

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.

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 & 12 General Test - Mandatory <input type="checkbox"/> Section 8 Light Products (Gas/Diesel) <input type="checkbox"/> Section 8 Heating Oil/Meter Delivery <input type="checkbox"/> Section 10 Heavy Fuel Oil (Bunker) Section <input type="checkbox"/> Section 10 Asphalt <input type="checkbox"/> Section 9 Aviation <input type="checkbox"/> Sections 11 Marine	EMERGENCY RESPONSE 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: _____ CVV: _____