



New Leaser Checklist - Driver

Driver Name: _____

Company Name: _____

Cell Phone #: _____ **E-mail:** _____

- Copy of CDL Driver's License - Expiration Date ____/____/____
- Copy of D.O.T. Medical Card – Expiration Date ____/____/____
- Copy of D.O.T. Medical Long form
- No Smoking Agreement
- Motor Vehicle Record Policy Authorization
- MVR Record Obtained/ State: _____
- Drug Test Results
- Substance Abuse Policy Acknowledgement Signed
- Application
- Employment Verification
- Road Test
- Basic Water Hauling Training Course