Driver Certification

I, _____ (Printed Driver Name), hereby certify that I have received a written copy of **Livonia Public School's** Commercial Driver's License (CDL) Drug and Alcohol Policy, along with the required educational materials regarding federal controlled substances and alcohol testing regulations.

By signing below, I acknowledge that:

- I have received these materials on the date indicated.
- I understand it is my responsibility to read, understand, and comply with all policies outlined within them.
- I have been given the opportunity to ask questions regarding these materials, testing procedures, and the consequences of a positive test or refusal to test.

Driver Signature: _____
Driver License Number: _____ **State:** _____
Date Signed: ____ / ____ / 20___