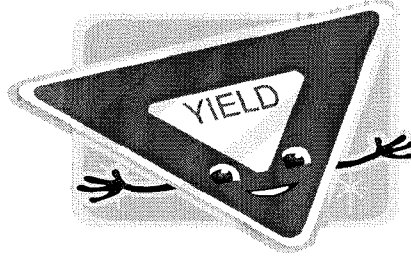


COMMERCIAL MOTOR VEHICLE REFRESHER



INSTRUCTOR: Roy Roberts, Lakes Region General Hospital

TOPICS TO BE DISCUSSED:

- | | |
|--|--|
| <input type="checkbox"/> WHO IS SUBJECT TO THE RULES | <input type="checkbox"/> HOURS OF SERVICE |
| <input type="checkbox"/> COMMERCIAL DRIVERS LICENSE | <input type="checkbox"/> DRIVER QUALIFICATIONS |
| <input type="checkbox"/> INSURANCE REQUIREMENTS | <input type="checkbox"/> VEHICLE INSPECTION REPORTS |
| <input type="checkbox"/> ACCIDENT REPORTING | <input type="checkbox"/> INSPECTION REQUIREMENTS |
| <input type="checkbox"/> DRUG & ALCOHOL TESTING | <input type="checkbox"/> DRIVING COMMERCIAL VEHICLES |
| <input type="checkbox"/> SAFE LOADING | <input type="checkbox"/> PARTS AND EQUIPMENT |
| <input type="checkbox"/> MEDICAL CERTIFICATE | <input type="checkbox"/> WHISTLE BLOWER ACT |
| <input type="checkbox"/> DRIVER WELLNESS | <input type="checkbox"/> CSA 2010 |
| <input type="checkbox"/> SURVIVING A DOT ROADSIDE INSPECTION | |

*** MEETS THE REQUIREMENTS UNDER §380.503 FOR ENTRY LEVEL CDL DRIVERS**

DATE: August 4, 2010

TIME: 8am-12pm

PLACE: NHMTA Training Room, 19 Henniker St Concord, NH

FEE: \$125.00 NHMTA MEMBERS

\$200.00 NON-MEMBERS

Cancellations must be received within 3 business days of the seminar

NHMTA-Commercial Motor Vehicle Refresher, PO Box 3898, Concord NH 03302 FAX: 603-225-9361

CONTACT: _____

PHONE: _____

COMPANY: _____

FEE ENCLOSED: _____

ADDRESS: _____

EMAIL: _____

ATTENDEES (NAMES)

