

## **DRIVER NEW HIRE PROCEDURES**

1. Provide the CDL driver a substance testing “Chain of Custody testing form” and have the driver submit to a pre-employment controlled substances test. The test results will be routed through Fleet Safety Services, or your vendor, who will notify you of the results. **Do not dispatch** a driver prior to being notified of the negative test results.
2. Make a copy of the driver’s DOT medical card and driver’s license.
3. Prepare the new-hire packet as prescribed below and forward to Fleet:

**Pages 3 - 5:** Have the driver completely prepare the employment application. Ensure that the previous employer names and addresses are complete so proper previous employer inquiries can be performed.

**Page 6:** Driver must only sign the attached form under “applicant’s signature” and make no other entries on the form. Fleet Safety will make the necessary number of copies and conduct the mandatory DOT previous employer inquiries, then forward them to you.

**Page 7:** Same as above. Driver only signs the one attached form. (CDL driver only)

**Page 8:** Provide the driver a copy of your company Substance Testing Policy and have them sign for receipt of it. (CDL driver only)

**Page 9:** Ensure the driver checks yes or no and fully prepares the form, which pertains to any previous pre-employment substance testing issues. (CDL driver only)

**Page 10:** This release allows Fleet Safety or you to obtain requested driver reports.

**Page 11:** Mandatory Driver Notification of any Suspensions or Moving Violations & Cell Phone Use.

**Page 12 & 13:** Driver’s Road Test and Certificate. The driver must complete the road test prior to first dispatch. (Mandatory for all non-CDL drivers & CDL drivers operating a vehicle requiring a tank, double or triple endorsement. Optional for all other CDL drivers)

**Page 14:** Have drivers prepare this 7 Day Statement prior to first dispatch and for part time / occasional drivers. This DOT requirement ensures the driver has enough hours available to operate within the hours rules.

**Page 15:** Receipt of Emergency Response Guidebook (Hazmat drivers only)

Please forward the following documents to Fleet Safety for processing:

1. The entire new-hire packet as described above.
2. Copy of the driver's license & a copy of the driver's medical card

Fleet will review the driver documents, perform the requested background inquiries, then prepare and return a Qualification File packet to you. The statuses of your drivers' qualifications are available on Fleet's website.

Note: The DOT regulations permits 30 days to obtain the driver's Motor Vehicle Report and previous employer inquiries. You or Fleet Safety can run the prospective driver's Motor Vehicle Report prior to completing the driver file. Please ask your Fleet Safety representative for details.

**Questions: Please contact Donna 508-340-4808 direct or 800-215-2490 ext. 1716 or fax # 508-831-7611 or [dsalmonson@fleet-safety.com](mailto:dsalmonson@fleet-safety.com)**



12 Harvard Street  
Worcester, MA 01609

## APPLICATION FOR EMPLOYMENT

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip)

DATE OF BIRTH: \_\_\_\_\_ DATE CDL OBTAINED: \_\_\_\_\_  
MM/DD/YYYY

SOCIAL SECURITY NUMBER \_\_\_\_\_ PHONE NO: \_\_\_\_\_  
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ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
PAST THREE (Street) (City) (State & Zip)  
 YEARS:

\_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip)

EMERGENCY CONTACT: \_\_\_\_\_  
(NAME) (PHONE NUMBER)

**EXPERIENCE AND QUALIFICATIONS (ATTACH ADDITIONAL SHEET IF MORE SPACE NEEDED)**

LICENSING	STATE	LICENSE NO.	TYPE	EXPIRATION DATE:

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment	Date: From	Date: To	Miles Driven

**ACCIDENT RECORD FOR PREVIOUS 3 YEARS**  
 (ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

Dates	Nature of Accident	Injuries	Fatalities

**TRAFFIC CONVICTIONS AND FORFEITURES FOR PREVIOUS 3 YEARS**  
 (OTHER THAN PARKING) (ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

