

## Urgent Transportation Provider Driver Information Sheet

**Provider Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/County, State, Zip:** \_\_\_\_\_

**Please select the reason for your submission.**

New Driver

Update Driver Info

Remove Driver

**Driver's Information:**

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

Date of Birth: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

Driver License Type: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ MVR Date: \_\_\_\_\_ Background Check Date: \_\_\_\_\_ Drug/Alcohol Test Date: \_\_\_\_\_

**Driver Training:**

*Acknowledge completion of the applicable training modules.*

Training Module

- |                         |                       |                         |
|-------------------------|-----------------------|-------------------------|
| • Defensive Driving     | Date Completed: _____ | Manager Initials: _____ |
| • Wheelchair Securement | Date Completed: _____ | Manager Initials: _____ |
| • Lift Operation        | Date Completed: _____ | Manager Initials: _____ |
| • Sensitivity Training  | Date Completed: _____ | Manager Initials: _____ |
| • CPR/First Aid         | Date Completed: _____ | Manager Initials: _____ |
| • Customer Service      | Date Completed: _____ | Manager Initials: _____ |
| • PASS or equivalent    | Date Completed: _____ | Manager Initials: _____ |

**IF ADDING A NEW DRIVER OR UPDATING DRIVER INFORMATION, PLEASE REMEMBER TO SUBMIT CURRENT COPIES OF SUPPORTING DOCUMENTATION. THIS INCLUDES TRAINING CERTIFICATES, LEGIBLE COPIES OF DRIVER'S LICENSE, AND COPIES OF ALL MVR, BACKGROUND CHECK, AND DRUG/ALCOHOL SCREENING RESULTS.**

**For IntelliRide Only:**

Date Form Received: \_\_\_\_\_

Date Documentation Received: \_\_\_\_\_

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