



RRECS DPM & LTM Certification

Office Name: _____

EAS Name: _____

Carrier Name: _____

Route Number: _____

Did management review DPM and LTM with the assigned carrier? YES _____ NO _____

Did management print out the RRECS documents from LTM? YES _____ NO _____

Were there any changes or updated made to the route? YES _____ NO _____

Did management send the Edit book to AMS this month? YES _____ NO _____

Employee Signature

Date

Management Signature

Date