# Dangerous Goods Safety Adviser Examination



### **Transfer Form**

## Original Exam Date Requesting transfer to

Please note that you can only transfer to either one of the next two consecutive diets which follow your original exam date request.

Are you extending the validity of your certificate?

**Candidate Number** 

#### Candidate Details - Please complete these in BLOCK CAPITALS

Title Surnar		name Forename		
Date of Birth		Telephone Numb	per	
Address				
Fown/City		Region		Postcode
Country of Birth		Nationality	<b>y</b>	
Email address				
Exar	nination Deta	ils - Please sele	ect the Subjects you are	transferring
S001 Core	S002 Road	S003 Rail	S004 Inland Waterways	S005 All Classes
Venue Choice	: 1			
Venue Choice	2			
Signed			Date	
We may share your pers	onal information with you	ur training provider, Driver a	rt (DfT) in order to provide Dangerous Goods ind Vehicle Standards Agency (DVSA) as par ble in SQA's Privacy Statement. https://www.	t of the DfT and regulators e.g. Office for

#### **Fees and Payment**

For SQA Use Only

**Payment** 

Please telephone SQA on 0345 270 0123 if you wish to pay the £20 transfer fee by Debit/Credit Card (Please note that we only accept Visa, Mastercard, Visa Debit and Maestro)

Enrolled

Checked

Letter

Email address to return receipt to (if different from above)

Registered

Please email your completed transfer request form to dgsa@sqa.org.uk or post to DGSA Section, SQA, The Optima Building, 58 Robertson Street, Glasgow G2 8DQ