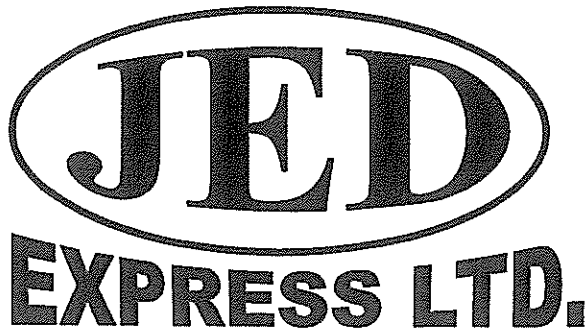


JED Express Ltd.
R.R. # 1 South Mountain
Ontario Canada, K0E-1W0
Phone (613) 989-2838 / 800-387-0504
Fax (613) 989-3216 / 800-980-2295
"Satellite Tracking and Communications"

Copies of your

- Health Card
- Passport
- Birth Certificate
- Drivers License
- Fast Card
- A Void Check

Must be handed in along with your
Pre-employment package.



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OUT OF PROVINCE MEDICAL INSURANCE

Please provide me with a document showing the name of the insurance company, the policy number and the coverage period.

You can arrange for monthly payments to be automatically made from your personal bank account, or have the total deducted from your next TWO road sheets (one half from each)

You can obtain insurance from any other company as long as you make sure the company knows that you are driving out of province, on business, up to 10 or 15 days at a time, for a trucking company.

The following two insurance companies have reasonable rates with good coverage.

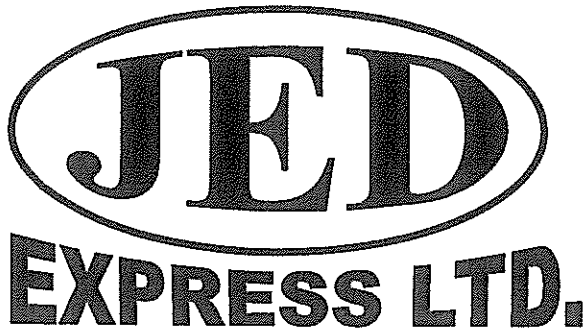
Ontario Blue Cross 1-800-873-2583
Single \$75.00 for 15 day annual
\$5,000,000.00

RBC Insurance 613-258-000

Algonquin Travel, Kemptville On
Single \$66.00
Family \$114.00
Up to 16 days per trip
Unlimited Coverage

Also check with your own personal bank
Many of them offer insurance.

Make sure that it is for employment and not vacation



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All employees of JED Express

Re: Notice of Resignation

Due to the trucking industry's high demands of just-in-time deliveries and competitive market, JED Express expects certain assurances from their employees

JED Express has a policy that any employee, wishing to leave the company **MUST** give two (2) weeks notice.

This will insure that our quality of availability will not be in jeopardy.

If this is not upheld by the employee, that employee will knowingly forfeit their last week's pay in lieu of notice.

Date _____

Employee signature _____

Employee Name (Print) _____

Company Representative _____



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Certification of Compliance With Driver License Requirements

Motor Carrier Instructions: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous material that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

Driver Requirements: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1) You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990.

If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2) Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

The following license is the only one I will possess:

Drivers License No _____

Issuing State _____ Expiry Date _____

Driver Signature _____

Driver Name _____

Please print

Notes _____

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 391.27 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
(If you have had no violations, check the following box - <input type="checkbox"/> None.)			

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.1
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____
Signature _____ Date _____
Printed Name _____ Title _____

Motor Carrier Name _____ Motor Carrier Address _____

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.



DRIVER REQUIREMENTS

Rules

In order to ensure safe operation of the company's fleet vehicles, all drivers must be aware of and comply with all regulations governing their conduct.

Licensing

Initials

- a) I know that I must have a valid driver's licence.
- b) I agree to report all traffic violations to my employer in writing.
- c) I understand that I must not operate a vehicle while under the influence of drugs or alcohol.

Hours of Work

Initials

- a) I have been informed of and understand the hours of work regulations.
- b) I am aware that I must arrange my work schedule to comply with these regulations.
- c) I agree to submit a record of all on-duty hours accumulated while working for other operators.

Pre-trip Inspections

Initials

I am aware of the pre-trip inspection requirements and understand them.

