

Application for Admission Class 1A Professional Transport Driver's Course

Applicant Name: _____
Surname First Middle

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

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

Application Date: _____ Course Start Date: _____

Phone _____ Alternate Phone _____ Cell _____

Driver's License Number: _____

Province of Issue: _____

License Class: _____ Air Brake Endorsement (N/Y): _____

Learner's Permit Obtained (Y/N) _____ Permit Class: _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Yes No When and Where: _____

Have your driving license or privileges ever been revoked? Yes No

If so, When and Where: _____

Date of Birth : _____ Manitoba Medical Number: _____

Emergency Contact Name & Number: _____

Education

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12

University/College 1 2 3

List Last School Attended _____

List Related Training/Education Courses Taken _____

Revision Date: 10/22/1998	Date Printed : 14/11/07	Page 1 of 2
Revised By: John Wallis	Approved By: John Wallis	Version #AF002.1
Form/Policy/Procedure: Form		Department: Admissions