

HAV-01-S

Use this sheet for further additions, updates, and deletions of vehicle and driver information

Vehicle Information

8	License Plate Number:	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	State Issued:			
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
9	License Plate Number:	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	State Issued:			
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
10	License Plate Number:	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	State Issued:			
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
11	License Plate Number:	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	State Issued:			
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
12	License Plate Number:	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	State Issued:			
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
13	License Plate Number:	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	State Issued:			
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
14	License Plate Number:	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	State Issued:			
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
15	License Plate Number:	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	State Issued:			
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
16	License Plate Number:	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	State Issued:			
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
17	License Plate Number:	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	State Issued:			
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
18	License Plate Number:	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	State Issued:			
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
19	License Plate Number:	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>

Date:

	State Issued:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
20	License Plate Number:	Add	Modify	Delete
	State Issued:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
21	License Plate Number:	Add	Modify	Delete
	State Issued:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
22	License Plate Number:	Add	Modify	Delete
	State Issued:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
23	License Plate Number:	Add	Modify	Delete
	State Issued:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
24	License Plate Number:	Add	Modify	Delete
	State Issued:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
25	License Plate Number:	Add	Modify	Delete
	State Issued:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
26	License Plate Number:	Add	Modify	Delete
	State Issued:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
27	License Plate Number:	Add	Modify	Delete
	State Issued:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
28	License Plate Number:	Add	Modify	Delete
	State Issued:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
29	License Plate Number:	Add	Modify	Delete
	State Issued:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
30	License Plate Number:	Add	Modify	Delete
	State Issued:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
31	License Plate Number:	Add	Modify	Delete
	State Issued:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date:

	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
32	License Plate Number:	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	State Issued:			
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
33	License Plate Number:	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	State Issued:			
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
34	License Plate Number:	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	State Issued:			
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
35	License Plate Number:	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	State Issued:			
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
36	License Plate Number:	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	State Issued:			
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
37	License Plate Number:	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	State Issued:			
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
38	License Plate Number:	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	State Issued:			
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
39	License Plate Number:	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	State Issued:			
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			
40	License Plate Number:	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	State Issued:			
	VIN Number, if applicable ¹ :			
	Year, Make & Model:			
	Proof of Current Registration:			

Safety Driver Information (List All Applicable Employees, Contractors, and Designees)				
11	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
12	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
13	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
14	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
15	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
16	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
17	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
18	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
19	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
20	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
21	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
22	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			

	Enhanced Performance Driver Training Completion Date, if applicable ² :			
23	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
24	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
25	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
26	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
27	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
28	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
29	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
30	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
31	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
32	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
33	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
34	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			

Date:

35	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
36	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
37	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
38	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
39	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			
40	Legal Name (First, Middle, Last):	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
	Driver License Number:			
	State or Country Issued:			
	Training Completion Date:			
	Enhanced Performance Driver Training Completion Date, if applicable ² :			

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