



Tow Truck Driver Certification Report (Completed by carrier)

Company Name: _____

USDOT Number: _____

Physical Address: _____

Phone: _____

Email: _____

City: _____

State: _____

Zip: _____

Carrier Official Name & Title: _____

Driver Certification Information (Completed by carrier. Attach copy of medical and towing cert for each driver)

| Driver Name: | Driver License Number: | Hire Date: | Training Certification Course Name & Number: | Valid Medical: | BCI finger prints on file: |
|--------------|------------------------|------------|--|----------------|----------------------------|
| 1. _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ | _____ | _____ |
| 7. _____ | _____ | _____ | _____ | _____ | _____ |
| 8. _____ | _____ | _____ | _____ | _____ | _____ |
| 9. _____ | _____ | _____ | _____ | _____ | _____ |
| 10. _____ | _____ | _____ | _____ | _____ | _____ |
| 11. _____ | _____ | _____ | _____ | _____ | _____ |
| 12. _____ | _____ | _____ | _____ | _____ | _____ |
| 13. _____ | _____ | _____ | _____ | _____ | _____ |
| 14. _____ | _____ | _____ | _____ | _____ | _____ |
| 15. _____ | _____ | _____ | _____ | _____ | _____ |
| 16. _____ | _____ | _____ | _____ | _____ | _____ |
| 17. _____ | _____ | _____ | _____ | _____ | _____ |
| 18. _____ | _____ | _____ | _____ | _____ | _____ |
| 19. _____ | _____ | _____ | _____ | _____ | _____ |
| 20. _____ | _____ | _____ | _____ | _____ | _____ |

Carrier Signature: _____

Date: _____