**SUBJECT: EMPLOYMENT CONFIRMATION – ESSENTIAL TRANSPORTATION WORKER**

To whom it may concern:

Following the Government of Canada measures that have been put in place for COVID-19, as well as those of the municipal and provincial legislatures, Transport Canada has worked with industry to identify through a common letter those employed in the commercial motor vehicle and automotive industry in a critical service capacity, as set out in the Government of Canada’s [*Guidance on Essential Services and Functions in Canada During the COVID-19 Pandemic*](https://www.publicsafety.gc.ca/cnt/ntnl-scrt/crtcl-nfrstrctr/esf-sfe-en.aspx) (<https://www.publicsafety.gc.ca/cnt/ntnl-scrt/crtcl-nfrstrctr/esf-sfe-en.aspx>).

Through this letter, I **(MANAGER NAME)** confirm that **(EMPLOYEE NAME)** is employed in the commercial motor vehicle and automotive industry in a critical service capacity. It is imperative that **(EMPLOYEE NAME)** has the freedom of movement both within and across provinces and territories and access to essential infrastructure, including such things as restrooms and rest stop facilities. This movement may also require travel across multiple municipal, regional and provincial boundaries in order to allow access between home and work, which could take place in a personal vehicle and not necessarily a commercial vehicle.

While commercial vehicle drivers are exempt from the 14-day quarantine requirements for business purposes, when off-duty, they should abide by recommendations of local and national public health authorities, including recommendations relating to physical distancing. For more information, please refer to: <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>.

Should you require additional information, do not hesitate to contact:

**MANAGER NAME & CONTACT NUMBER**

We thank you for your collaboration in these uncertain times.

Regards,

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| signature  Michael DeJong  Director General  Multi-Modal and Road Safety Programs  Safety and Security  Transport Canada  DATE: 04/07/2020 | (NAME) (TITLE)  (HEAD OF INDUSTRY ASSOCIATION)  (ASSOCIATION NAME)  DATE: (DATE) |