**(IF THE ANSWER TO EITHER A OR B IS YES, ATTACH ADDITIONAL STATEMENT GIVING DETAILS)**

**EDUCATION**

Circle highest Grade Completed: 1 2 3 4 5 6 7 8    High School: 1 2 3 4    College: 1 2 3 4

Last School Attended \_\_\_\_\_  
 (NAME) (CITY)

APPLICANT: AS REQUIRED BY THE US DOT, THE INFORMATION PROVIDED ON THIS PAGE PERTAINING TO PREVIOUS EMPLOYMENT HISTORY MAY BE USED AND YOUR PREVIOUS EMPLOYERS WILL BE CONTACTED FOR THE PURPOSE OF INVESTIGATING YOUR SAFETY PERFORMANCE HISTORY. UNDER DOT REGULATIONS, YOU HAVE THE RIGHT TO REVIEW AND REBUT INFORMATION PROVIDED BY A PREVIOUS EMPLOYER. APPLICANTS WISHING TO REVIEW PREVIOUS EMPLOYER-PROVIDED INVESTIGATIVE INFORMATION MUST SUBMIT A WRITTEN REQUEST TO THE PROSPECTIVE EMPLOYER. PLEASE SEE THE PROSPECTIVE EMPLOYER AND THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS FOR YOUR SPECIFIC RIGHTS UNDER THIS US DOT REGULATION 391.23.

**EMPLOYMENT RECORD (ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)**

NOTE: DOT Requires that Employment for at least 3 Years and / or Commercial Driving Experience for the past 10 years be listed.

LAST EMPLOYER: NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
ADDRESS: STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
WERE YOU SUBJECT TO THE DOT SAFETY RULES? YES OR NO  
SUBJECT TO THE DOT SUBSTANCE TESTING RULES? YES OR NO

2<sup>ND</sup> LAST EMPLOYER: NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
ADDRESS: STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
WERE YOU SUBJECT TO THE DOT SAFETY RULES? YES OR NO  
SUBJECT TO THE DOT SUBSTANCE TESTING RULES? YES OR NO

3<sup>RD</sup> LAST EMPLOYER: NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
ADDRESS: STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
WERE YOU SUBJECT TO THE DOT SAFETY RULES? YES OR NO  
SUBJECT TO THE DOT SUBSTANCE TESTING RULES? YES OR NO

**TO BE READ AND SIGNED BY THE APPLICANT**

I hereby declare that the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I authorize ALL STATE MATERIALS GROUP to investigate my past and present employment, education and activities and verify all data provided by me on this application, on related papers and in interviews. I authorize all individuals, schools and/or firms named herein (except my current employer, if so noted) to provide any information requested about me. I release from all liability any persons, companies, corporations or educational institutions supplying such information. I release ALL STATE MATERIALS GROUP from any and all liability resulting from the verification of such information. I understand that any false statement or omission of fact on this application or on any supporting documents shall be grounds for non-hire or discharge, regardless of when discovered by ALL STATE MATERIALS GROUP

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's Signature)

## Request for Driver's Safety Performance History

To:

DATE: \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Attn: Human Resources

**From: ALL STATE MATERIALS GROUP**

**Phone: 508-791-1971 / Fax #: 508-831-7611**

As required by 49 CFR Part 391.23, please reply, within 30 days, to this inquiry. Your reply will be maintained in accordance with the Federal Motor Carrier: **Please complete this form and mail or fax it to: Fleet Safety Services Inc., 12 Harvard Street, Worcester, MA 01609 Fax #- 508-831-7611.**

### APPLICANT - WRITE IN THIS BOX ONLY

\_\_\_\_\_ has applied with our company for the position of  
(Driver Name)

Driver and has indicated that he/she was employed by you from \_\_\_\_\_ to \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Social Security#: XXX-XX-\_\_\_\_\_

1) Are the employment dates with your company correct, as stated above?    Yes    No

