



Saskatchewan Trucking Association

1335 Wallace Street Regina, SK S4N 3Z5 (306) 569-9696 Fax: (306) 569-1008

Application for Safe Driving Award Program

Deadline for Applications:
February 28, 2009.

IMPORTANT—READ FRONT & BACK PAGE BEFORE COMPLETING APPLICATION, ALL PARTICULARS REQUESTED ON THIS APPLICATION MUST BE ANSWERED IN FULL. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

PLEASE NOTE: THE SAFE DRIVING AWARDS PROGRAM IS NOW A USER BASED FEE BASED PROGRAM AND YOU WILL BE REQUIRED TO PAY FOR EACH DRIVER REGISTRATION AND AWARD.

Driver Information:

Driver Name: _____
First Name: _____ Last Name: _____
Mailing Address: _____
City: _____ Province: _____
Postal Code: _____ Phone: (____) _____
Saskatchewan Driver License#: _____ *(Must hold a valid Saskatchewan License to apply)*

General Information:

1. Have you applied for this award before Yes ___ No ___ If yes, year of last application: _____
2. Has your license been suspended or revoked during the 12 month period covered by the application? Yes ___ No ___
3. Were you driving **ANY** motor vehicle involved in an accident during the 12 months covered by the application? Yes ___ No ___ If yes, please complete the back of this page.

Driving History: LIST MOST CURRENT EMPLOYER: (Company name listed will appear on certificate):

_____	_____	_____
# of Months	Company Name (please print clearly)	Approx. Mileage
Use additional spaces only if you have worked for more than one employer during the 12 month period. If you drove your own truck, show accordingly.		
_____	_____	_____
# of Months	Company Name (please print clearly)	Approx. Mileage
_____	_____	_____
# of Months	Company Name (please print clearly)	Approx. Mileage

I the undersigned have driven a commercial vehicle during the period **January 1st, 20__** to **December 31st, 20__** without being involved in a preventable accident while operating any motor vehicle, and understand that my application is subject to approval based on the information submitted and the rules governing the program.

Signature of Applicant Date

Employer Information:

Company Name: _____
Address: _____
E-mail: _____ Contact: _____
Phone: (____) _____ Fax: (____) _____

The above applicant has been in my employ for the above stated period of time and to the best of my knowledge and belief, the facts stated are true and correct.

Signature of Employer Date