

Fleet Vehicle Driver Information Form



Full Name: _____ (please print) CPS ID#: _____

Driver's License No.: _____ Expiration Date: _____
(staple copy of driver's license to back of this form)

Driver's License Restrictions: _____

CPS Building: _____ CPS Tel. No.: 214- _____

CPS Department: _____

I drive the following CPS vehicle(s) for the purpose(s) listed:

1. Vehicle #: _____
Year, Make & Model: _____
Purpose: _____

2. Vehicle #: _____
Year, Make & Model: _____
Purpose: _____

3. Vehicle #: _____
Year, Make & Model: _____
Purpose: _____

(Employee Signature)

(Date)

Return this completed form to the Business Services office at 1818 W. Worley Street.