

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

