



Pre Qualification Check List

Driver Name:

Phone Number

Date: (DD/MM/YYYY)

Category

- | | | |
|---|---|--|
| <input type="checkbox"/> Company Driver | <input type="checkbox"/> Owner Operator | <input type="checkbox"/> Owner Operator Driver |
| <input type="checkbox"/> Long Haul | <input type="checkbox"/> Single | <input type="checkbox"/> Team |
| <input type="checkbox"/> Short Haul | <input type="checkbox"/> Local | <input type="checkbox"/> Switches |

Qualification	YES	NO
Are you over the age of 23 (for Local)	<input type="checkbox"/>	<input type="checkbox"/>
Are you over the age of 25 (for Cross Border)	<input type="checkbox"/>	<input type="checkbox"/>
Can you Drive Manual Transmission	<input type="checkbox"/>	<input type="checkbox"/>
Do you have at least 2 year of verifiable Experience driving Tractor/Trailer	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any at fault accident in the past 3 years	<input type="checkbox"/>	<input type="checkbox"/>
Do you have more than 2 points on your driver's abstract	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any criminal record for which pardon has not been granted	<input type="checkbox"/>	<input type="checkbox"/>
Do you have legal right to work in Canada	<input type="checkbox"/>	<input type="checkbox"/>
Can you cross borders into USA	<input type="checkbox"/>	<input type="checkbox"/>
Do you have FAST card	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

YES NO

OFFICE USE ONLY

Approved to Join

Approved By:

Name

Date (MM/DD/YYYY)

Signature

Any Waiver given:

Waiver For

Reason for Waiver

By:

Name

Date (MM/DD/YYYY)

Signature