



P.O. Box 848 Truro, NS B2N 5G6 T: 1 800 667-5455

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Application Form

General Information (please print clearly)

Last name:	First name:	Middle name(s):	
Address or RR#:	Town/city & county:	Province:	Postal code:
Phone:	Email:		
Air Brake Endorsement ☐ Yes ☐ No	Program of interest:		
	Program start date:		
Current License: (please circle) 5 3 1			
Education Background (please circle)			
8 9 10 11 12 GED College Ur	niversity Other: (please specify)		
Background Information			
Have you had any previous operating experience w	vith trucks or equipment? If yes, please explain:		
Why have you decided to apply for this program?			

If yes, what is your counselor's name and phone number?		
Are you applying for a student loan or student line of credit?		
Will you be covering the cost of the program on your own?		
	Yes	N-
Are the following documents included with your application (if required)? Driver's Medical	res	No
Driver's Abstract		
Criminal Search Record		
Letter of Intent		
Copy of Driver's License		
Copy of Air Brake Endorsement		
Proof of Education		

^{**} Please return completed forms to: Commercial Safety College, P.O. Box 848, Truro, NS, B2N 5G6 OR by fax: 902.662.2657