

COURSE: STUDENT REGISTRATION

STUDENT; LAST NAME _____ **FIRST NAME** _____

DRIVERS LICENCE NO. _____ CLASS _____

HOME ADDRESS _____ APT. _____ EMAIL: _____

CITY _____ POSTAL CODE _____ TEL. _____

COMPANY / EMPLOYER (IF APPLICABLE) _____

ADDRESS _____

CITY _____ POSTAL CODE _____ TEL _____ FAX _____

PLEASE CIRCLE ONE: **CASH, CHEQUE OR MONEY ORDER**

PLEASE INVOICE: STUDENT OR COMPANY

VISA/ MasterCard # _____ EXPIRY _____

CARDHOLDER NAME _____ SIGNATURE: _____

GENERAL EDUCATION

- HIGHWAY TRAFFIC ACT
- TECHNIQUES OF INSTRUCTION

PRIVATE MOTOR VEHICLE

- BASIC DRIVER INSTRUCTOR
- BASIC CLASSROOM INSTRUCTOR

DRIVER IMPROVEMENT

- PRO-ACTIVE DRIVING WORKSHOP
- PRO-ACTIVE DRIVING WORKSHOP & IN-VEHICLE EVAL
- DRIVER IMPROVEMENT **INSTRUCTOR**
- SCHOOL BUS DRIVER IMPROVEMENT COURSE
- SCHOOL BUS DRIVER IMPROVEMENT **INSTRUCTOR**
- PROACTIVE DRIVING FOR TOW TRUCK OPERATORS

COLLISION INVESTIGATION, ANALYSIS & PREVENTION

- INTRODUCTION TO COLLISION INVESTIGATION
- ADVANCED COLLISION INVESTIGATION

COMMERCIAL MOTOR VEHICLE

- TECHNIQUES OF INSTRUCTION
- AIR BRAKE ENDORSEMENT & ADJUSTMENT
- FLEET DRIVER TRAINER (IN-CLASS)
- FLEET DRIVER TRAINER (IN-VEHICLE)
- FLEET SAFETY DCP RE-CERTIFICATION

FLEET SAFETY & MANAGEMENT

- HOURS OF SERVICE **INSTRUCTOR**
- TRIP INSPECTION **INSTRUCTOR**
- TRANSPORTATION OF DANGEROUS GOODS **INSTRUCTOR**
- WORKPLACE HAZARDOUS MATERIALS INFORMATION SYSTEM
- CVOR COMPLIANCE (COMBINED CLASS)
- SMALL / COMMERCIAL LIGHT VEHICLE & TRAILER
- AXLE WEIGHT
- LOAD SECUREMENT
- HOURS OF SERVICE
- TRIP INSPECTION

DATE OF COURSE: _____

OSL FAX: 905-625-0677 or Ph. 905-625-0556 Ext 226