



# 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

<b>Licence Information</b>	Licence # _____
	Licence Expiry _____
	Licence Class _____
	Licence _____
	Conditions _____

<b>Certification Information</b>	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](mailto:dispatch@psd.ca)

**For Office Use Only**

Received by \_\_\_\_\_ Date Entered \_\_\_\_\_