**DRIVER APPLICATION FORM**

**PLEASE PRINT LEGIBLY AND ANSWER ALL QUESTIONS**

**PLEASE EMAIL COMPLETED APPLICATION TO INFO@DEDICATEDFREIGHT.CA**

This application form is only one part of our hiring process. Other parts may include an interview, an employment examination/test and/or a demonstration of an ability to perform the essential functions or duties of the job. If you need accommodation to complete any part of the hiring and employment process, please notify us.

TODAY’S DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL INFORMATION**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

PRESENT ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Apt # City Prov Postal code

HOW LONG? \_\_\_\_\_\_\_\_\_\_\_\_\_ IF LESS THEN TWO YEARS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D/L #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROV. OF ISSUE\_\_\_\_\_\_ SIN #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU BONDABLE\_\_\_\_\_\_\_ IF NOT, EXPLAIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU ELIGIBLE TO WORK IN CANADA? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHYSICAL HISTORY**

DO YOU HAVE ANY PHYSICAL LIMITATIONS, WHICH MAY HINDER YOUR ABILITY TO PERFORM THE JOB APPLIED FOR? (IE. EYESIGHT, HEART CONDTION, LIMB IMPAIRMENT, ETC.)

ARE YOU PHYSICALLY CAPABLE OF HEAVY MANUAL WORK? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU EVER BEEN INJURED ON JOB SITE? \_\_\_\_\_\_\_NATURE OF INJURY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU EVER RECEIVED WORKER’S COMPENSATION? \_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TIME LOST FROM WORK IN PAST THREE YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| SCHOOL | NAME & ADDRESS | DATES | DIPLOMA/DEGREE |
|  |  | FROM TO |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**EMPLOYMENT HISTORY**

|  |  |
| --- | --- |
| **EMPLOYER** | **DATE** |
| NAME | FROM TO |
| ADDRESS | POSITION HELD |
| CITY PROVINCE POSTAL CODE | SALARY |
| CONTACT PERSON PHONE # | REASON FOR LEAVING |

|  |  |
| --- | --- |
| **EMPLOYER** | **DATE** |
| NAME | FROM TO |
| ADDRESS | POSITION HELD |
| CITY PROVINCE POSTAL CODE | SALARY |
| CONTACT PERSON PHONE # | REASON FOR LEAVING |

|  |  |
| --- | --- |
| **EMPLOYER** | **DATE** |
| NAME | FROM TO |
| ADDRESS | POSITION HELD |
| CITY PROVINCE POSTAL CODE | SALARY |
| CONTACT PERSON PHONE # | REASON FOR LEAVING |

|  |  |
| --- | --- |
| **EMPLOYER** | **DATE** |
| NAME | FROM TO |
| ADDRESS | POSITION HELD |
| CITY PROVINCE POSTAL CODE | SALARY |
| CONTACT PERSON PHONE # | REASON FOR LEAVING |

|  |  |
| --- | --- |
| **EMPLOYER** | **DATE** |
| NAME | FROM TO |
| ADDRESS | POSITION HELD |
| CITY PROVINCE POSTAL CODE | SALARY |
| CONTACT PERSON PHONE # | REASON FOR LEAVING |

**AUTHORIZATION FOR DRIVER RECORD SEARCH**

DRIVER/APPLICANT COMLETES THIS SECTION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to request a search

Company Name

Of my driving record based on the information available at the Ministry of Transportation.

Check Appropriate Circle(s)

* Driver (complete driving record covering a three-year period)
* Driver (while driving Commercial Motor Vehicles only – C.V.O.R.)
* Certified copy of each search for legal purposes.

The information is requested:

Check Appropriate Circle

* As part of a Driver Application for Employment as a Commercial Motor Vehicle Driver
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname, Given Name and Initial

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street # & Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, Province, Postal Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Address – Street #. & Name, City, Postal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Address – Street #. & Name, City, Postal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver Applicant’s Signature Date

**MOTOR CARRIER COMPLETES THIS SECTION:**

The above named driver-applicant has applied for a position with this company.

The information received from the Ministry of Transportation will be used for the purpose of qualifying the person for the job applied for.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Company Representative Signature Title

**DRIVER’S PERSONNEL RECORD**

DRIVER’S INFORMATION: As a driver of commercial vehicles as defined by the National Safety Code for Motor Carrier, accurately complete the information requested.

Driver’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print) Surname, Given Name and Initials

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee # \_\_\_\_

Street No. & Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, Province, Postal Code

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_ SIN No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT LICENCE STATUS

Driver’s License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date \_\_\_\_\_\_\_\_\_\_ Class \_\_\_

Province/Terry of Issue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check one:

ACTIVE\_\_\_\_\_ CONDTIONAL\_\_\_\_\_ OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROBATIONARY\_\_\_\_\_ SUSPENDED\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL DRIVING QUALIFICATIONS

Check the driving qualifications as they apply to your current license. Complete the information for the effective dates and renewal dates.

