

KENTUCKY TRANSPORTATION CABINET Department of Highways DIVISION OF MAINTENANCE

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KYTC CONTRACT DRIVER TRAINING SIGN-IN

SECTION 1: TRAINING INFORMATION				
I	DATE	FACILITATOR/STATE EMPLOYEE PRESENT		
SECTION 2: DRIVER INFORMATION				
<u>Driver Name</u>	Company Name	CDL#	Drive County	District #
	I 2: DRIVER INFORMATI	DATE 2: DRIVER INFORMATION	DATE FACILITATOR/ 2: DRIVER INFORMATION	DATE FACILITATOR/STATE EMPLOYEE 2: DRIVER INFORMATION