

PRINT

Ms. Mr.

Mrs.

Your Legal Name

Miss

(Same as your license)

(Circle one)

First Name

Surname - Family Name



Address

Street Number and Street Name

Apt or Unit # - Ring Code

City

Postal Code

Telephone #1

Telephone #2

Driver's Licence #

Your Certification will be Emailed to you

EMAIL Address

**Contractual Terms & Conditions**

1. I certify that the statements in this document are accurate and consent to the release of any information contained herein to the Ministry of Transportation, Insurance Bureau of Canada and the MTO Course Inspector.
2. To be CERTIFIED (Driver's License History): you must successfully complete the entire course, consisting of 20 hours of theory and 10 hours driving. This includes passing your theory tests, your driving evaluation and completing your Student Workbook.
3. To CANCEL A DRIVING LESSON, please notify your instructor 24 hours in advance. IF YOU MISS A LESSON OR CANCEL LATE, you will be CHARGED \$30.00
4. You have 6 months to complete your course. Your course expires:

I have read and understood the above contractual terms and conditions, I agree to abide by them.

Signature Date **The area below is for office staff - Please do not write in this area.**

Location \_\_\_\_\_ Automatic Trans 10 hrs ☐ Manual Shift Trans 12hrs ☐

Schedule \_\_\_\_\_ Amount Paid \_\_\_\_\_ \$ D V M A Cheq Receipt # \_\_\_\_\_

Course Fee \_\_\_\_\_ Amount Paid \_\_\_\_\_ \$ D V M A Cheq Receipt # \_\_\_\_\_

Start Date \_\_\_\_\_ Workbook # \_\_\_\_\_ Theory Test 20 \_\_\_\_\_ Theory Test 30 \_\_\_\_\_

Photocopy of Licence ☐ MTO Registered ☐ In-Vehicle Training Record ☐ Workbook 50 \_\_\_\_\_

In-Vehicle Instructor							Total Theory Mark	In-Car Mark
D M								
Hours Completed								
Lesson	S 1	S 2	S 3	S 4	S 5	S 6	S 7	S 8
Classroom Instructor								
D M								