



Nomination for Driver Examiner Training

This personal information is collected to determine your qualifications to be licensed as a driver examiner in the Province of Alberta. It is collected and used under the authority of the *Traffic Safety Act* and managed in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have questions, please contact Driver Programs and Licensing Standards, Room 109, Twin Atria Building, 4999 98 Avenue, Edmonton, AB T6B 2X3. Telephone: 780-427-8901. Fax: 780-427-0833, Email: trans.driver.prog@gov.ab.ca.

Training Applicant
Name

(Last) (First) (Second)

Existing Driver
Examiner Name

(Last) (First) (Second)

Driver Examiner
Email

(Mandatory) Telephone () ()
(Primary) (Secondary)

Driver Examiner Number _____

1. How many years of experience do you have a licensed driver examiner in Alberta? _____ years
2. Has your driver examiner's licence ever been cancelled or suspended for disciplinary reasons? ☐ Yes ☐ No
3. Have you received a warning letter, administrative penalty or other disciplinary action from Alberta Transportation in the past five years? ☐ Yes ☐ No
4. Do you agree to not accept any payment or other consideration for nominating a candidate? ☐ Yes ☐ No
5. Do you agree that you will not require a candidate for training to sign a non-compete clause or any other such agreement that would restrict their ability to work as a licensed driver examiner? ☐ Yes ☐ No
6. I have attached a training plan that details the practical training I will provide to the candidate, how I will address any disagreements between the candidate and I, and how I will evaluate the candidate's preparedness for the final evaluation by Alberta Transportation (for details, see the Nomination Information Guide). ☐ Yes ☐ No

ACKNOWLEDGEMENT

I hereby nominate the above-named candidate to Alberta Transportation for acceptance to the driver examiner training process, and certify that the information contained in this nomination is correct. I acknowledge that Alberta Transportation will review my record as a driver examiner to determine my eligibility for nominating a candidate. I acknowledge that Alberta Transportation may discontinue training with a candidate at any time should they not meet training standards.

Date _____ Signature _____

THIS NOMINATION PACKAGE MUST ACCOMPANY AN APPLICATION FOR DRIVER EXAMINER TRAINING
SUBMITTED BY THE APPLICANT. THE APPLICANT MAY MAIL/DELIVER ALL DOCUMENTS TO:

DRIVER PROGRAMS AND LICENSING STANDARDS
MAIN FLOOR, TWIN ATRIA BUILDING
ROOM 109, 4999 98 AVENUE
EDMONTON, AB T6B 2X3
ATTN: DRIVER EXAMINER TRAINING