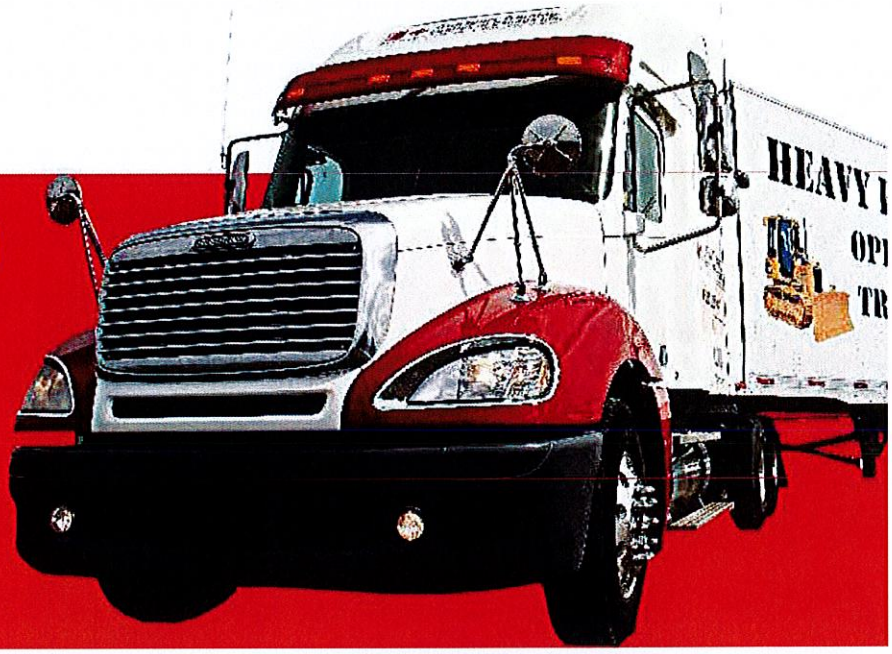
Transport Training rM Centres of Canada Inc.

DRIVERSAFETY AND TRADE SKILL DEVELOPMENT



Transport Training Program (AZ)

- 8 Weeks - 260 Hours
- 500 page TTCC Textbook/Workbook included
- 2 Weeks Classroom Training - 80 Hours
- 180 Hours of Truck Time
- One on One or Group Training

Skid School

Canada's only Skid School for Trucks!

Included in your AZ program at no extra charge. Learn Decision Driving Techniques both in the classroom and in actual hands-on activities using our exclusive skid pad facility. Our skid control and recovery driver training program is **dramatic training** that will show you how to anticipate and recover from skids. Visit our website: www.ttcc.ca and check out the video under the heading "Skid School". It's the only one of its kind in Canada!

Simulator

Unlimited Shifting & Backing Practice!

Learning to shift a truck with a standard transmission and back it up is critical to your success in this industry. Simulators allow self-paced training that enables novice drivers to learn how to shift a non-synchronized transmission in only a few hours and perfect the art of backing. One of the main reasons our courses are so superior is the fact that we have invested in Simulators for our students. Simulator training is a proven training aid used at schools throughout North America and with many employers.

Canada's LARGEST Provider of Truck Driver Training &Heavy Equipment Operator Training

***MTO APPROVED** ***INSURANCE APPROVED** ***ABOVE MELT STANDARDS**

***LIFETIME JOB ASSIST AND RESUME WRITING** ***COMPREHENSIVE 1-1 HANDS-ON TRAINING**

AZ License
Training and Grant Opportunity

Application Deadline October 15, 2026 – 12 pm

The Unifor SDF Training Project is opening up applications to Unifor members for MTO approved AZ MELT License training to gain the skills to obtain an AZ license. *Both seating availability and the grants to cover tuition is limited. The course curriculum and requirements are attached.

What is the Program – This training is a combination of online and 1-1 hands on, instructor-led AZ license training. **This program will be offered at eight (8) different locations throughout Ontario** and will be delivered by Transport Training Centres of Canada, the largest truck training school in Canada.

