



## EMPLOYER'S STATEMENT

COMPANY:		TELEPHONE NO.:
		( )
COMPANY ADDRESS:		
POSTAL CODE:		
TITLE OF REQUESTING OFFICER:	NAME OF REQUESTING OFFICER:	
I the undersigned certify that the applicant named herein has a requirement for an AVOP with our company. They are eligible for the AVOP program and will be trained in AVOP by a qualified operator.		
SIGNATURE OF REQUESTING OFFICER: (sign above)		DATE (yyyy/mm/dd)

## EMPLOYEE'S STATEMENT

NAME:		TELEPHONE NO.:
		( )
HOME ADDRESS:		
POSTAL CODE:		
DATE OF BIRTH: (yyyy/mm/dd)	OCCUPATION:	
PROVINCIAL DRIVERS LICENSE NO.:	HAVE YOU PREVIOUSLY HELD AN AVOP?	YES / NO (circle one)
I hereby certify that, to the best of my knowledge, all the information provided above is true.		
SIGNATURE OF APPLICANT (sign above)		DATE (yyyy/mm/dd)



## EMPLOYER'S STATEMENT

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		( )
COMPANY ADDRESS:		
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TITLE OF REQUESTING OFFICER:	NAME OF REQUESTING OFFICER:	
I the undersigned certify that the applicant named herein has a requirement for an AVOP with our company. They are eligible for the AVOP program and will be trained in AVOP by a qualified operator.		
SIGNATURE OF REQUESTING OFFICER: (sign above)		DATE (yyyy/mm/dd)

## EMPLOYEE'S STATEMENT

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		( )
HOME ADDRESS:		
POSTAL CODE:		
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PROVINCIAL DRIVERS LICENSE NO.:	HAVE YOU PREVIOUSLY HELD AN AVOP?	YES / NO (circle one)
I hereby certify that, to the best of my knowledge, all the information provided above is true.		
SIGNATURE OF APPLICANT (sign above)		DATE (yyyy/mm/dd)