

Type III Driver Qualification Statement

Date: _____

Driver's License # _____

Full Legal Name _____

Date of birth _____

You have completed the requirements for the ISD 743 Type III driver certification program. You will be notified of your driving status via email after your driving record check has been completed and your test results reviewed.

Signature _____

Phone # _____

If you have any questions you may call Jon Fevig at 320-351-5802