REGISTRATION FORM

DOWNLOAD REGISTRATION FORM

FIRST NAME*:	LAST NAME*:		MIDDLE NAME OR INITIALS*:
DATE OF BIRTH*:	GENDER*:		ADDRESS*:
		~	
CITY/TOWN*:	NEAREST MAJOR INTERSECTION*:		POSTAL CODE*:
			A1A
PHONE NUMBER*:		EMAIL*:	
555			
LICENSE#:		ISSUE DATE*:	
EXPIRY DATE*:		UPLOAD LICENSE*:	
		Choose File No file chos	sen
WHEN WOULD YOU LIKE TO START?*:		HOW DID YOU HEAR ABOUT US?:	
			~
YOUR FULL NAME			
certify that the statements in this document are accurate and consent to the release of any information contained herein to the Ministry of			
Transportation, Insurance Bureau of Canada and the MTO Course Inspector.			
Full course must be completed with 12 months of start date, otherwise MTO certificate will not be issued.			

* \$350 Deposit fee is non-refundable

SUBMIT NOW