



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: _____

Has your licence been suspended in the last 5 years? Yes No

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: _____

Statements

To be completed by driver:

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

I recognize that by submitting my driver's licence number the university and/or its insurance provider may access my driver's licence information from time to time.

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