



**CITY OF SAN ANTONIO
GROUND TRANSPORTATION
ENROLLEE/TRANSFER SLIP
442 NINTH ST.**



**NEW DRIVER'S ARE
PROCESSED BETWEEN
8:45 a.m.-12:00 and 1:00 – 4:15 p.m.**

EFFECTIVE DATE _____ CIRCLE ONE: ENROLLEE TRANSFER

DRIVER'S NAME: _____
(PRINT) (LAST) (FIRST) (MIDDLE)

DRIVER'S ADDRESS: _____
(NUMBER) (STREET) (APT)

D.O.B. ___/___/___ S.S.# ___/___/___ T.D.L. _____

PHONE NUMBER _____ WEIGHT _____

PLACE OF BIRTH / ORIGIN: _____
(CITY) (STATE) AND (COUNTRY)

ENROLLING COMPANY NAME: _____

PREVIOUS COMPANY NAME: _____

SIGNATURE OF PERMIT HOLDER OR AUTHORIZED REPRESENTATIVE:

(PLEASE PRINT AND SIGN NAME) (POSITION) DATE: _____

By signing this document the company is attesting to the fact that the driver complies with the following items of Chapter 33:

- **Is a citizen or naturalized or has legal right to engage in employment in the U.S.**
- **Is able to speak and read the English language**
- **Has been added to the company's insurance policy**
- **Has completed the company's approved drivers training program**
- **Has a negative drug test as required by Chapter 33-029**
- **Has completed any other training established by the director**