

Driver Application Form

Please complete the form below.

Once finished, please send this form, along with your driver's photo and driver's license, to contact@lightpillarads.com.

Personal Information

Full Name: _____

Email Address: _____

Phone Number: _____

License Information

License Type (please circle one):

Regular Commercial Taxi

Driving Areas (select all that apply):

Halifax

Dartmouth

Bedford

Sackville

Enfield

Vehicle Information

Vehicle Brand: _____

Vehicle Model: _____

Vehicle Year: _____

Driving Frequency

How often do you drive? (please circle one):

Less than 20 hrs a week More than 20 hrs a week More than 40 hrs a week

Vehicle Racks

Do you have racks on top of your vehicle? (please circle one):

Yes No

Additional Information

Signature:

Thank you for your application!

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contact@lightpillarads.com.