



## ***DRIVER REINSTATEMENT / REVOCATION FORM***

Employee Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Badge Number: \_\_\_\_\_

Badge Color: \_\_\_\_\_

**Remove Driver:** \_\_\_\_\_

**Reinstate Driver:** \_\_\_\_\_

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Sponsor Signature**

\_\_\_\_\_  
**Date**

***SECURITY PERSONNEL ONLY***

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