Outlook – With an AZ license, you will ALSO be able to drive any vehicle requiring DZ, and G license.

A wide range of Gainful Employment opportunities with an AZ license being able to drive:

***Tractor Trailer *Semi-Truck *Flatbed *Tanker Truck *Double Trailer combos*Dump Truck *Delivery Truck *Cement Truck *Fire Truck *Garbage Truck *Towed vehicle combinations *Heavy Trucks *Air brakes**

*** NOTE -** You will increase Job Opportunities If you **write the C license written exam** when you write the AZ license written exam, and upon passing the AZ road test, you will then **ALSO** be able to drive: ***Ambulance * Buses 25+ passengers (except school bus) *Coach/Charter bus *City bus *Shuttle driver *Passenger van**

Program Schedule: On-line Theory training starting January 18 - January 29, 2027 (8am-4pm M-F) 80 hours. Practical training of approximately 30 hours a week for 6 weeks, a total of 180 hours at a mutual time between student and trainer. All theory and practical training will be completed by March 14, 2027 (total of 260 hours). Included Unlimited Simulator training to enhance learning. The training centre will book the road test & provide the truck for the test. Optional one day Skid School training upon passing drive test.

Cost – Tuition will be covered by the program. Participant pays for tests and required documents.

Eligibility Requirements: Unifor member, Proof of Grade 12/GED, Ontario G License, 3 year Drivers Abstract, MTO Medical, Proof of Citizenship and Residency, Computer competent, Teams/Zoom competent.

How to Apply – https://www.surveymonkey.com/r/2B2NFLZ Applications **will ONLY be accepted through the above Survey Monkey site or by scanning the below QR Code** Contact your Union Chair, Local, Power Centre, or Project Coordinator if you need assistance. Project Coordinator Linda Poho 519-253-1107 ext.7 Linda.Poho@unifor.org

SCAN →

UNIFOR theUnion | lesyndicat

Ontario

Transport Training Program (AZ) Overview and Requirements

Requirements

- Valid G License and at least 18 years old
- MTO Medical Report – Completed by Dr. (cleared by Drive Test)
- 3-year uncertified drivers abstract (Service Ontario)
- Proof of Grade 12/GED or higher (Certificate or transcript)
- Proof of Residency & Citizenship (required by Drive Test)
- Computer/laptop camera/microphone enabled, secure, reliable internet
- Computer Competent

Transport Training In Class Theory – Virtual (2 weeks – 80 hours)

Orientation
Vehicle Inspections
Basic Control
Personal Health & Safety
Special Equipment
Dangerous Goods
Air Brakes, Air & Trip Inspections
Defensive Driving
Documentation & Procedures
Extreme Driving Conditions
Backing Techniques
Cornering Techniques
Cargo Documentation
Hours of Service Regulations
Vehicle Systems
Dispatch & Operations
Axle Weights & Limitations
Commercial Vehicle Regulations
Coupling & Uncoupling
Wheel & Rim Inspection
Skid Control & Recovery
Preventative Maintenance
Border Crossing
Trip Planning
Cargo Securement/Handling
Stress Management
Accident Procedures

Homework Assignments
Truck Driver Handbook/Workbook. This manual is filled with rich homework assignments and learning material. Assignments are completed, and in-class testing is administered.

Practical Transport Training (180 hrs.)

Vehicle Inspections
Engine Control Systems
Vehicle Control Systems
Compound Transmission
Control Air Brake Control
Systems Progressive Shifting
Patterns Cornering Maneuvers
Observation
Backing Maneuvers
Traffic on highways & in town
Air Brake Practical
Parking
Coupling & Uncoupling
Warning Devices, Instrumentation
Road Test (participant pays)

Optional - Included in program

Unlimited Simulator training
Skid School
C license written test (participant pays)
Resume Writing
Lifetime Job search assistance

Transport Training™ Centres of Canada Inc.
DRIVER SAFETY AND TRADE SKILL DEVELOPMENT

