LCV Instructor Registration

udent Information		New instructor			□ Renewal		al 🗆	ı 🗆		
complete name (last	name first)							birth da	ate (yyyy/mm/d	
mobile phone number alternate phon			ne number email			email				
driver licence number				province			e	conditi	ons/endorsemer	
mailing address					city				postal code	
					city			·	postar code	
company				terminal	locati	on		business	phone number	
By signing this docum trucking association to to verify your LCV inst	1	instructor applicant's signature				date (y	/yyy/mm/dd)			
ining Completion Record (trucking				g association use only)			issued certificat	ssued certificate number		
Training Date completed				Senior Instructor			r Acknowled	gement		
component	(yyyy/mm	/dd)	Na	ame		Cert	Certificate #		Signature	
Classroom										
Practical										
requisite/Su					sed (document		rocessing):	Renewa	
Class 1 licence								. 🗆		
36 months LCV experience (provide confirmation letter from employer)								.□		
PDIC certificate (within the previous 48 months)										
Provincial trucking association LCV driver's certificate										
Carrier issued driver certificate (wallet card)								. 🗆		
Commercial Driver's Abstract (within 30 days)								. 🗆		
LCV Instructor's certificate										
Have instructed a	minimum of	one LCV co	ourse per	calendar ye	ar					
elect <u>one</u> of the fo	ollowing and	add a copy	of the si	upporting d	locu	ment:				
Driver of a ca	perating permit				. 🗆					
Safety supervisor of a carrier operating with a valid LCV operating permit								. 🗆		
Employee of a driving school approved to deliver I CV driver training								П	П	

