/has not been considered for this employee. Where it has not been considered please state why:*** | | | | | | | |
| When completed please return to the Car Leasing Administrator, Block 1/1, St John’s Hospital, Howden Road West, Livingston EH54 6PP - Telephone: 01506 523618 | | | | | | | |