Load Security

Initials

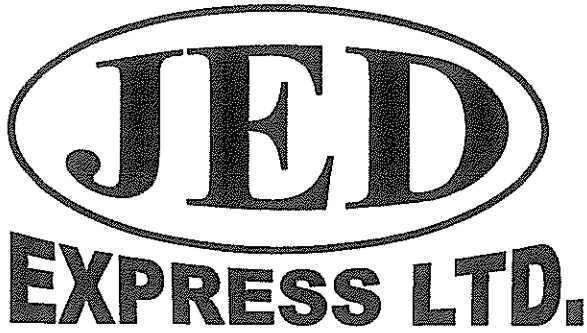
I have been informed of and understand the load security regulations.
(i.e. Ensure that the load is tarped as required)

Driver's Signature: _____

Date: _____

Witness: _____

Date: _____



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DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

INSTRUCTION: Motor carriers when using a driver for the first time shall obtain a signed statement giving the total time on-duty during the immediately preceding 14 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. **NOTE:** Hours for any compensated work during the preceding 14 days, including work for a non-motor carrier entity, must be recorded on this form.

DRIVER Name (Print) _____

Social Security Number _____

Motor Vehicle Operator's License Number _____

Type of License _____ Issuing State _____

DAY	1 <small>(yesterday)</small>	2	3	4	5	6	7	
DATE								
HOURS WORKED				-	<		-	TOTAL HOURS

DAY	1 <small>(yesterday)</small>	2	3	4	5	6	7	
DATE								
HOURS WORKED				-	<		-	TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

_____ on _____
 Time Day Month Year

 Driver Signature

 Date



CONVICTIONS UNDER H.T.A. AND/OR CRIMINAL CODE

Driver's Name: _____

Date	Offense	Location

Date	Reportable Accidents Particulars	Location

Date	Safety Detentions Particulars	Location



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Probationary Period Policy

Intent

The probationary period for Jed Express new employees generally lasts for 90 days. All new hires must undergo a probationary period. If the Company, in its sole discretion, determines the probationary employee is not suitable, then the employment relationship will be terminated, with no notice or compensation in lieu of notice.

Guidelines

During the probationary period, Jed Express will evaluate the new hire's qualifications, skills and "fit" within our Company. The probationary period also gives new hire the opportunity to decide if Jed Express is a place they feel comfortable and would like to work.

The given time frame of 90 days does not constitute an obligation on the part of the Company to retain the employee until the end of the probationary period. This period involves special orientation activities plus closer and more frequent performance evaluations than that given to regular employees. During this time or at any time of employment, the Company or the employee may terminate the working relationship without cause and/or without advance notice, except as prescribed by law.

At the end of the probationary period, if the employee has not been available to work the full probationary period or work performance has not met expectations, the length of the probation may be extended by the Company at its sole discretion.

Upon satisfactory completion of the probationary period, the employee will achieve a regular or part time employee status.

Acknowledgement & Agreement

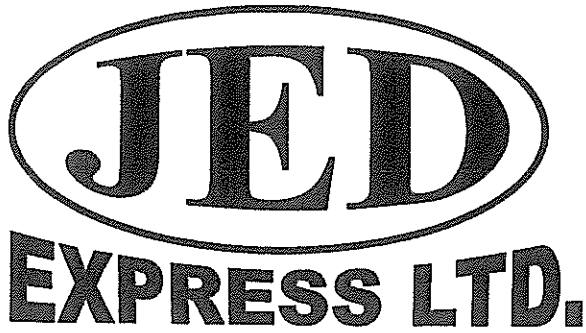
I, _____, acknowledge that I have read and understand the Probationary Period Policy of Jed Express. I agree to adhere to this policy and will ensure that employees working under my direction adhere to this Policy. I understand that if I violate the rules set forth in this Policy, I may face disciplinary action, up to and including termination of employment.

Name: _____

Signature: _____

Date: _____

Witness: _____



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DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

Instructions: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity,

Are you currently working for another employer? YES NO

At this time do you intend to work for another
Employer while still employed by this company YES NO

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver Signature

Date

Driver Name (Print Please)

Witness – Company Representative



2014 Ontario Personal Tax Credits Return

Protected B when completed TD1ON

Your employer or payer will use this form to determine the amount of your provincial tax deductions. Read the back before completing this form. Complete this form based on the best estimate of your circumstances.

