ELTA Logistics LLC — Driver Safety & DOT Policy Receipt

Confidential office form | Complete legibly; do not enter sensitive personal data in public systems.

Use: Complete each applicable field, sign/date where indicated, have authorized office staff review, then file in the restricted company folder.

Driver name: _____

CDL number last 4 only: _____

DOT drug/alcohol policy provided date: _____

Safety policy reviewed date: _____

ELD/HOS training date: _____

Vehicle inspection training date: _____

Driver signature: _____

Date: _____

Safety manager signature: _____

Date: _____

OFFICE REVIEW — Received by: _____ Date: _____ Missing items / follow-up: _____