

APPLICATION FOR AUTOMOBILE DRIVER AUTHORIZATION
(For Current School Year Only)

A. SCHOOL NAME: _____ YEAR: _____

B. DRIVERS NAME: _____

DRIVERS ADDRESS: _____

TELEPHONE: (BUS): _____ (HOME) _____

DRIVERS LICENSE NUMBER: _____ CLASS: _____

EXPIRY DATE: _____

Has your driver's license been suspended in the last three years? Yes _____ No _____
(See note #1 below)

If yes, please provide date(s) of reinstatement: _____

Have you been involved in any accidents as a driver during the last three years?

Yes _____ No _____

If yes, please give details:

Have you been convicted of an offence under the Highway Traffic Act, the Motor Vehicle Administration Act, or for any motor vehicle related offence under the Criminal Code during the last three years?

Yes _____ No _____

If yes, please provide particulars:
