



# Acknowledgement Form I

## Part One TO BE COMPLETED BY NEW HIRE

To be returned to FedEx Ground

I \_\_\_\_\_ of SLICKER TRUCKING, INC.  
(Name) (Company)

acknowledge receipt of the Safety and Injury Prevention Information section of the Safety Information Guide.

I have read this section and understand its contents. While I understand and acknowledge that I am not an employee of FedEx Ground, I understand that compliance with the contents of the Safety Information Guide is a precondition for performing services under an agreement between FedEx Ground and a DOT service vendor

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ FedEx Vendor ID # (if applicable): \_\_\_\_\_

# Acknowledgement Form I

## Part Two TO BE COMPLETED BY CONTRACTOR

\_\_\_\_\_ has been trained in DOT Hazardous Materials  
(Name of Hazmat Employee)

in accordance with 49 CFR 172.702 and 49 CFR 172.704 through successful completion of the Hazardous Materials section of the Safety Information Guide and the Knowledge Check.

Station/Hub Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name of Person Providing Training: \_\_\_\_\_

Address of Person Providing Training: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Signature of Person Providing Training: \_\_\_\_\_

Title of Person Providing Training: \_\_\_\_\_

Training Completion Date: \_\_\_\_\_

\*Vendors are to provide their name and business address.

**Note:** This book cannot be used for FedEx Ground employees.

\*Training materials are located at 1000 FedEx Drive, Moon Township, PA 15108.

## Acknowledgement Form II

Required for first-time use only TO BE COMPLETED BY NEW HIRE

I \_\_\_\_\_  
(Name)

of \_\_\_\_\_  
(Company)

acknowledge receipt of the Alcohol Misuse and Controlled Substances Use section of the Safety Information Guide. I have read this section and understand its contents.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FedEx Vendor ID # (if applicable): \_\_\_\_\_