



A CRANE RENTAL, LLC
ALCOHOL AND DRUG TESTING PROGRAM

A Crane Rental, LLC
VERIFICATION OF RECEIPT OF
ALCOHOL AND DRUG TESTING PROGRAM

(to be completed by drivers)

I acknowledge that I have received a copy of A Crane Rental, LLC CFR49 Part 382 Alcohol and Drug Testing Program. I have read the Program in its entirety and will comply with its requirements.

A copy of this form will be retained in your Personnel file.

Driver Name (Please print)

Driver Signature

Date