

Driver Transfer Form

Name: _____

Address: _____

PVDL Number: _____

Check category of vehicle driver intends to operate

- Taxicab limousine van BLS ambulance Attendant BLS driver only handicab wrecker

I HEREBY CERTIFY that the information provided by me on this form is true and correct. I also certify that I am now a driver for the company listed below. Further, I understand that this form is a public record and I release you, your organization or others from any liability or damage which may result from furnishing any information requested.

X _____
Signature of Driver

Date

Name of Certified Company

Name of authorized representative

Signature of authorized representative signifying that the applicant will be working with this particular company.

X _____
Signature of Company Representative

Date