

Authorization to Transport a Passenger

CARRIER NAME

DOT #

LAST 6 VIN #S OF VEHICLE IN WHICH THE PASSENGER WILL BE TRANSPORTED

DRIVER/OPERATOR REQUESTING AUTHORIZATION

PASSENGER'S FULL NAME

ROUTE ORIGIN - ROUTE DESTINATION

ROUTE START DATE - ROUTE END DATE

Per FMCSR 392.60 the above named carrier hereby grants permission to the above named driver/operator to transport the above named passenger en route from the source to the destination as indicated above. This authorization is valid only for the route above mentioned and shall expires with the date indicated on this authorization form.

CARRIER'S REPRESENTATIVE FULL NAME

SIGNATURE

DATE

I, the above named driver/operator requesting permission to transport an otherwise unauthorized passenger, hereby agree to the terms set by the carrier:

- I, the driver/operator of the vehicle operating under the herein named carrier's authority take full responsibility for the passenger being transported in the vehicle identified in this authorization
- In case of emergency, I will not hold the carrier liable for any damages incurred by the passenger
- I agree to take full legal responsibility for any and all actions of the passenger including those that might break any laws
- I hereby agree to instruct the passenger of all FMCSA regulations pertinent to transporting a passenger and will make sure that the passenger abides by them
- I understand that this document is valid only for the route indicated herein and the dates set for this route. Any change of date due to delays will be reported to the carrier and a new written authorization will be created for the continuation of the route
- I understand that all and any damages done by the passenger to any property of the carrier shall become my financial responsibility, which I shall repay within 10 days of the damage being done

600 TOLLGATE RD, UNIT C
ELGIN, IL 60123

SUPPORT@ALLABOUTTRUCKS.US



ALLABOUTTRUCKS.US

PHONE: (224) 238-3155

FAX: (224) 238-3199