



Driver Application Form

Specializing in Side Tippers, Back Tippers, and Tankers

1. Personal Information

Field	Details (to be completed by applicant)
Full Name	_____
ID Number / Passport No.	_____
Date of Birth	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Nationality	_____
Home Language	_____
Contact Number	_____
Email Address	_____
Residential Address	_____
Emergency Contact Name	_____
Emergency Contact Number	_____
Relationship to Emergency Contact	_____

2. Driver Information

Field	Details
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
License Code	<input type="checkbox"/> C1 <input type="checkbox"/> C <input type="checkbox"/> EC
PrDP (Professional Driving Permit)	<input type="checkbox"/> Yes <input type="checkbox"/> No
PrDP Category	<input type="checkbox"/> Goods <input type="checkbox"/> Passengers <input type="checkbox"/> Hazchem
Years of Driving Experience	
Have you driven with trailers before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which trailers have you operated?	<input type="checkbox"/> Side Tipper <input type="checkbox"/> Back Tipper <input type="checkbox"/> Tanker

3. Education & Work History

Field	Details
Highest Grade Passed	_____
Previous School or Institution	_____
Have you previously attended a driving school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide name & year:	_____

Previous Employment (Last 2 employers):
Reason for Leaving

Name, Position, Dates

4. Health & Legal Information

Field	Details
Do you have any medical conditions that may affect driving?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:	
Do you take any chronic medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a traffic offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:	

5. Course Selection

Select the course you wish to enroll in:

- Basic Truck Driver Training (New Drivers)
 - Advanced Trailer Operations (Experienced Drivers)
 - Side Tipper Specialization
 - Back Tipper Specialization
 - Tanker (Fuel/Chemical) Specialization
 - Full Combination Course (All Trailer Types)
- Preferred Start Date: _____

6. Declaration

I, the undersigned, hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that falsifying any details may result in rejection or expulsion from the academy.

Signature of Applicant: _____

Date: _____

Office Use Only

Field	Completed By
Application Received By	
Date Received	
Documents Attached	<input type="checkbox"/> ID Copy <input type="checkbox"/> License Copy <input type="checkbox"/> Proof of Address
Status	<input type="checkbox"/> PrDP
Comments	<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Rejected