



*CBSA CODE:

*SCAC:

*CARRIER:

*DRIVER FIRST NAME:*DRIVER MIDDLE NAME:*DRIVER LAST NAME:

*DRIVER ADDRESS:

*DRIVER CITY:

*DRIVER PROVINCE:

*DRIVER POSTAL CODE:

DRIVER MOBILE #:MOBILE PROVIDER:

 BELL

☐ MTS

○ ROGERS

 SASKTEL

○ TELUS

☐ OTHER

DRIVER E-MAIL:

*DRIVER BIRTHDATE:

*CITIZENSHIP:

(CAN, USA, ETC.)

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*DRIVER GENDER:

$\bigcirc \text{ M } \quad \bigcirc \text{ F }$

HAZMAT ENDORSEMENT: ☐ (SELECT IF APPLICABLE)

*DRIVER LICENSE #:

*PROVINCE:

HAZMAT INFO (IF APPLICABLE)

CONTACT NAME:

CONTACT PHONE:

***FILL IN AT LEAST ONE TRAVEL DOCUMENT BELOW**

DRIVER FAST #:

PASSPORT #:

COUNTRY:CITIZENSHIP #:COUNTRY:DRIVER BIRTH CERT #:PROVINCE:BORDER CROSSING CARD:FAX TO:

701.499.7404

* = REQUIRED FIELDS