Form header with fields: Last name, First name and initial(s), Date of birth (YYYY/MM/DD), Employee number, Address including postal code, For non-residents only - Country of permanent residence, Social insurance number

1. Basic personal amount - Every person employed in Ontario and every pensioner residing in Ontario can claim this amount. If you will have more than one employer or payer at the same time in 2014, see "Will you have more than one employer or payer at the same time?" on the next page.

9,670

2. Age amount - If you will be 65 or older on December 31, 2014, and your net income from all sources will be \$35,146 or less, enter \$4,721. If your net income for the year will be between \$35,146 and \$66,620 and you want to calculate a partial claim, get Form TD1ON-WS, Worksheet for the 2014 Ontario Personal Tax Credits Return, and complete the appropriate section.

3. Pension income amount - If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$1,337, or your estimated annual pension income, whichever is less.

4. Tuition and education amounts (full time and part time) - If you are a student enrolled at a university, college, or educational institution certified by Human Resources and Skills Development Canada, and you will pay more than \$100 per institution in tuition fees, complete this section. If you are enrolled full time, or if you have a mental or physical disability and are enrolled part time, enter the total of the tuition fees you will pay, plus \$520 for each month that you will be enrolled. If you are enrolled part time and do not have a mental or physical disability, enter the total of the tuition fees you will pay, plus \$156 for each month that you will be enrolled part time.

5. Disability amount - If you will claim the disability amount on your income tax return by using Form T2201, Disability Tax Credit Certificate, enter \$7,812.

6. Spouse or common-law partner amount - If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be \$821 or less, enter \$8,211. If his or her net income for the year will be between \$821 and \$9,032 and you want to calculate a partial claim, get Form TD1ON-WS and complete the appropriate section.

7. Amount for an eligible dependant - If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be \$821 or less, enter \$8,211. If his or her net income for the year will be between \$821 and \$9,032 and you want to calculate a partial claim, get Form TD1ON-WS and complete the appropriate section.

8. Caregiver amount - If you are taking care of a dependant who lives with you, whose net income for the year will be \$15,593 or less, and who is either your or your spouse's or common-law partner's:
- parent or grandparent (aged 65 or older); or
- relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$4,557.
If the dependant's net income for the year will be between \$15,593 and \$20,150 and you want to calculate a partial claim, get Form TD1ON-WS and complete the appropriate section.

9. Amount for infirm dependants age 18 or older - If you are supporting an infirm dependant aged 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$6,478 or less, enter \$4,558. You cannot claim an amount for a dependant you claimed on line 8. If the dependant's net income for the year will be between \$6,478 and \$11,036 and you want to calculate a partial claim, get Form TD1ON-WS and complete the appropriate section.

10. Amounts transferred from your spouse or common-law partner - If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition and education amounts, or disability amount on his or her income tax return, enter the unused amount.

11. Amounts transferred from a dependant - If your dependant will not use all of his or her disability amount on his or her income tax return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of his or her tuition and education amounts on his or her income tax return, enter the unused amount.

12. TOTAL CLAIM AMOUNT - Add lines 1 to 11. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.

Empty box for total claim amount

Continue on the next page ->

Completing Form TD1ON

Complete this form only if you are an employee working in Ontario or a pensioner residing in Ontario and any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration;
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed); or
- you want to increase the amount of tax deducted at source.

Sign and date it, and give it to your employer or payer.

If you do not complete Form TD1ON, your employer or payer will deduct taxes after allowing the basic personal amount only.

Will you have more than one employer or payer at the same time?

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1ON for 2014, you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1ON, enter "0" on line 12 on the front page and do not complete lines 2 to 11.

Total income less than total claim amount

Check this box if your total income for the year from all employers and payers will be less than your total claim amount on line 12. Your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you wish to have more tax deducted, complete "Additional tax to be deducted" on the federal Form TD1.

Reduction in tax deductions

You can ask to have less tax deducted if on your income tax return you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, and charitable donations). To make this request, complete Form T1213, *Request to Reduce Tax Deductions at Source for Year(s)* _____, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to www.cra.gc.ca/forms or call 1-800-959-5525.

Privacy act, personal information bank number CRA PPU 047

Certification

I certify that the information given on this form is correct and complete.

