



Pre Qualification Check List

_____ Driver Name:	_____ Phone Number	_____ Date: (DD/MM/YYYY)
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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	<input type="checkbox"/>	<input type="checkbox"/>
Approved By: _____		
Name	Date (MM/DD/YYYY)	Signature
Any Waiver given: _____		
Waiver For		
		Reason for Waiver
By: _____		
Name	Date (MM/DD/YYYY)	Signature