ITEM EFFECTIVE RENEWAL

DATE DATE

* Air Brake Endorsement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Transportation of Dangerous Goods Certificate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* First Aid Certificate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Extended Combinations Endorsement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL REPORT INFORMATION**

Date of last filed medical report with the Registrar

Date when the next medical report is required to be filed

**CERTIFICATION**

I have thoroughly and accurately completed the driver’s information as required for the driver profile according to the National Safety Code as implemented in this province.

Driver’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DRIVER’S OFFENCE CONVICTION RECORD**

MOTOR CARRIER INSTURCTIONS: The driver is to provide date for motor vehicle offense convictions. Retain the data in the Driver’s Profile.

DRIVER’S INSTRUCTION: Provide data for all traffic offences and criminal driving offences for which you were convicted during the past five years. This information is to be updated at the time of each conviction.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

(PRINTE OR TYPE)

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street No., Name, City, Province, Postal Code

License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province of Issue \_\_\_\_\_\_\_\_\_\_\_\_

Date of Offence Date of Vehicle Prov of Vehicle Statute Place of

Offence Identifier Conviction Regis No. Issue Description Name Violation

\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

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\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

If no violations are listed above, I certify that I have not been convicted of any violations to report during the past five years as listed in either the Federal National Safety Code Standards or enforced by Provincial regulations.

Driver’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUEST FOR INFORMATION**

**From Previous Employer**

I hereby authorize you to release the following information to

D.F.S. Dedicated Logistics Inc. for purposes of investigation

(Prospective Employer)

You are released from any and all liability which may result from

Furnishing such information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personnel Manager:

The below name individual has made application to this company for a position as an AZ Driver and states that he/she was employed by you as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Employed from\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_ as \_\_\_\_\_\_\_\_\_\_\_\_ at wage/salary of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. Did he/she driver a motor vehicle for you? \_\_\_\_\_\_\_\_, Straight Truck? \_\_\_\_\_\_\_\_, Tractor-Semi trailer? \_\_\_\_\_\_\_\_, Bus? \_\_\_\_\_\_\_\_\_\_. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_
3. Was he/she a safe and efficient driver? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
4. Reason for leaving your employ: - Discharged \_\_\_\_\_\_\_\_; Resignation \_\_\_\_\_\_\_\_; Lay Off \_\_\_\_\_\_\_\_\_\_.
5. Was his/her general conduct satisfactory? \_\_\_\_\_\_\_\_\_\_\_\_\_.
6. Please advise history of past driving record if available for past three years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**D.F.S. DEDICATED LOGISTICS INC.**

The following Driver Rules apply to all Drivers operating D.F.S. Dedicated Logistics Inc. Commercial Motor Vehicles.

1. NO drinking alcoholic beverages while on duty or reporting for duty under the influence of alcohol or drugs. Do not carry alcoholic beverages of any kind in any part of the vehicle.
2. Proper safety shoes and uniform or equipment is to be worn subject to company and customer safety policies. No shorts. No sandals.
3. All equipment must be properly inspected, and any new damage reported, before shift begins.
4. No passengers. No pets.
5. Obey all posted traffic & truck signs and signal lights. Do not exceed posted speed limit.
6. At all times obey the Ontario and U.S.A Regulations for: Hours of Services, Logbooks and Vehicle Inspections
7. Paperwork must be neat, properly completed and handed in at the end of your shift.
8. Company equipment must be refueled, properly parked, and locked at the end of your shift. Remove all personal property and any garbage. Keep trucks clean.
9. Maintain proper communications as advised by Dispatch.
10. The following must be reported to D.F.S. Dedicated Logistics Inc. Safety Services immediately:
    * All ACCIDENTS: You will be required to fill out a D.F.S. Dedicated Logistics Inc. Accident Report.
    * All HTA Traffic Offences.
    * All MTO Inspection Reports.

**REQUIRED DOCUMENT CHECK LIST ONTARIO**

**DRIVER**

Ontario Drivers License

Pre/Post trip Inspection Report

Daily Log or Equivalent

**OWNER/OPERATOR**

Vehicle Permit (copy)

Insurance slip (pink)

CVOR Certificate (copy)

Annual Inspection Certificate and Decal

Ontario Operating License

USA/Quebec Vehicles have additional Document requirements

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver Name PRINTED Signature

**PLEASE EMAIL COMPLETED APPLICATION TO INFO@DEDICATEDFREIGHT.CA**