



D.O.T. PHYSICAL REIMBURSEMENT FORM

MEMBER INFORMATION

Full Name

Social
Security #

Full Address

Book #

Phone #

Amount Paid

Date:

**SAFETY, EDUCATION &
TRAINING TRUST FUND
HEAVY & GENERAL
LABORERS' LOCAL 172 & 472**

EMPLOYEE TRUSTEES

Manuel Amador, Co - Chairman

Derek Brooks

Michael Hellstrom

Anthony Capaccio

Robert Campos

EMPLOYER TRUSTEES

David Rible, Co - Chairman

Jack Kocsis, Jr.

Jeffrey Waters

Frank Criscola, Jr.

Brian Delpome

PROGRAM DIRECTORS

Local 172
George Samuelsen, Jr.

Local 472
Joseph Scerbo III

I have presented proof of a D.O.T. Physical for the member above, along with the receipt for payment to the S.E.T. Fund for Reimbursement.

By signing this form, the member acknowledges receipt of such reimbursement in the amount not to exceed \$90.00

Signature

Please attach copies of:

- Valid DOT Medical Card
- Receipt of Purchase
- Front & Back of Member Book



609 - 567 - 1959 ext. 1



1100 Black Horse Pike



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local172set@gmail.com