

Professional Log Truck Driver Program

## For Information contact Dustin Meierhofer, Director, Transportation and Northern Safety: (250) 562-3215

Contact Information								
ontractor requesting assessment(s)		Licensee	Division					
Phone Number		Email Addres	S					
Do you require a copy of the assessment summary		□ Yes						
	□ No							
Field contact person for scheduling assessment								
Phone Number		Email Address						
Mill Contact for Site Orientation (contact name):								
Phone Number		Email Address						
Preferred Assessment Date(s)								
Invoice Information								
Company Name								
Contact Person								
Mailing Address								
Phone Number		Email Address						
Driver's Name	En Co	nployee or ontractor?	Years Log Hauling Experience	Estimated Cycle time	Location			



## **Request for Assessment Form**

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