2) What type of work did the applicant perform? \_\_\_\_\_

3) Did the applicant drive motor vehicles for you?    Yes    No  
 Straight truck \_\_\_\_\_ Tractor-Semi-trailer \_\_\_\_\_ Bus \_\_\_\_\_ Other (specify) \_\_\_\_\_  
(Please indicate type or types)

4) Reason for leaving your employ:    Discharge    Laid off    Resigned/Other  
 Remarks: \_\_\_\_\_

Information provided by: \_\_\_\_\_  
(Name and date)

Please circle the appropriate rating: Excellent = 1 Good = 2 Fair = 3 Poor = 4 Very Poor = 5

Quality of work	1	2	3	4	5
Cooperation	1	2	3	4	5
Safety habits	1	2	3	4	5
Personal habits	1	2	3	4	5
Driving skill	1	2	3	4	5
Attitude	1	2	3	4	5

**Per 49 CFR Part 391.23 please list, at a minimum, all US DOT "recordable crashes" the driver was involved in while employed with you. (Previous 3 years only)**

Date of Accident	Location	Injuries	Tow away	Fatality	Comments

**(PLEASE USE AN ADDITIONAL SHEET OF PAPER IF NECESSARY, IF NO RECORDABLE CRASHES, PLEASE NOTE SUCH)**

*Note: Failure to furnish the minimum information as required by 49 CFR Part 391.23 is a violation of US Department of Transportation regulations and may result in a fine and/or civil liability.*

## Request for Previous Substance/Alcohol Testing Information

To: \_\_\_\_\_

DATE: \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

Attn: Human Resources

**From: ALL STATE MATERIALS GROUP**

**Phone #: 508-791-1971 Fax #: 508-831-7611**

As required by 49 CFR Part 391.23, please mail or fax the following information regarding the applicant listed below to:

**Fleet Safety Services Inc., 12 Harvard Street, Worcester, MA 01609 Fax #- 508-831-7611**

### **APPLICANT - WRITE IN THIS BOX ONLY**

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol testing information, including any non-negative testing records, to the prospective employer. I certify that all of the information I have furnished is true and complete, and that I have identified all of the companies for which I have worked in a DOT safety-sensitive position during the previous three years. I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed.

\_\_\_\_\_  
Signature of Applicant

XXX - XX - \_\_\_\_\_  
Social Security Number (Last 4)

\_\_\_\_\_  
Date

### **Release of Previous Employer's DOT Drug/Alcohol Testing Results**

In accordance with 49 CFR Part 40.25, 391.23 the prospective company is required to obtain (and as a previous employer you are required to release) information concerning the above named Applicant's past DOT drug and alcohol test results within the last three years – including refusals to test. Please complete the following:

**YES\***

**NO**

- |       |                          |                                                                                                          |
|-------|--------------------------|----------------------------------------------------------------------------------------------------------|
| _____ | _____                    | 1. Any alcohol test results of 0.04 or greater during the previous three years?                          |
| _____ | _____                    | 2. Any positive drug test results during the previous three years?                                       |
| _____ | _____                    | 3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted specimens) |
| _____ | _____                    | 4. Other violations of DOT drug and alcohol testing regulations?                                         |
| _____ | _____                    | 5. Did a previous employer report a drug/alcohol rule violation to you within the past three years?      |
| _____ | _____                    | 6. If "yes" for any of the above items, did the employee complete the return-to-duty process?            |
|       | <input type="checkbox"/> | 7. Check this box if your company and/or the applicant was <u>not</u> subject to DOT regulations.        |

*Note: If "yes" for item 5, you must provide the previous employer's report. If "yes" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

Comments: \_\_\_\_\_

Please print your name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

*Note: Failure to furnish the above information as required by 49 CFR 391.23 is a violation of US Department of Transportation regulations and may result in a fine and/or civil liability.*

## RECEIPT OF COMPANY SUBSTANCE TESTING POLICY

By my signature, I, \_\_\_\_\_, hereby acknowledge that I have received a copy of **ALL STATE MATERIALS GROUP** Substance Abuse and Alcohol Misuse Program. I understand that **ALL STATE MATERIALS GROUP** requires employee alcohol and controlled substance testing as a condition of my employment. I also understand the consequences of failing, or refusing to be tested for alcohol or a controlled substance.

