Attachment

Zero Fatalities: Texting and Driving
Training Roster

Operator	Center/Project	Driver Name	Position Title	Purpose (for Driving Fleet Vehicle)	Date Video Viewed

We attest that the above-named individuals have viewed the mandatory training video, have had opportunities to discuss its contents, and have had any related questions answered.

Center Director Signature: _____ Date: _____
(if OA/CTS, Signature of Project Manager)

Center Operator/
Corporate Officer Signature: _____ Date: _____