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Ontario

Proof of Residency- Acceptable Identity Documents for AZ License

Proof of Legal Presence and Work Eligibility **Legal presence and work eligibility documents must be **valid (not expired) and include the same name as the applicant.** **ONE document***

****NOTE – this will be required only at the Drive Test centre when you write exam***

- Canadian Passport
- Canadian Birth Certificate
- Secure Certificate of Indian Status
- Permanent Resident (PR) Card
- Canadian Citizenship Card (with photo)

Proof of Residency ****NOTE- a copy of two f the below documents will need to be provided when approved to take the program*** **As of May 2026, DriveTest now requires **TWO documents** from the list below as proof of residency.* ***All documents must be current and not expired and show your name.*** *Federal, provincial, or municipal tax and benefit documents must be* ***from the current or previous year.*You must redact any financial information or person identifiers SIN#***

Government Tax & Benefit Documents

- Canada Pension Plan Statement of Contributions
- Child Tax Benefit Statement
- Income Tax Assessment (most recent)
- Statement of Employment Insurance Benefits Paid (T4E)
- Statement of Old Age Security (T4A OAS) or Canada Pension Plan Benefits (T4A P)
- Workplace Safety and Insurance Board Statement of Benefits (T5007)
- Statement of Direct Deposit for Ontario Works
- Statement of Direct Deposit for Ontario Disability Support Program (ODSP)

Government Assistance Documents

- Statement of Direct Deposit for Ontario Works
- Statement of Direct Deposit for Ontario Disability Support Program (ODSP)

Employment Documents Education Documents

- Employer Record (pay stub, letter from employer on company letterhead)
- Provide statements for the three (3) most recent pay periods
- Report card or transcript from a school, college or university

Financial & Banking Documents

- Monthly Bank Account Statements for Savings or Chequing Accounts - Provide statements for the most recent/previous 3 months
- Registered Retirement Savings Plan (RRSP) statement
- Registered Retirement Income Fund (RRIF) statement
- Registered Home Ownership Savings Plan (RHOSP) statement
- From a bank, trust company, or credit union
- Credit Card Statements – provide statements for previous 3 months

Insurance Documents, Housing & Property Documents

- Insurance Policy (home, tenant, auto, or life)
- Mortgage, Rental or Leasing Agreement

Medical Report / Rapport médical

Ontario

Tel. / *Tél.*

Off. No. Op. Bus. Date Y/A M D/J

If not shown, please print last name, then first name and address. / *S'ils ne sont pas indiqués, veuillez écrire votre nom de famille, suivi de votre prénom et adresse.*

Class of Licence Desired
Catégorie de permis désirée

Sex / *Sexe*	Date of Birth / *Date de naissance* Y/A M D/J	Licence / *Permis* CV/Cat.	Cond./End. Rest./Aut.

Ref. or Driver's Licence No. / *N° de réf. ou du permis de conduire*

Reason for Medical / *Raison de l'examen*

1. ☐ Original Ont. Licence / *Premier permis en Ont.*
2. ☐ Regular Re-exam / *Réexamen de routine*
3. ☐ Change of Class / *Changement de catégorie*
4. ☐ Special Min. Request / *Demande spéciale du min.*

Office Use Only / *Réservé au bureau*
Wavr of Record
Re
M Gr
Wavr
Med Cond
Mo to Med
Tr Code R

Driver's Certificate and Release of Information
I certify that the foregoing information is to the best of my knowledge correct and agree to this report and any future report from this examination only being given to the Ministry of Transportation. **The fee for this examination is not the responsibility of the ministry or its service provider.**

Attestation du de la conducteur(trice) et divulgation des renseignements
J'atteste par la présente que, pour autant que je le sache, les renseignements suivants sont exacts et je consens à ce que ce rapport et tout autre rapport ultérieur relatif à cet examen ne soient remis qu'au ministère des Transports. ***Il n'incombe pas au ministère ni à son fournisseur de services d'acquitter les droits de cet examen.***

Telephone Number
Numéro de téléphone Business / *Travail* _____ Home / *Domicile* _____

Driver's Signature / *Signature du/de la conducteur(trice)* _____ Date Y/A M D/J

Complete Health History

To be completed by examining physician.
YES answers should be explained on the reverse side under History Details.

