NZ DRIVER LICENSING (1998) LIMITED *AAM 41*

CUSTOMER INQUIRY FORM

Test Date: _____ *Test Time:* _____ *Town and Branch:* _____

Testing Officer's Name: _____

Customers name: _____

Address: _____

Home Ph: _____ *Work Ph:* _____ *Mobile:* _____

Driver Licence Number: _____

Test Type - (Circle one): *On Road Safety Test* *Restricted* *Full* *Other*

DESCRIPTION OF INQUIRY (PROBLEM)

Please write any additional information on a separate page

***Please forward this form to**:* *NZ Driver Licensing (1998) Limited*
P O Box 8993
Christchurch 8011

***or fax to**:* *(03) 3436925*

If your inquiry has not been acknowledged either by a personal phone call or letter within three days, we have not received your inquiry and you should write to the above address.