

Driver Qualification Form

(New & Existing Driver)



Canadian Fuels
ASSOCIATION
canadienne des carburants

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

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 (FOR INVOICES & RECEIPTS): _____ CREDIT CARD #: _____ EXP: _____ VIN: _____