DRIVER ACTIVATION FORM

Purpose
Use this form to onboard a new driver into dispatch, safety, compliance, maintenance, payroll, communication, and document systems.

Driver Information
Driver Full Name: _____
Phone: _____
Email: _____
Home Terminal / Location: _____
Start Date: _____
Driver Type: ☐ Company Driver ☐ Owner-Operator ☐ Contractor ☐ Other

License / Qualification
☐ CDL copy received
☐ Medical certificate received
☐ MVR reviewed
☐ Application completed
☐ Prior employment verification reviewed, if applicable
☐ Drug/alcohol program step completed, if applicable
☐ Driver qualification file created

Equipment Assignment
Truck Unit #: _____
Trailer Unit #: _____
Fuel Card #: _____
ELD/ GPS Access: _____
Toll Device: _____
Parking / Yard Instructions: _____

System Access
☐ Dispatch communication group added
☐ ELD account created
☐ Load tracking access provided
☐ Document upload process explained
☐ Payroll submission process explained
☐ Emergency contact saved
☐ Driver handbook / SOP shared

Operational Expectations
☐ Pre-trip process explained
☐ DVIR process explained
☐ Accident / breakdown reporting process explained
☐ Detention / lumper / receipt process explained
☐ Check-call expectations explained
☐ After-hours escalation process explained

Payroll / Settlement Setup
☐ W-9 or required tax form collected, if applicable
☐ Payment method confirmed
☐ Settlement schedule explained
☐ Deductions / escrow / chargebacks explained, if applicable

Final Activation Approval
Activated By: _____
Activation Date: _____
Manager Approval: _____
Notes: