



Application for Admission

Entry Level Professional Truck Driver Training Program

Applicant Name: _____
Surname First Middle

Address: _____
No. and Street Town/City
Province Postal Code

Mailing Address: _____
(If Different) No. and Street Town/City
Province Postal Code

Emergency Contact Name & Number: _____ Ph. () _____

Highest Level of Education Completed: _____ Post-Secondary: _____

Please identify any accommodations or modifications required in the classroom? _____

Application Date: _____ Course Start Date: _____

Phone: _____ Cell: _____ Email: _____

Driver's License #: _____ Province: _____ Class: _____

Air Brake Endorsement: Yes No Learners Permit Obtained: Yes No

Permit Class: _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Have your driver's license or privileges ever been revoked or suspended? Yes No

If you've answered Yes to either of the last 2 questions, please provide details: _____

