Employee-Fleet Driver Exclusion Template

Employer Information

Company Name				
Address				
Contact Person				
Phone Number				
Excluded Employee/D	river Info	rmation	1	
Full Name				
Position/Title				
Driver's License Number				
Exclusion Details				
Effective Date				
Reason for Exclusion				
Vehicles Covered by E	Exclusion	1		
Vehicle Make/Model	Ye	ear	License Plate	VIN

Acknowledgement

Additional Comments/Notes
Authorized Employer Signature
Date
Excluded Employee/Driver Signature
Date