

Please note one application must be submitted per driver.

Applicant Information		
Applicant Name		
Telephone: ( )		Cell: ( )
Fax: ( )	Email:	
Address		
	Street	Town
	Postal Code	-
Business Information		
Name of Business		
Business Address		
Contact Information	Telephone:	Cell:
Attachments to be provided with the application:  Police Clearance Letter (dated within 30 days of application)  Driver's Abstract (dated within 30 days of application)  Photocopy of front and back of valid Ontario Driver's License  Letter from business stating applicant is an employee		
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Dated this da	ay of,	·
Signature of Applicant	Issuer of Licens	ses
Please note all drivers must apply in person.		