

PRO DRIVING SCHOOL

STUDENT ENROLLMENT

108 King Str N

Waterloo, ON, N2J 2X6

Phone: (519) 954-8541

MTO School #: _____

	LAST NAME, First Name, Initial Apt/R.R. - Street Address City, Province Postal Code	Date of Birth Sex Phone	Licence Number, Class Licence Issue Date, Expiry Date Start of Training

I certify that the above students have commenced the Ministry-Approved Driver Training Course in full accordance with the Specifications, Terms and Conditions of Ontario Safety League and the Ontario Ministry of Transportation.

Date _____ Authorized Signature _____

Complete and send to: Ministry of Transportation, Stock Management, P.O.Box 9200, 2nd Floor, 355 Counter Street
Kingston, ON K7L 5K4

Re: Beginner Driver Education