

1. Fleet Safety Acknowledgement form

I hereby acknowledge that I have received and read a copy of the CCAS, Inc Company Fleet Safety Program. I agree to comply with the policies and procedures contained in the program. I understand that following the policies and procedures in this Fleet Safety Program is an important part of my responsibilities and failure to follow any of them shall result in disciplinary action up to and including termination of employment.

Driver's Signature

Date

Driver's name (Print)