**City of Los Angeles Department of Transportation**

**Company Temporary Training Permit Letter**

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| **LA-DOT Permit Applicant’s Name:** |  |
| **LA-DOT Permit Applicant’s DOB:** |  |
| **LA-DOT Permit Applicant’s CDL No.:** |  |
| **Company Issuing TTPL:** |  |
| **LA-DOT Permit Application Type:** | □ Ambulance Driver □ Ambulance Attendant |
| **LA-DOT Permit Application Scheduled Appointment Date:** |  |
| **LA-DOT Company TTPL Issue Date:** |  |
| **LA-DOT Company TTPL Issued by:** |  |
| **Temporary Authorization Expiration Date:** |  |

This letter, known as the Temporary Training Permit generated by the company indicated above and issued on company letterhead, gives the driver’s identifying information and shows the date of the driver’s or attendant’s appointment date. This letter shall expire based on the applicable event indicated below, whichever occurs first:

1. At the time the driver/attendant receives the permit issued by the LADOT under the application this letter was issued.
2. Upon notice of application denial by LADOT.
3. No later than 10 days after the scheduled appointment date indicated above.

**This letter must always be in the immediate possession of the driver/attendant whenever they are assigned to an LADOT permitted vehicle.**

Applicant Acknowledgment

By affixing my signature below, I hereby acknowledge that I have read this document in its entirety and understand my responsibilities while assigned to an LADOT permitted vehicle. I further acknowledge that I will not work on an LADOT permitted vehicle without a valid LADOT permit after the applicable expiration date set forth herein.

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|  |  |  |
| Applicant’s Signature |  | Date Signed |

Company Representative Issuing this LA-DOT Company TTPL Acknowledgement

By affixing my signature below, I hereby acknowledge and affirm I have verified the appointment date indicated above for this applicant. I have entered the expiration date of this TTPL into the Company’s computer-aided dispatch system to auto-notify operations upon expiration of this TTPL.

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| Company Representative’s Signature |  | Date Signed |