Antécédents médicaux

Le présent rapport doit être rempli par le médecin effectuant l'examen.
Veuillez expliquer au verso les réponses ***affirmatives.***

		Yes/*Oui*	No/*Non*	
1.	Diseases of Senses (Deafness, Vertigo, Visual Deficiencies, etc.)	☐	☐	1. *Maladies touchant les sens (surdité, vertige, défaillances visuelles, etc.)*
2.	Cardiovascular Diseases (Heart Failure, Angina, Infarction, Embolism, Arrhythmia, Syncope, Surgery, etc.)	☐	☐	2. *Maladies cardio-vasculaires (insuffisances cardiaques, angine, infarctus, embolie, arythmie, syncope, chirurgie, etc.)*
3.	Respiratory Diseases (Asthma, Chronic Bronchitis, Emphysema, etc.)	☐	☐	3. *Maladies respiratoires (asthme, bronchite chronique, emphysème, etc.)*
4.	Diseases of the Musculo-Skeletal System (Fracture(s) or Amputation, Arthritis, etc.)	☐	☐	4. *Maladies touchant le système musculo-squelettique (fracture(s) ou amputation, arthrite, etc.)*
5.	Metabolic Diseases (Diabetes (+) (-), Hypoglycemia, Thyroid, etc.)	☐	☐	5. *Maladies touchant le métabolisme (diabète (+) (-), hypoglycémie, thyroïde, etc.)*
6.	Psychiatric Disorders (Psychoneurosis, Psychosis, etc.)	☐	☐	6. *Troubles psychiatriques (psychonévrose, psychose, etc.)*
7.	Addictions (Alcohol, Sedatives, Tranquillizers, Narcotics, etc.)	☐	☐	7. *Dépendances (alcool, sédatifs, tranquillisants, stupéfiants, etc.)*
8.	Other Diseases (Blackouts, Fainting Spells, Anemia, Cancer, Blood Dyscrasia, etc.)	☐	☐	8. *Autres maladies (voiles noirs, évanouissements, anémie, cancer, dyscrasie, etc.)*
9.	Neurological Diseases (Seizures, Cerebrovascular Diseases, Parkinson's Disease, Multiple Sclerosis, Dementia, Head Injury, Mental Retardation, etc.)	☐	☐	9. *Maladies neurologiques (crises, maladies cérébro-vasculaires, maladie de Parkinson, sclérose en plaques, démence, traumatisme crânien, arriération mentale, etc.)*

Date of first seizure _____ *Date de la première crise* _____

Date of last seizure _____ *Date de la dernière crise* _____

Date of Examination Y/A M D/J ***Date de l'examen***

SR-LC-08005-02

Medical Examination / *Examen médical*

Height / *Taille* _____ Weight / *Poids* _____

1. Eyes / *Yeux*	Acuity without glasses / *Acuité visuelle sans verres*	Acuity with Glasses / *Acuité visuelle avec verres*	Horizontal Field of Vision / *Champ de vision horizontal*
Right / *Droit*	20/ _____	20/ _____	Normal / *Normal* ☐ Restricted / *Restreint* ☐
Left / *Gauche*	20/ _____	20/ _____	Normal / *Normal* ☐ Restricted / *Restreint* ☐
Both eyes together / *Les deux yeux ensemble*	20/ _____	20/ _____	Normal / *Normal* ☐ Restricted / *Restreint* ☐

Squint, disease or eye injury / Strabisme, maladie ou lésion oculaire _____

Indicate type of tests given / *Indiquer le type d'examen effectué* Snellen ☐ Other / *Autre* _____

2. Hearing / *Ouïe* Meets standards defined in the H.T.A. with or without a hearing aid. *Respecte les normes décrites dans le Code de la route avec ou sans prothèse auditive.* Yes / *Oui* ☐ No / *Non* ☐

