



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)

☐☐

Are you over the age of 25 (for Cross Border)

☐☐

Can you Drive Manual Transmission

☐☐

Do you have at least 2 year of verifiable Experience driving Tractor/Trailer

☐☐

Do you have any at fault accident in the past 3 years

☐☐

Do you have more than 2 points on your driver's abstract

☐☐

Do you have any criminal record for which pardon has not been granted

☐☐

Do you have legal right to work in Canada

☐☐

Can you cross borders into USA

☐☐

Do you have FAST card

☐☐

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