I further agree to cooperate and abide by the requirements and conditions of the **ALL STATE MATERIALS GROUP** Substance Abuse and Alcohol Misuse Program and understand that failure to do so could be grounds for termination.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)



## PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

§40.25(j): As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety – sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process.  
(Refer to §40.25(b)(5) and (e) for further information.)

Prospective Employee

Name: \_\_\_\_\_

Social Security Number (Last 4): XXX-XX- \_\_\_\_\_

**The prospective employee is required by §40.25(j) to respond to the following questions:**

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?

Check one:             YES             NO

If you answered "Yes", can you provide or obtain proof that you have successfully completed the DOT return-to-duty requirements?

Check one:             YES             NO

I certify that the information provided on this document is true and correct.

***Prospective Employee Signature:***

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

***Witnessed by:***

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

***(Company Representative)***

**Fleet Safety Services, Inc. / ALL STATE MATERIALS GROUP**

**ACKNOWLEDGMENT AND AUTHORIZATION  
FOR CONSUMER REPORTS**

In connection with your application for employment with **ALL STATE MATERIALS GROUP** you understand that consumer reports or investigative consumer reports may be requested about you including information about your character, general reputation, personal characteristics and mode of living, employment record, education, qualifications, criminal record, driving record, credentials, and/or credit and indebtedness, and may involve personal interviews with sources such as supervisors, friends, neighbors, associates, public record or various Federal, State, or Local agencies. A consumer report containing injury and/or medical information may be obtained after a tentative offer of employment has been made.

You hereby authorize the obtaining of such consumer reports and investigative consumer reports for **ALL STATE MATERIALS GROUP** and any other company with which they contract for your services. By signing below, you hereby authorize without reservation, any party or agency contacted by this employer, or the consumer reporting agency acting on behalf of the employer, to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your continued employment or contract for services. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

**For California, Minnesota or Oklahoma applicants only**, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.

**For California applicants only**, if public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information unless you check this box waiving your right to obtain a copy of the report.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License State & number #: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

**MANDATORY NOTIFICATION OF ALL DRIVING PRIVILEGE  
SUSPENSIONS, REVOCATIONS, AND DISQUALIFICATIONS;  
INCLUDING ALL MOVING VIOLATIONS & CELL PHONE USE**

I, \_\_\_\_\_, understand that I am absolutely prohibited from utilizing a hand held mobile telephone while operating a commercial motor vehicle for **ALL STATE MATERIALS GROUP**. This includes both originating and receiving telephone calls, and texting. (I understand that I am permitted to utilize a hands free device, or a mounted device, which can be operated by pushing a single button for voice mobile communications, if my employer permits.)

I understand that utilizing a hand held mobile telephone, as prescribed above, for voice communications and/or texting may result in the immediate termination of my employment.

I, \_\_\_\_\_, agree to notify my direct supervisor of **ALL STATE MATERIALS GROUP** *immediately* of any suspension, restrictions, disqualifications or revocations of my driver's license and *within 30 days* of any moving violation conviction(s) I may receive. This requirement pertains to actions resulting from my operation of any motor vehicle or for any non-motor vehicle offense.

Failure to provide the above prescribed notifications may result in a suspension or termination of my employment.

These reporting requirements are mandated by the US DOT and are outlined in 49 CR parts 383.31, 383.33 and 391.15.

