**DRIVER’S LOG**

LAX Air Operations Area Driver’s Training Log

Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Badge # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver Category □New Driver □Infrequent Driver

**Only Original Logs will be accepted. No cross-outs, erasures, or ineligible Names or Signatures will be accepted.**

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| --- | --- | --- | --- | --- | --- |
| **Training Date (Month/Day/Year)** | **Vehicle Type** | **Training Time (for eg 30 min)** | **Employee Signature** | **Trainer Name & Badge # (Print full name)** | **Trainer Signature** |
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I am an Authorized Signer for LAX identification badges. I certify this employee has received the required 8 hours of behind-the-wheel driver’s training by an Approved Company Trainer. The employee has also received the required Company training on all of the vehicles and/or equipment to be used in the course of duty for their job title. The employee’s training included a review of the Rules and Regulations related to safely operating a vehicle and equipment at Los Angeles International Airport. The employee has been made aware that he/she must take a written exam on the safe and proper operation of vehicles on LAX Airfield property. A study guide is available and should be read before taking the examination.

Print Name (Badge Authorized Signer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_