

Driver's License No \_\_\_\_\_

Date of Birth (yyyy-mm-dd) \_\_\_\_\_

Sex \_\_\_\_\_

Height \_\_\_\_\_

Class \_\_\_\_\_

Cond \_\_\_\_\_

Last Name, First Name, and Middle Initial \_\_\_\_\_

Yes No

1. Do you wear contact eyeglasses or contact lenses? ☐ ☐

Street No. and Name or Lot, Conc. and Township \_\_\_\_\_

Apt No. \_\_\_\_\_

2. Do you suffer or have ever suffered from heart disease, stroke, diabetes, epilepsy, loss of consciousness or awareness or any other medical condition or physical disability that may affect your safe operation of a motor vehicle? If yes, state the medical condition ☐ ☐

City, Town or Village \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

☐ Check here if address above is different from license

I certify that the statements on this application are correct. The maximum penalty for making a false statement is \$500.00

Applicant's Signature \_\_\_\_\_

Date (yyyy-mm-dd) \_\_\_\_\_

## Summary reasons for disqualification

- ☐ Right-of-way: ped / self / other traffic
- ☐ Intersections: controlled / uncontrolled
- ☐ Pavement or lane markings ☐ Parking skills
- ☐ Traffic Signs & signals ☐ Speed (fast / slow)
- ☐ Backing manoeuvres ☐ Pedestrians
- ☐ Following distance ☐ Other traffic
- ☐ Turn manoeuvres / Intersections

## Improper use of

- ☐ Steering wheel ☐ Accelerator ☐ Brakes
- ☐ Clutch ☐ Gears

## Violation of law - time - location

- ☐ Traffic sign \_\_\_\_\_
- ☐ Traffic Signals \_\_\_\_\_
- ☐ Other \_\_\_\_\_

## Dangerous action

- ☐ Specify \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

☐ Fail

## School Use only

Previous Number of Tests \_\_\_\_\_

Examined in a \_\_\_\_\_  
Make of Vehicle

Plate Number \_\_\_\_\_

☐ Pass Complete Class
 

yy	yy	mm	dd

Examiner's Signature \_\_\_\_\_

## 1. Start

- Unable to locate / adjust / operate safety devices ☐ ☐
- Fails to observe - use mirror only ☐ ☐
- Fails to signal / improper signal ☐ ☐
- Incorrect use of clutch / brake / accelerator / gears / steering ☐ ☐

## 2. Backing

- Fails to look around / to rear before / while backing - mirror only ☐ ☐
- Turnabout: control / steering method / observation / vehicle position ☐ ☐
- Incorrect use of clutch / brake / accelerator / gears / steering ☐ ☐

## 3. Driving along

- Follows or passes too closely / cuts in too soon ☐ ☐
- Improper choice of lane / straddles lanes / unmarked roadway ☐ ☐
- Fails to check blind spot / observe properly ☐ ☐
- Lane change signal: wrong / early / late / not given / not cancelled ☐ ☐
- Right of way observance: ped / self / other vehicles ☐ ☐
- Fails to use caution or obey: ped cross-overs / school crossings emerg veh ☐ ☐
- Speed: too fast / slow for conditions / impedes traffic ☐ ☐
- Incorrect use of clutch / brake / accelerator / gears / steering / safety devices ☐ ☐

## 4. Intersections / R.R. crossing

- Fails to observe properly / controlled / uncontrolled intersections ☐ ☐ ☐ ☐
- Fails to obey signs or signals / pavement markings ☐ ☐ ☐ ☐
- Late in slowing / stopping / slows too soon ☐ ☐ ☐ ☐
- Stopping position: too soon or blocks cross walk / intersection ☐ ☐ ☐ ☐
- Right-of-way observance: ped / self / other vehicle ☐ ☐ ☐ ☐

## 5. Turns

- |                                                       | Left                                                                                                | Right                                                                                               |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Signaling                                             |                                                                                                     |                                                                                                     |
| Wrong / early / late / not given / not cancelled      | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Fails to get in proper position / lane                | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| late into lane / late into position                   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Right-of-way observance                               |                                                                                                     |                                                                                                     |
| Ped / self / position / other vehicles                | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Turns too wide / enters wrong lane                    | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Cuts corner / enters wrong lane                       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Steering method / control / recovery                  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Speed: too fast / too slow / enter / leave / moedes   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Incorrect use of clutch / brake / accelerator / gears | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

## 6. Parking

- Fails to observe - uses mirror only / backing / leaving ☐ ☐
- Hits objects / other vehicles or climbs curbs ☐ ☐
- Incorrect vehicle position ☐ ☐
- Fails to signal when leaving / incorrect signal ☐ ☐
- Incorrect use of clutch / brake / accelerator / gear ☐ ☐

## 7. Stop, park and start on a grade

- Fails to observe properly / uses mirror only / and / or signal before leaving ☐ ☐
- Rolls back when parking or starting ☐ ☐
- Fails to angle wheels properly ☐ ☐
- Fails to set parking brake / select proper gear ☐ ☐
- Incorrect use of clutch / brake / accelerator / gears / steering ☐ ☐

Instructor's Name \_\_\_\_\_

D.I. No. \_\_\_\_\_

Expiry \_\_\_\_\_