

WorkInvestNH

TRANSPORTATION SECTOR CDL RETENTION INCENTIVE PAYMENT REQUEST

Vendor # _____

PO # _____

In order to obtain the **\$500** TRANSPORTATION SECTOR CDL RETENTION INCENTIVE PAYMENT the employer must fill out this form and provide the requested information.

Please provide the following information for each employee that you are seeking the **\$500** TRANSPORTATION SECTOR CDL RETENTION INCENTIVE PAYMENT:

Company Name

Employee Name

Last 4 of SSN

Date of Hire

Date CDL Obtained

I certify on behalf of the employer, that the employer has 20 or fewer active vehicles in employer's transportation fleet requiring an operator with a CDL. Yes No

I certify on behalf of the employer that the above listed employee has been employed by the employer for at least six (6) months in a position requiring the employee to maintain a CDL. Yes No

By submitting this application for a **TRANSPORTATION SECTOR CDL RETENTION INCENTIVE** payment and signing below on behalf of the employer I certify that the payment will be paid in its entirety to the appropriate employee listed above without deduction by the employer. Further, this payment will be delivered to the employee in the next available employee compensation payment schedule. Further, I acknowledge I am authorized to submit this application on behalf of the employer/applicant and that all of the information provided herein is accurate to the best of my knowledge and ability.

Signature

Date

Title

Please email completed forms to: **WorkInvestNH-Transportation@nhes.nh.gov**

NHES Approver Name

NHES Approver Signature

Date