



# SWANA—CENTRAL CALIFORNIA SIERRA CHAPTER ROAD-EO Participant Application

Drivers Name:	Date:
Home Address:	
Telephone Number:	
Have you won a Chapter, City, County or Company's Road-EO: <b>YES / NO</b> Date:	Are you or your employer a SWANA member: <b>YES / NO</b>

<b>EMPLOYEE CERTIFICATION</b>	
Employer:	
Work Address:	Telephone:
Length of employment ( <i>dates</i> ):	The employee has been employed as a driver since ( <i>dates</i> ):
Equipment employee operates (type and manufacturer):	Has the employees attendance been satisfactory? <b>YES / NO</b>
Will a organization manager/owner be attending the competition? ( <i>if yes, state name and phone number</i> )	
I certify the employee has had no chargeable accidents or moving    Violations within the last 12 months  _____	

<b>Chapter Use:</b>
Date Registration Received:
Participation approved:
Notes: