



Driver Profile Sheet

DRIVER PROFILE (To Be Completed By Driver - Please Print)

NAME _____ Scan to view video,
 HOME ADDRESS _____ Password: NGL-2020
 CITY _____ STATE _____ ZIP CODE _____
 CELLULAR # _____ HOME PHONE # (Optional) _____
 DRIVER PIN # ____ - ____ - ____ - ____ CDL LICENSE # _____
 STATE L.P. GAS CARD # (If Applicable): STATE _____ CARD # _____
 TRAILER WATER CAPACITY (In Gallons) _____



CARRIER PROFILE (To Be Completed By Driver - Please Print)

CARRIER _____ CONTACT _____
 PHONE # _____ FAX # _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____

DRIVER QUALIFICATION AND CERTIFICATION (To Be Completed by Driver)

INITIAL TRAINING ANNUAL RECERTIFICATION TRAINING

I have been trained by the Terminal Operator and I understand and agree to follow the procedures pertaining to the process of loading and/or unloading transports, including:

- Site Safety (Emergency shutdown, safety equipment and supplies, personal protective equipment, pull-away prevention, emergency contact information, SDS)
- Terminal Automation (Includes card readers used to authorize access, loading, BOL printers, etc., where applicable)
- Customer Accounts (use of contract numbers and destination codes, etc.)
- Driver Lockout (drivers may be temporarily or permanently locked out, at the Company's discretion, for failure to comply with safety practices, loading procedures, property damage, theft, and for repeated use of improper contract numbers)
- Gross Vehicle Weight (driver is responsible for loading in compliance with local, state and federal regulations)
- Bill-of-Ladings (proper completion of BOL, including signature, destination, confirmation of odorant additive, distribution of copies)

DRIVERS SIGNATURE _____ DATE ____/____/____

FOR NGL OFFICE USE ONLY (To Be Completed by Terminal Operator)

DRIVER CARD # _____ DRIVER CERTIFICATION EXPIRES ON: ____/____/____

1ST TRAINING CONDUCTED ON: By ____/____/____ 2ND TRAINING CONDUCTED ON: By ____/____/____ 3RD TRAINING CONDUCTED ON: By ____/____/____

- PHOTO ID on FILE
- ENTERED INTO DATABASE

DRIVER IS APPROVED TO:

- LOAD PRODUCT UNLOAD PRODUCT

CURRENT COPIES ON FILE: CARRIER ACCESS AGREEMENT CERTIFICATE OF LIABILITY INSURANCE

NOTE: For Tiered or MTSA Facilities, verify, document, and make a copy of the following:

- HME (Hazmat Endorsement) as part of CDL
 - TWIC (Transportation Worker Identification Credential) Card
- Card # _____ Expiration Date: _____

Form Completed By: _____ Employee Name _____ Date _____