



1260 W Main St Sylva NC 28779 Tel:828-586-8886

Simplex Portal Training Video: _____

Date of Training Completion: _____

I confirm that I attended /completed online training listed above. I listened, viewed, read, and understood the training, and I understand that as a driver it is my responsibility to abide by company policy and procedures and all State & Federal regulations, in accordance with the training & company policy.

If I have questions about the training, materials presented or Company policy and procedures, I understand it is my responsibility to seek clarification from the Safety Department.

Driver Signature: _____

Date: _____

Print name: _____

Company name: _____

Safety Department or Company Representative: _____

Office & Safety Department Instructions: Place a copy of this signature page in the driver's qualification file. **Send copy to Simplex Group via email merlyn@jtstrucks.com or fax (828)586-8886** or to your assigned Customer Service Representative. To audit compliance with any required training period, track the training using local reporting systems. Make sure that the drivers, supervisor, or manager is scheduled and attends refresher training within the follow-up period.