

Driver Qualification Form

(New & Existing Driver)



Please ensure all fields are filled in. If information is missing, forms will be returned and tests will be delayed.

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| DRIVER'S FIRST NAME | DRIVER'S LAST NAME |
| CARRIER / COMPANY NAME | REPRESENTATIVE'S NAME |
| DRIVER / OPERATOR'S LICENSE # | REPRESENTATIVE'S EMAIL (WILL RECEIVE NOTIFICATIONS THROUGHOUT PROCESS) |
| PREFERRED LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> French | PROVINCE LICENSE ISSUED IN |
| TERMINAL(S) (WHICH TERMINALS, LOCATIONS OF TERMINALS) *MANDATORY 1) _____ 2) _____ 3) _____ 4) _____ | YEARS OF FUELING EXPERIENCE |
| PREVIOUS CANADIAN FUELS CARD # (IF APPLICABLE) | TDG CERTIFICATE ISSUED (WITHIN THREE YEARS OF EXPIRATION) |
| DRIVER HAS EXECUTED APPENDICES 1 & 2 AND APPENDICES ARE ON FILE? <input type="checkbox"/> Yes <input type="checkbox"/> No | WHMIS CERTIFICATE ISSUED (AFTER 2015 REGULATIONS) |
| ASSIGN THE FOLLOWING TESTS (PLEASE MARK WHAT IS NEEDED) <input type="checkbox"/> Section 3-8 & 13 General Test - Mandatory <input type="checkbox"/> Section 9 Light Products (Gas/Diesel) <input type="checkbox"/> Section 9 Heating Oil/Meter Delivery <input type="checkbox"/> Section 9 & 11 Heavy Fuel Oil (Bunker) <input type="checkbox"/> Section 11 Asphalt <input type="checkbox"/> Section 9 & 10 Aviation <input type="checkbox"/> Sections 9 & 12 Marine | EMERGENCY RESPONSE ASSISTANCE PLAN REVIEWED (DATE: YYYY-MM-DD) |
| WOULD YOU LIKE TO RECEIVE UPDATES & NOTIFICATIONS FROM DANATEC? <input type="checkbox"/> Yes <input type="checkbox"/> No | 10 SUPERVISED LOADS COMPLETED OR TO BE COMPLETED BY (DATE: YYYY-MM-DD) |
| | BILLING INFORMATION *MANDATORY COMPANY NAME: _____ CONTACT NAME: _____ STREET ADDRESS: _____ CITY & PROVINCE: _____ POSTAL CODE: _____ TELEPHONE: _____ EMAIL: _____ CREDIT CARD #: _____ EXP: _____ VIN: _____ |