3. Heart / *Coeur* Apical Rate / *Fréquence apicale* _____ Rhythm / *Rythme* _____

Murmurs / *Souffles* _____ B.P. / *P.S.* _____

4. Locomotor / *Locomotion* Upper Extremity / *Membres supérieurs* _____ Lower Extremity / *Membres inférieurs* _____ Neck and Lumbar / *Cou et région lombaire* _____

5. Chest / Abdomen / *Poitrine / Abdomen* _____

6. Urinary / *Voies urinaires* Urine Protein / *Protéine urinaire* _____ Glucose _____

7. Diabetes / *Diabète* Yes / *Oui* ☐ No / *Non* ☐ Type _____

Treatment / *Traitement* Diet alone / *Régime seulement* ☐ Oral medication (amt per 24 hrs.) / *Médicaments pris par voie orale (dose quotidienne)* ☐ _____ Insulin (amt per 24 hrs.) / *Insuline (dose quotidienne)* ☐ _____

8. Hypoglycemia / *Hypoglycémie* Frequency / *Fréquence* _____

Circumstances / *Circonstances* _____

Loss of Consciousness / *Perte de conscience?* _____ Decrease in cognition, etc. / *Perte des facultés cognitives, etc.* _____

9. Neurological / *Affections neurologiques:* Gait and Stance / *Démarche et position* _____ Reflexes / *Réflexes* _____

Tremor / *Tremblement* _____ Coordination _____

10. Mental Competence / *Aptitude mentale* _____ Judgement / *Jugement* _____

Evidence of Emotional Disorder / *Signe de trouble émotionnel*

	Yes/*Oui*	No/*Non*		Yes/*Oui*	No/*Non*		Yes/*Oui*	No/*Non*
Instability / *Instabilité*	☐	☐	Psychosis / *Psychose*	☐	☐	Drug Habituation / *Toxicomanie*	☐	☐
Neurosis / *Névrose*	☐	☐	Alcoholism / *Alcoolisme*	☐	☐			

History Details and Summary / *Détails sur les antécédents et résumé*
(Including details of all medication prescribed and dosage, degree of decompensation in cardiovascular diseases) / *(Y compris les détails relatifs à tous les médicaments prescrits et la posologie; le degré de décompensation pour les maladies cardio-vasculaires)*

_____

_____

_____

_____

_____

How long has this person been your patient? _____ *Depuis combien de temps soignez-vous cette personne?*

Family Physician / *Médecin de famille* ☐ or / *ou* Certified Specialist in / *spécialiste qualifié(e) en* _____

Please Print / *en lettres moulées s.v.p.*
Physician's Name / *Nom du/de la médecin* _____ Signature _____

Address / *Adresse* _____ Date Y/A M D/J

Information in this form is collected under the authority of the Highway Traffic Act, R.S.O 1990, c.H.8 and regulation 340/94 21.2 thereunder and is used to evaluate eligibility to obtain and maintain a driver's licence. Direct inquiries to: Team Leader, Medical Review Section, Driver Improvement Office, Licensing Services Branch, Bldg A, 2680 Keele St., Downsview, Ontario M3M 3E6 (416) 235-1773 or 1-800-268-1481.

Les renseignements figurant sur cette formule sont recueillis en vertu du *Code de la route*, L.R.O 1990, chap. H. 8, et du règlement 340/94 21.2 pris en application du *Code*. Ces renseignements sont utilisés pour évaluer l'admissibilité à l'obtention et la conservation du permis de conduire. Veuillez faire parvenir vos demandes de renseignements à l'adresse suivante : Au chef d'équipe, Section d'étude des dossiers médicaux, Bureau de perfectionnement en conduite automobile, Direction des services de délivrance des permis et d'immatriculation, Édifice A, 2680, rue Keele, Downsview (Ontario) M3M 3E6 (416) 235-1773 ou 1-800-268-1481.