Signature _____ Date _____

It is a serious offence to make a false return.



2014 Personal Tax Credits Return

Your employer or payer will use this form to determine the amount of your tax deductions.
Read the back before completing this form. Complete this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address including postal code		For non-residents only – Country of permanent residence	Social insurance number

1. Basic personal amount – Every resident of Canada can claim this amount. If you will have more than one employer or payer at the same time in 2014, see "More than one employer or payer at the same time" on the next page. If you are a non-resident, see "Non-residents" on the next page.

11,138

2. Child amount – Either parent (but not both), may claim \$2,255 for each child born in 1997 or later, that resides with both parents throughout the year. If the child is infirm, add \$2,058 to the claim for that child. Any unused portion can be transferred to that parent's spouse or common-law partner. If the child does not reside with both parents throughout the year, the parent who is entitled to claim the "Amount for an eligible dependant" on line 8 may also claim the child amount for that same child.

3. Age amount – If you will be 65 or older on December 31, 2014, and your net income for the year from all sources will be \$34,873 or less, enter \$6,916. If your net income for the year will be between \$34,873 and \$80,980 and you want to calculate a partial claim, get Form TD1-WS, *Worksheet for the 2014 Personal Tax Credits Return*, and complete the appropriate section.

4. Pension income amount – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$2,000 or your estimated annual pension income, whichever is less.

5. Tuition, education, and textbook amounts (full time and part time) – If you are a student enrolled at a university or college, or an educational institution certified by Human Resources and Skills Development Canada, and you will pay more than \$100 per institution in tuition fees, complete this section. If you are enrolled full time, or if you have a mental or physical disability and are enrolled part time, enter the total of the tuition fees you will pay, plus \$400 for each month that you will be enrolled, plus \$65 per month for textbooks. If you are enrolled part time and do not have a mental or physical disability, enter the total of the tuition fees you will pay, plus \$120 for each month that you will be enrolled part time, plus \$20 per month for textbooks.

6. Disability amount – If you will claim the disability amount on your income tax return by using Form T2201, *Disability Tax Credit Certificate*, enter \$7,766.

7. Spouse or common-law partner amount – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be less than \$11,138 (\$13,196 if he or she is infirm) enter the difference between this amount and his or her estimated net income for the year. If his or her net income for the year will be \$11,138 or more (\$13,196 or more if he or she is infirm), you cannot claim this amount.

8. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you, and whose net income for the year will be less than \$11,138 (\$13,196 if he or she is infirm and you did not claim the child amount for this dependant), enter the difference between this amount and his or her estimated net income. If his or her net income for the year will be \$11,138 or more (\$13,196 or more if he or she is infirm), you cannot claim this amount.

9. Caregiver amount – If you are taking care of a dependant who lives with you, whose net income for the year will be \$15,472 or less, and who is either your or your spouse's or common-law partner's:

- parent or grandparent (aged 65 or older), enter \$4,530 (\$6,588 if he or she is infirm); or
- relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$6,588.

If the dependant's net income for the year will be between \$15,472 and \$20,002 (\$15,472 and \$22,060 if he or she is infirm) and you want to calculate a partial claim, get Form TD1-WS and complete the appropriate section.

10. Amount for infirm dependants age 18 or older – If you support an infirm dependant age 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$6,607 or less, enter \$6,589. You cannot claim an amount for a dependant you claimed on line 9. If the dependant's net income for the year will be between \$6,607 and \$13,196 and you want to calculate a partial claim, get Form TD1-WS and complete the appropriate section.

11. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition, education and textbook amounts, disability amount, or child amount on his or her income tax return, enter the unused amount.

12. Amounts transferred from a dependant – If your dependant will not use all of his or her disability amount on his or her income tax return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of his or her tuition, education, and textbook amounts on his or her income tax return, enter the unused amount.

13. TOTAL CLAIM AMOUNT – Add lines 1 to 12.
Your employer or payer will use this amount to determine the amount of your tax deductions.

Continue on the next page ➔



Completing Form TD1

Complete this form only if:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration;
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed);
- you want to claim the deduction for living in a prescribed zone; or
- you want to increase the amount of tax deducted at source.

Sign and date it, and give it to your employer or payer.

