



New Driver Profile

Personal Information

Full Name: _____
Last First

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Home Phone: _____ Date of Birth: _____

Email _____

Driver's Licence # _____

Country: _____ Province: _____

Licence Class: _____ License Expiry Date: _____
No

Has your licence been suspended in the last 5 years? Yes

If yes, please provide date and reason for suspension _____

Do you have 3 or more demerit points against your licence? Yes No

If yes, please provide date and information on the conviction _____

Have you had any vehicle accidents in the past 5 years? Yes No

If yes, please provide details and dates on all accidents _____

Please list all traffic convictions you have had against your licence in the past 5 years: _____

Job Information

Title: _____ Student/
Employee ID: _____

Supervisor: _____ Department: _____

New Hires

Human Resources Advisor: _____

Human Resources Advisor Email: _____

Job position # _____

Statements

To be completed by driver:

I certify the above information to be accurate. I am aware & will conform with all Queen's policies and procedures.

By submitting my driver's license number, I acknowledge that the university and its insurance provider may periodically access my driving record. I understand that if I no longer qualify, my driving privileges may be revoked. To regain eligibility, I may need to complete driver training and/or wait a designated period while maintaining a clean record, per the university fleet insurance policy

Signature

Date

Please submit this form to Bryan McGann, Insurance & Risk Manager

Email: insurance@queensu.ca

Mail: Risk and Safety Services, 355 King Street West (1st Floor West Wing)

Phone: 613-533-2005