DRIVER PROFICIENCY (CAC 13, 1229) and
AUTHORIZED VEHICLES (CAC 12, 1234 (b))

_____________________________________ has demonstrated to me ___________________________________

Driver’s Name            Name & Title

That he/she can safely operate the below named vehicles/equipment as was trained for the following:

- Straight truck
- Tractor & trailer combination
- Doubles/triples
- Tank vehicle
- Vehicles less than 10,000 pounds GVWR
- Vehicles 10,000 pounds to 26,000 pounds GVWR
- Vehicles 26,001 pounds and more GVWR
- Properly hook up a trailer
- Safely operate a dump vehicle
- Trained to perform a walk around inspection
- Special equipment (specify) _________________________________________________

- Informed on who to report safety concerns to
- Trained on how to secure a load, Tie down procedure
- Trained on spotting an improperly loaded vehicle
- Trained on safe use of mirrors & blind spots
- Standard shift transmission
- Automatic transmission only
- Air brakes endorsement
- Hazardous materials endorsement

________________________________________________________________________

Employee Signature _______________________________________ Date_________________

A LONG FORM MEDICAL EXAMINATION REPORT IS REQUIRED
COPY OF MEDICAL EXAMINER’S CERTIFICATE HERE

COPY OF DRIVER’S LICENSE HERE

Internal Instructions:
Dispatch Dept: All new hires must be directed to the Equipment Manager, with this form, for completion of the Driver Proficiency Process
Equipment Dept: Process completed copy of this form to Payroll for recordkeeping