

FLEET QUESTIONNAIRE

To be completed for all members whose employees drive a personal or company vehicle to and from clients during the workday.

APPLYING COMPANY NAME: _____

of employees who drive _____

of agency vehicles _____

Average # of employees in a vehicle at any given time _____

Average # of daily trips per vehicle _____

Motor Vehicle Records are obtained annually for all drivers who drive AGENCY vehicles? Yes No

Motor Vehicle Records are obtained annually for all drivers who drive PERSONAL vehicles for company business? Yes No

Driver training is available to all employees who drive for company business. Yes No

If Yes, how often? Upon Hire Annually Remedial

Type of driver training: _____

Types of Agency vehicles: _____ Passenger Vehicles
_____ Mini Vans
_____ Wheelchair Transport Vehicles
_____ Others (please list) _____

Special Licenses
_____ P = Passenger
_____ S = School Bus, includes Student Transportation Vehicle, Activity Vehicle, Taxi, Livery, Service Bus and Motor Coach
_____ V = Student Transportation Vehicles, includes Activity Vehicle, Taxi, Livery, Service Bus and Motor Coach
_____ A = Activity Vehicles, includes Taxi, Livery, Service Bus and Motor Coach
_____ F = Taxi, Livery, Service Bus, Motor Coach
_____ Q = Fire Apparatus (by request of the Fire Chief only)

Applicant Name (please print) Signature Title