DRIVER ADD/DELETE FORM

*Please include negative DOT pre-employment drug screen results for all driver additions.

Date: _____

Company Name: _____

Company contact: _____

Phone number: _____ Email: _____

DRIVER ADDITION(S)

DRIVER NAME	BIRTHDATE	SOCIAL SECURITY #	CDL # AND STATE	DATE ADDED

DRIVER DELETION(S)

DRIVER NAME	BIRTHDATE	SOCIAL SECURITY #	DATE REMOVED