

Membership Application Form

Company Name: _____

Company Address: _____

_____ Postcode: _____

Contact Name: _____

Daytime Tel: _____ Evening Tel: _____

Mob Tel: _____ Fax No: _____

E-Mail Address: _____

Web-Site: _____

Road Service License No: _____

No. of Coaches: _____ Mini-Coaches: _____

Number of Buses: _____ Mini-Buses: _____

Details of any previous convictions/pending prosecutions/mitigated penalties:

Also required are copies of the following:

- Road Service License
- Motor Fleet Insurance (to include all vehicles)
- Employer's + Public Liability Insurance

FPTNI reserve the right to decline any application without prejudice.