

Request to Withdraw a Driving Test Application

(to be used only where you wish to seek a refund within 14 days of making payment and do not wish to proceed with your driving test application, and where you have not received a driving test appointment on foot of this application)

TO:	Driver Testing Section, Road Safety Authority, Moy Valley Business Park, Primrose Hill, Ballina, Co. Mayo Email: drivingtest@rsa.ie
	I hereby give notice that I cancel my contract for the provision of a driving test. Driving Test Application Number: <input style="width: 100%; height: 20px;" type="text"/>
	Date of application:
	Name of driving test applicant:
	Address of driving test applicant:
	Signature of driving test applicant: (only required when you are returning this form by post)
	Date: