



**KYTC CONTRACT DRIVER TRAINING SIGN-IN**

**SECTION 1: TRAINING INFORMATION**

<b>LOCATION</b>	<b>DATE</b>	<b>FACILITATOR/STATE EMPLOYEE PRESENT</b>
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**SECTION 2: DRIVER INFORMATION**

<b>No.</b>	<b><u>Driver Name</u></b>	<b><u>Company Name</u></b>	<b><u>CDL #</u></b>	<b><u>Drive County</u></b>	<b><u>District #</u></b>
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