



# 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Have your driver's license or privileges ever been revoked or suspended?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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_