

1. PERSONAL INFORMATION

Family Name		Given Name(s):			
Date of Birth (Day/Month/Year)	Country of Birth:	Gender:	<input type="radio"/> Male	<input type="radio"/> Female	
Personal Email		Phone #			
- PERMANENT MAILING ADDRESS					
Street:		City:			
Country:		Postal Code:			
- MAILING ADDRESS IN CANADA					
Street:		City:			
Country:		Postal Code:			

3. APPLICANT CHECKLIST

<input type="checkbox"/> \$100 Application Fee (Admission will be reviewed by our team within 3 business days)	
- Documents for Post Secondary & Post Graduate Application Only	
<input type="checkbox"/> Ontario Secondary School Diploma	<input type="checkbox"/> Equivalency Test Results

4. SUBMISSION

Print, sign and confirm payment information. Submit the Application Form with documents by email, in PDF format, to admin@citytruckdriving.com. Applicants also have an option to pay through the company website. Additional details can be found at: www.citytruckdriving.com

4. DECLARATION / RELEASE OF INFORMATION

I declare that the above information is true and complete. I understand that any false information submitted in support of my application may invalidate my application and result in withdrawal of a "Letter of Acceptance" and/or registration. This withdrawal may take place at any time during my enrolment and information will be given to Canada Immigration.

Signature of Applicant:	Date:
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Freedom of information and Protection of Privacy Act. The information on this form is collected under the legal authority of the ministry of Education and Training.