



Intermodal Contractors Association of North America

DRIVER PROBATION AGREEMENT

DRIVER INFORMATION

| | | |
|----------|-------|-------|
| Driver: | DL #: | Date: |
| Company: | | |

I _____, CDL # _____, am aware that I am on probation and my driving record will be pulled randomly. Should I obtain one or more tickets and/or moving violations on my driving record, I am aware that my insurance will be cancelled immediately.

Driver's Signature

Date

Yo _____, CDL # _____, soy conciente que voy a estar en probacion causa de mi record de manejo. Si obtengo una violación o accidente más en mi record, soy consciente de que mi aseguranza será cancelada inmediatamente.

Firma del conductor

Fecha

(For ICANA Office Use Only)

Date Sent: _____ Date Returned: _____