

**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:

- | | |
|---|--|
| <input type="checkbox"/> Straight truck | <input type="checkbox"/> Informed on who to report safety concerns to |
| <input type="checkbox"/> Tractor & trailer combination | <input type="checkbox"/> Trained on how to secure a load, Tie down procedure |
| <input type="checkbox"/> Doubles/triples | <input type="checkbox"/> Trained on spotting an improperly loaded vehicle |
| <input type="checkbox"/> Tank vehicle | <input type="checkbox"/> Trained on safe use of mirrors & blind spots |
| <input type="checkbox"/> Vehicles less than 10,000 pounds GVWR | <input type="checkbox"/> Standard shift transmission |
| <input type="checkbox"/> Vehicles 10,000 pounds to 26,000 pounds GVWR | <input type="checkbox"/> Automatic transmission only |
| <input type="checkbox"/> Vehicles 26,001 pounds and more GVWR | <input type="checkbox"/> Air brakes endorsement |
| <input type="checkbox"/> Properly hook up a trailer | <input type="checkbox"/> Hazardous materials endorsement |
| <input type="checkbox"/> Safely operate a dump vehicle | |
| <input type="checkbox"/> Trained to perform a walk around inspection | |
| <input type="checkbox"/> Special equipment (specify) _____ | |

Employee Signature _____

Date _____

COPY OF
DRIVER'S LICENSE
HERE

A LONG FORM MEDICAL
EXAMINATION REPORT IS
REQUIRED

COPY OF MEDICAL EXAMINER'S
CERTIFICATE 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