

## APPLICATION FOR "QUALIFIED DRIVER" STATUS

| □ Employee                    | Name   |                               |                       | Date                       |
|-------------------------------|--|-------------------------------|-----------------------|----------------------------|
| □ Servant                     | Address  |                               |                       |                            |
|                               | Telephone DOB  |                               |                       | В                          |
|                               | Driver's License # and State Other Driver's License # (CDL, etc) |                               |                       |                            |
| Vehicles Qua                  | lified to Operate  | □ Car □ Van □                 | □Van w/trailer □      | Large Truck                |
| Driver Record                 | d – List all accidents   | s and traffic violatio        | ns during the past    | 5 years                    |
| Date                          | Nature of accident / traffic conviction                          |                               |                       |                            |
|                               |  |                               |                       |                            |
|                               |  |                               |                       |                            |
|                               |  |                               |                       |                            |
|                               |  |                               |                       |                            |
| Have your mo                  | ntly own personal a<br>oved in the past 3 year<br>where?         |                               | Yes<br>Yes            | No<br>No                   |
|                               |  | issues that would be<br>Yes I |                       | ransportation of           |
| If yes, please                | explain (physical co   | oncerns, emotional c          | concerns, medication  | ons, etc.)                 |
| Have you had                  | experience in back   | ring large vehicles (v        | vans, trucks, etc.) v | vith or without a trailer? |
| Yes                           | No   |                               | lescribe              |                            |
| This certifies the best of my |  | s completed by me a           | and all entries on it | are true and complete, to  |
| Date                          | Applicant's Signature  |                               |                       |                            |