



## Canadian Driver Access Request Form

### Instructions:

1. This form must be completed for all access requests for Drivers.
2. Once the form is completed, it must be submitted by the agency principal (or a designated agency employee). Please email Quality Dept., at: [edm.quality@sirva.com](mailto:edm.quality@sirva.com)

**Login ID** (required if updating or deleting, leave blank for new accounts): \_\_\_\_\_

**First name:** \_\_\_\_\_ **Middle initial:** \_\_\_\_ **Last name:** \_\_\_\_\_

**Driver Code:** \_\_\_\_\_ (Used to validate account requests)

**Fleet Status:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_ **Agency Code(s):** \_\_\_\_\_

**Agent Contact Name:** \_\_\_\_\_ **Agent Contact Phone:** \_\_\_\_\_

**Agent Signature:** \_\_\_\_\_

(Van Line Only) Security Access Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: