

DRIVER PROFICIENCY And AUTHORIZED VEHICLES

_____ has declared that he/she can safely operate the below **checked** vehicle / equipment:

Driver's Name (Print)

_____ *Vehicles less than 10,000 pounds GVWR, type: _____ # years driven _____ approximate # of miles driven : _____

_____ *Vehicles 10,000 pounds to 26,000 pounds GVWR, type: _____ # years driven _____ approximate # of miles driven _____

_____ *Vehicles 26,000 pounds or more GVWR, type: _____ # years driven _____ approximate # of miles driven: _____

_____ **Straight truck**, type: _____ # years driven _____ approximate # of miles driven: _____

_____ **Tractor & trailer combination**, type: _____ # years driven _____ approximate # of miles driven: _____

_____ **Doubles / triples**, type: _____ # years driven _____ approximate # of miles driven: _____

_____ **Tank vehicle**, type: _____ # years driven _____ approximate # of miles driven: _____

_____ **Passenger endorsement - # _____ of passengers**, type: _____ # years driven _____ approximate # of miles driven _____

_____ **Fork lift certified**, certified by: _____, date of certification: ____/____/____

_____ **Hazardous materials**

_____ **Special equipment** (specify), type: _____ # years driven _____ approximate # of miles driven: _____

_____ **Special equipment** (specify), type: _____ # years driven _____ approximate # of miles driven: _____

****BE SURE TO INCLUDE A WEIGHT CLASS****

Driver's License	Medical Card
------------------	--------------

I CERTIFY THAT THE ABOVE IS TRUE AND ACCURATE AND THAT I DO HAVE EXPERIENCE OPERATING EACH OF THE VEHICLE TYPES THAT I HAVE CHECKED **PER DMV ENDORSEMENTS AS RECORDED ON MY DRIVER'S LICENSE.**

DRIVER'S SIGNATURE

PRINTED NAME

____/____/____
DATE