

DRIVER'S YEARLY DECLARATION

All employees who operate a company vehicle should complete this form at least every 12 months.

LAST NAME	FIRST NAME	MIDDLE NAME
PRESENT ADDRESS		PHONE NUMBER
DRIVER'S LICENCE #	EXPIRY DATE	CLASS OF LICENCE
OCCUPATION	LOCATION	

IS THERE A VEHICLE ASSIGNED TO YOU?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, VEHICLE DETAILS: VIN AND/OR UNIT #:	MAIN DRIVER (IF NOT YOU):
IN THE PAST THREE YEARS, HAVE YOU BEEN INVOLVED IN ANY MOTOR VEHICLE COLLISIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS YOUR LICENCE EVER BEEN SUSPENDED OR SUBJECT TO PENALTY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE IN CONNECTION WITH A MOTOR VEHICLE OR IS ANY SUCH PROSECUTION PENDING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS ANY INSURANCE COMPANY DECLINED, REFUSED TO RENEW, REQUIRED ADDITIONAL PREMIUM OR IMPOSED ANY SPECIAL TERMS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE ANY HEALTH-RELATED PROBLEMS THAT MAY AFFECT YOUR DRIVING ABILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, PLEASE PROVIDE FULL DETAILS HERE.

PLEASE ATTACH A PHOTOCOPY OF YOUR CURRENT DRIVER'S LICENCE TO THIS FORM.

I, the undersigned, understand that it is my responsibility to inform company management of any traffic violations filed against me while driving a company vehicle or any personal vehicle. I agree to inform the company if my driver's licence is suspended for any reason, and I shall immediately advise the company of the suspension, the reason for the suspension, and the duration of the suspension. I also agree to supply the company with a copy of my current driver's licence, and a copy every time thereafter when the licence or licence endorsements are renewed, reissued, reclassified or changed in any other way. I also agree to advise the company of the date when my medical examination is due. If I have not passed the medical examination by the medical due date, I will not be permitted to drive company vehicles.

DATE	DRIVER'S SIGNATURE
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