



**DEFENSIVE DRIVING ENROLLMENT FORM**

|              |                  |
|--------------|------------------|
| <b>Day:</b>  | <b>Facility:</b> |
| <b>Date:</b> | <b>Room:</b>     |
| <b>Time:</b> |                  |

|  | EMPLOYEE NUMBER | LAST NAME, FIRST NAME<br>(PLEASE PRINT) | DEPARTMENT                  | CDL<br>❖ | MN<br>❖ |
|--|-----------------|---|-----------------------------|----------|---------|
| 1  |                 |   |                             |          |         |
| 2  |                 |   |                             |          |         |
| 3  |                 |   |                             |          |         |
| 4  |                 |   |                             |          |         |
| 5  |                 |   |                             |          |         |
| 6  |                 |   |                             |          |         |
| 7  |                 |   |                             |          |         |
| 8  |                 |   |                             |          |         |
| 9  |                 |   |                             |          |         |
| 10   |                 |   |                             |          |         |
| <b>COURSE NUMBER</b>   |                 | <b>MNROPR0486</b>                       | <b>SECTION NUMBER</b>       |          |         |
| Note: Hazardous Material Shipping Papers (MNROPR0526) also completed with this course                                |                 |   |                             |          |         |
| ❖ <b>CDL= Commercial Driver's License</b>  |                 |   | ❖ <b>MN= Company Driver</b> |          |         |
| Y= Yes N=No  |                 |   | Y= Yes N=No                 |          |         |
| <b>NOTE: When completed, please e-mail to <a href="mailto:defensivedriving@mnr.org">defensivedriving@mnr.org</a></b> |                 |   |                             |          |         |