



New Driver Information Requirements

Date to Start Route _____

Name: _____

Employed by: _____ Route #: _____

Address

Date of Birth _____
 Phone # _____
 Email Address _____

Mailing Address (If different from above)

Confidentiality Agreement Signed	<input type="checkbox"/> Yes
Driver Handbook Read and Signed	<input type="checkbox"/> Yes
Ridership Checklist Signed	<input type="checkbox"/> Yes

Licence Information	Licence # _____
	Licence Expiry _____
	Licence Class _____
	Licence _____
	Conditions _____

Certification Information	Date of Abstract _____
	Date of Criminal Record and Vulnerable Sector Check _____
	Date of Child Intervention Record Check _____
	Date of S-Endorsement _____
	Date of First Aid _____

*Return by email to dispatch@psd.ca

For Office Use Only

Received by _____ Date Entered _____