

Driver Qualification Form

(New & Existing Driver)



Please ensure all fields are filled in. If information is missing, forms will be returned and tests will be delayed. (Form will be processed within 24 hours)

DATE	
DRIVER'S FIRST NAME	DRIVER'S LAST NAME
CARRIER / COMPANY NAME	EMPLOYER'S NAME
EMAIL TO RECEIVE ACTIVATION KEY	EMPLOYER'S EMAIL (WILL RECEIVE NOTIFICATIONS THROUGHOUT PROCESS)
DRIVER / OPERATOR'S LICENSE #	PROVINCE LICENSE ISSUED IN
PREFERRED LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> French	YEARS OF FUELING EXPERIENCE
TERMINAL(S) (WHICH TERMINALS, LOCATIONS OF TERMINALS) EXAMPLE: "IMPERIAL OIL-EDMONTON" 1) _____ 2) _____ 3) _____ 4) _____	TDG CERTIFICATE ISSUED (DATE: YYYY-MM-DD) (MANDATORY)
PREVIOUS CANADIAN FUELS CARD # (IF APPLICABLE)	WHMIS CERTIFICATE ISSUED (DATE: YYYY-MM-DD)
DRIVER HAS EXECUTED APPENDICES 1 & 2 AND APPENDICES ARE ON FILE? <input type="checkbox"/> Yes <input type="checkbox"/> No	EMERGENCY RESPONSE ASSISTANCE PLAN REVIEWED (DATE: YYYY-MM-DD)
ASSIGN THE FOLLOWING TESTS (PLEASE MARK WHAT IS NEEDED) <input type="checkbox"/> Section 3-8 & 13 General Test - Mandatory <input type="checkbox"/> Section 9 Light Products (Gas/Diesel) <input type="checkbox"/> Section 9 Heating Oil/Meter Delivery <input type="checkbox"/> Section 9 & 11 Heavy Fuel Oil (Bunker) <input type="checkbox"/> Section 11 Asphalt <input type="checkbox"/> Section 9 & 10 Aviation <input type="checkbox"/> Sections 9 & 12 Marine	10 SUPERVISED LOADS COMPLETED OR TO BE COMPLETED BY (DATE: YYYY-MM-DD)
	BILLING INFORMATION COMPANY NAME: _____ CONTACT NAME: _____ STREET ADDRESS: _____ CITY & PROVINCE: _____ POSTAL CODE: _____ TELEPHONE: _____ EMAIL (FOR INVOICES & RECEIPTS): _____ CREDIT CARD #: _____ EXP: _____ VIN: _____