



Commercial Driver Instructor Application

Please indicate the certifications being applied for
Class 1 _____ Class 3 _____ Air Brake _____ Heavy Trailer _____

Name: _____ SGI Customer #: _____

Address: _____ City/Prov: _____ Postal Code: _____

Phone: _____ Cell: _____ Email: _____

Name of Training School you will be employed with: _____

**PLEASE COMPLETE AND RETURN THIS SIGNED APPLICATION FOR PRE-APPROVAL BEFORE PROCEEDING
WITH ALL OTHER PREREQUISITES**

PLEASE NOTE: Prior to applicant acceptance, all prerequisite documentation must be received and approved by SGI.

Please forward application and all required documentation to:

SGI - Driver Development
2260 - 11th Ave, 3rd Floor
Regina, SK S4P 0J9

Phone: 306-775-6184 **Toll Free:** 1-800-667-8015
Email: class1drivereducation@sgi.sk.ca **Fax:** 306-569-9631

Prerequisites (Head Office Use Only)

(any documents submitted to SGI will not be returned)

Approved

1.	Licence requirements	
2.	Satisfactory driving record	
3.	Commercial driving experience & employment history	
4.	Satisfactory medical examination report	
5.	Education requirements	
6.	Criminal record check	
7.	English proficiency	
8.	Written tests	
9.	MELT program knowledge test	
10.	MELT road test (pre-trip, air brake and road)	
11.	Assessment fee of \$500 received one week prior to assessment	

Release Waiver for Drivers Abstract and Medical Examination Report

The signature below, provides authorization for SGI Driver Development to obtain and review the information on my driver's abstract for the purpose of this application, and further; provides authorization for SGI Driver Development to contact the SGI Medical Review Unit for confirmation that a current satisfactory medical report has been submitted and that the applicant named here within meets the requirements for a commercial driver's licence.

Signature of Applicant

Date

Release Waiver for Permission to Discuss Application and Results with Employer

The signature below, provides authorization for SGI Driver Development to discuss and review my application information and test results with my employer for the purpose of this application, and further; provides authorization for SGI Driver Development to discuss my training results directly with my employer immediately following the completion of the assessment for the purpose of completing the instructor certification process.

Signature of Applicant

Date



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Proof of Driving Experience

Driver Licence #: _____ Jurisdiction: _____ Expires: _____
DD MMM YYYY

Class: _____ Endorsements: _____ Restrictions: _____

1. Have you ever been denied a licence, permit or privilege to operate a vehicle? ☐ Yes ☐ No
2. Have you ever had any licence, permit or privilege suspended or revoked? ☐ Yes ☐ No
3. Have you received any traffic convictions in the last 3 years? ☐ Yes ☐ No
4. Have you been at-fault for a collision in the last 3 years? ☐ Yes ☐ No

If you answered "yes" to any of the above, please explain: _____

Class of Equipment	Equipment Type (van, tank, flat, etc.)	Dates		Approx # of km (Total)
		From (Month/Year)	To (Month/Year)	
Class 3				
Tractor/Semi-Trailer				
Tractor – Two Trailers				
Motorcoach – Bus				
Other				

Please list the States you have operated a Class 1 vehicle in during the past five (5) years:

Please list the Provinces you have operated a Class 1 vehicle in during the past five (5) years:

List any special courses you have taken that will help you as a driver instructor: _____

List any safe driving awards you may have received and from whom: _____



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Employment History

List all employers, including those for which you have operated commercial motor vehicles, for a minimum of the last 5 years, if applicable. Leave no employment gaps unanswered. If there are gaps in employment (unemployment, medical, etc.), please list reasons under "Miscellaneous Information."

Previous Employers

Name:				Position Held:	
City:				Job Duties:	
Contact:				From (Month/Year):	
Phone:		Fax:		To (Month/Year):	
Email:				Reason for Leaving:	

Name:				Position Held:	
City:				Job Duties:	
Contact:				From (Month/Year):	
Phone:		Fax:		To (Month/Year):	
Email:				Reason for Leaving:	

Name:				Position Held:	
City:				Job Duties:	
Contact:				From (Month/Year):	
Phone:		Fax:		To (Month/Year):	
Email:				Reason for Leaving:	

Name:				Position Held:	
City:				Job Duties:	
Contact:				From (Month/Year):	
Phone:		Fax:		To (Month/Year):	
Email:				Reason for Leaving:	

Miscellaneous Information:

This certifies that I personally completed the application and that all entries on it and information in it are true and complete to the best of my knowledge. The applicant authorizes SGI to contact previous employers for verification of information provided and releases all employers and other persons from all liability in responding to inquiries and releasing information in connection with this application.

Signature of Applicant

Date