If you do not complete Form TD1, your employer or payer will deduct taxes after allowing the basic personal amount only.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2014, you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1, check this box, enter "0" on line 13 on the front page, and do not complete lines 2 to 12.

Total income less than total claim amount

Check this box if your total income for the year from all employers and payers will be less than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

Non-residents

Are you a non-resident of Canada who will include 90% or more of your world income when determining your taxable income earned in Canada in 2014? If you are unsure of your residency status, call the International tax and non-resident enquiries line at 1-855-284-5942.

- If yes, complete the previous page.
 • If no, check the box, enter "0" on line 13, and do not complete lines 2 to 12 as you are not entitled to the personal tax credits.

Provincial or territorial personal tax credits return

If your claim amount on line 13 is more than \$11,138, you also have to complete a provincial or territorial TD1 form. If you are an employee, use the Form TD1 for your province or territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of residence. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

If you are claiming the basic personal amount only (your claim amount on line 13 is \$11,138), your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount.

Note: If you are a Saskatchewan resident supporting children under 18 at any time during 2014, you may be able to claim the child amount on Form TD1SK, 2014 Saskatchewan Personal Tax Credits Return. Therefore, you may want to complete Form TD1SK even if you are only claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

If you live in the Northwest Territories, Nunavut, Yukon, or another prescribed northern zone for more than six months in a row beginning or ending in 2014, you can claim:

- \$8.25 for each day that you live in the prescribed northern zone; or
- \$16.50 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction.

\$

Employees living in a prescribed intermediate zone can claim 50% of the total of the above amounts.

For more information, get Form T2222, *Northern Residents Deductions*, and the Publication T4039, *Northern Residents Deductions – Places in Prescribed Zones*.

Additional tax to be deducted

You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or old age security pension. By doing this, you may not have to pay as much tax when you file your income tax return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, complete a new Form TD1.

\$

Reduction in tax deductions

You can ask to have less tax deducted if on your income tax return you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, and charitable donations). To make this request, complete Form T1213, *Request to Reduce Tax Deductions at Source for Year(s)* _____, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Privacy Act, personal information bank number CRA PPU 047

Certification

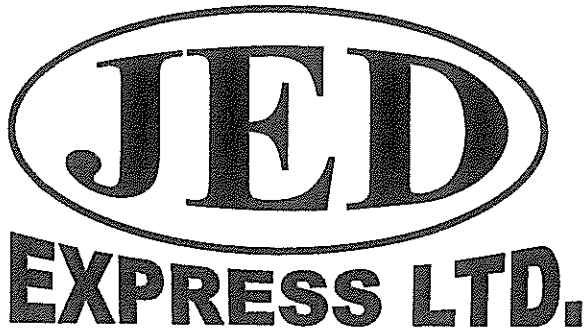
I certify that the information given on this form is correct and complete.

Signature _____

It is a serious offence to make a false return.

Date _____

YYYY/MM/DD



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IN CASE OF EMERGENCY
INFORMATION SHEET

Name of Employee _____

#1 Contact Name _____

Relationship _____

Address _____

Telephone Home _____

Business _____

Cell _____

#2 Contact Name _____

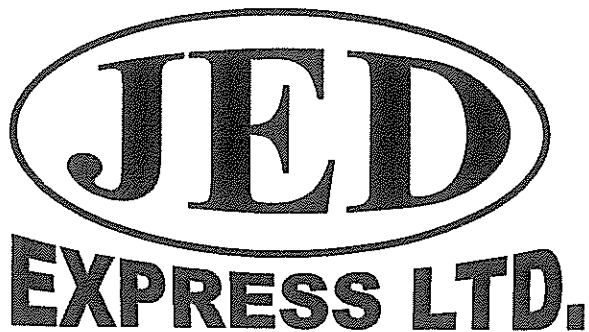
Relationship _____

Address _____

Telephone Home _____

Business _____

Cell _____



JED Express Ltd.
R.R. # 1 South Mountain
Ontario Canada, K0E-1W0
Phone (613) 989-2838 / 800-387-0504
Fax (613) 989-3216 / 800-980-2295
"Satellite Tracking and Communications"

DIABETIC FORM

Date _____

Drivers Name _____

Drivers Signature _____

Are you a diabetic? _____

If yes, please continue

Do you take 'insulin'? _____