The cell phone and texting ban are outlined in 49 CFR part 392.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## RECORD OF ROAD TEST

Driver's Name: \_\_\_\_\_

Operator/Chauffeur's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Type of Power Unit: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_ If Passenger Carrier, Type of Bus: \_\_\_\_\_

- **(NON-CDL) drivers** – Road Test is **mandatory** for all drivers who have a non-CDL driver's license and will be assigned to operate a commercial motor vehicle with GVWR between 10,001 – 26,000 lbs.
- **Class A, B or C drivers** – Road Test is only **mandatory** for drivers who will be assigned to operate a commercial motor vehicle requiring a doubles/triples or tank vehicle license endorsement

NOTE: A motor carrier (employer) may require any person who presents a license or certificate as equivalent to the road test to take a road test or any other test of his/her driving skills as a condition to his/her employment as a driver.

Please assess the level of skill and competence the driver exhibits performing each of the following operations

• **The Pre-trip Equipment Inspection**

Unsatisfactory                       Satisfactory                       Needs Training

Comments: \_\_\_\_\_

• **Coupling and Uncoupling of Combination Units**

Unsatisfactory                       Satisfactory                       Needs Training

Comments: \_\_\_\_\_

• **Placing the commercial Motor Vehicle in Operation**

Unsatisfactory                       Satisfactory                       Needs Training

Comments: \_\_\_\_\_

• **Operating the Commercial Motor Vehicle in Traffic and While Passing Other Motor Vehicles**

Unsatisfactory                       Satisfactory                       Needs Training

Comments: \_\_\_\_\_

• **Turning the Commercial Motor Vehicle**

Unsatisfactory                       Satisfactory                       Needs Training

Comments: \_\_\_\_\_

• **Braking and Slowing the Commercial Motor Vehicle by Means Other than Braking**

Unsatisfactory                       Satisfactory                       Needs Training

Comments: \_\_\_\_\_

• **Backing and Parking the Commercial Motor Vehicle**

Unsatisfactory                       Satisfactory                       Needs Training

Comments: \_\_\_\_\_

:  
Duration of Road Test \_\_\_\_\_ hours/minutes, \_\_\_\_\_ miles \_\_\_\_\_

\_\_\_\_\_  
(Name of Examiner -please print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## Certificate of Road Test

Driver's Name: \_\_\_\_\_

Operator/Chauffeur's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Type of Power Unit: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

If Passenger Carrier, Type of Bus: \_\_\_\_\_

This is to certify that the above named driver was given a road test under my supervision on \_\_\_\_\_, consisting of approximately \_\_\_\_\_ miles of driving.  
(Date)

It is my considered opinion that this driver possesses sufficient driving skill to safely operate the type of commercial motor vehicle listed above.

\_\_\_\_\_  
(Signature of Examiner) (Title) (Date)

Name of Examiner: \_\_\_\_\_ Address: \_\_\_\_\_

Examiners Organization or Company Name: \_\_\_\_\_

***This certificate must be completed after each successful Road Test. The driver should receive a copy of both the Record of Road Test as well as this certificate, and the originals of both documents should remain in the Driver's Qualification File.***

**DRIVER DATA SHEET**  
*For New, Casual and Temporary Drivers*

Name: \_\_\_\_\_

Instructions:

Motor carriers when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. (Rule 395.8(j) (2) Federal Motor Carrier Safety Regulations)

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date							
Hours Worked							

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at: \_\_\_\_\_ on:

\_\_\_\_\_  
(Month, Day, Year)

(Time)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## EMERGENCY RESPONSE GUIDEBOOK

By my signature, I, \_\_\_\_\_, hereby acknowledge that I have received a copy of the Hazardous Materials Emergency Response Guidebook detailing emergency response procedures as developed under the supervision of the Office of Hazardous Materials Initiatives and Training, Research and Special Programs Administration, U.S Department of Transportation and have been familiarized with the proper procedures related to a potential hazardous materials incident which could occur at **ALL STATE MATERIALS GROUP**

\_\_\_\_\_  
(Driver's Signature)

\_\_\_\_\_  
(Company)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Company Supervisor's Signature)

***Note: The receipt shall be read and signed by the driver. A responsible company Supervisor shall countersign the receipt & place it in the driver's qualification file.***