Commercial Truck Test Drive Insurance Consent

| Date: | |
|---------------------------------------|--|
| | |
| Location: | |
| Location. | |
| | |
| | |
| Driver Information | |
| Full Name: | |
| T di Name. | |
| | |
| Driver's License Number: | |
| | |
| State of Issue: | |
| State of issue. | |
| | |
| Phone Number: | |
| | |
| Address: | |
| Address. | |
| | |
| have and a Common with a police black | |
| Insurance Company (if applicable): | |
| | |
| Insurance Policy Number: | |
| | |
| | |
| | |
| Vehicle Information | |
| Vehicle Make & Model: | |
| | |
| VIN: | |
| | |
| | |
| Year: | |
| | |

Consent and Acknowledgment

I hereby acknowledge that I have a valid commercial driver's license and current insurance (if applicable). I consent to participate in a test drive of the above-mentioned commercial vehicle. I agree to abide by all applicable traffic laws and accept responsibility for any fines, damages, or violations incurred during the test drive.

I understand and agree that I am responsible for the safe operation of the vehicle during this test drive and release the dealership/company from any liability arising from my actions.

| Driver Signature: | | | |
|-------------------------|---|--|--|
| | | | |
| Date: | | | |
| | | | |
| Company Representative: | : | | |
| | | | |
| Date: | | | |
| | | | |