



**Driver Qualification File Packet  
CMV OVER 26,001 LBS.**

*Company Information*

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Office #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Fax #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Driver Name: \_\_\_\_\_  
*Last Name First Name Middle*

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
*Month Day Year*

Driver's License #: \_\_\_\_\_ License State: \_\_\_\_\_

License Type/Class: \_\_\_\_\_ License Exp. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Month Day Year*

Endorsements: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Driver's Home Address: \_\_\_\_\_

\_\_\_\_\_  
*City State Zip*

Home Phone #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Cell Phone #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

**Send all completed documents to DOTC&SS for processing.**

**Via Regular Mail:**

DOT Compliance & Safety Solutions, LLC  
P.O. Box 420  
Lebanon, NJ 08833

**Via Fedex/UPS or Overnight Mail:**

DOT Compliance & Safety Solutions, LLC  
c/o Charles Schwenzer  
71 Deer Hill Road  
Lebanon, NJ 08833

**COPY OF DRIVER'S LICENSE**

(FRONT)

**COPY OF DRIVER'S LICENSE**

(BACK)

COPY OF MEDICAL CARD

COPY OF SOCIAL SECURITY CARD

***THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY  
ALL ACCOUNT HOLDERS***

**IMPORTANT DISCLOSURE  
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with \_\_\_\_\_ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize \_\_\_\_\_ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

*LAST UPDATED 12/22/2015*

# DRIVER'S APPLICATION FOR EMPLOYMENT

MCF 20

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(print)

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

## FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 2391.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Social Security number



(answer all questions - please print)

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

**Current Address**

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Street
City

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_\_\_ yr./mo.

### Previous Addresses

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_ yr./mo.

Street	City	State & Zip Code	How Long?	yr./mo.
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Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_ yr./mo.

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish.

**All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.**

**Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide and additional 7 years information on those employers for whom the applicant operated such vehicle.**

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				



# **EMPLOYMENT HISTORY (continued)**

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)  
EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)		
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)		
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)		
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	—		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	—		
OTHER _____			

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) (CITY, STATE)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DISCLOSURE AND AUTHORIZATION FORM

, (the "Company") may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment.

HireRight, Inc., or another consumer reporting agency, will obtain the reports for the Company. HireRight, Inc. is located at 5151 California Avenue, Irvine, CA 92617, and can be contacted at 800-490-7983. The reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company at: \_\_\_\_\_ [*insert name, title, address and phone number for contact at your Company*]. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

### ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, New York or Washington applicant, please also note:

**CALIFORNIA:** Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

**NEW YORK:** You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

**MAINE:** You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

**WASHINGTON STATE:** If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

## **AUTHORIZATION**

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as HireRight, Inc., to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the Company.

**California, Minnesota or Oklahoma applicants only --** You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

☐ I wish to receive a free copy of the report.

Applicant Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security No.\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Present Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Prior Addresses \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Driver's License # \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

\* This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.

*Para informacion en español, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave., N.W., Washington, DC 20580*

## **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

- ☐ **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- ☐ **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - ☐ a person has taken adverse action against you because of information in your credit report;
  - ☐ you are the victim of identity theft and place a fraud alert in your file;
  - ☐ your file contains inaccurate information as a result of fraud;
  - ☐ you are on public assistance;
  - ☐ you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- ☐ **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- ☐ **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- ☐ **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has verified as accurate.



- ❑ **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- ❑ **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- ❑ **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- ❑ **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- ❑ **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- ❑ **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator- GIPSA Washington, DC 20250 202-720-7051

INQUIRY TO STATE AGENCY FOR DRIVER'S RECORD

Driver's Name \_\_\_\_\_

Driver's Operators Lic. No. \_\_\_\_\_

Driver's Social Sec. No. \_\_\_\_\_

Driver's Birth Date \_\_\_\_\_

State License Issued \_\_\_\_\_

Dear Sir:

The above listed individual has made application with us for employment as a driver. He has indicated that the above numbered operators license or permit has been issued by your State to him and that it is in good standing.

In accordance with Section 391.23(a) (1) and (b) of the Federal Motor carrier Safety Regulations we are required to make inquiry into the driving record during the preceeding 3 years of every State in which an applicant-driver has held a motor vehicle operators license or permit during those three years.

Therefore, please certify to us what the individual's driving record is for the preceeding 3 years, or certify that no driving record exists if that may be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

\_\_\_\_\_  
Signature of individual making inquiry

Charles Schwenzer III/Safety Consultant

\_\_\_\_\_  
Title

To whom it may concern:

You are authorized to give to the Motor Carrier listed below all information pertaining to my driving record and you are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
Signature of person authorizing release of driving record

Motor Carrier Name

Street

City

State

Zip

## MOTOR VEHICLE DRIVER'S

### Certificate of Violations/Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of citations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

#### SECTION 1 – CERTIFICATE OF VIOLATIONS (COMPLETED BY DRIVER)

NAME OF DRIVER (PRINT)

SOCIAL SECURITY #

DATE OF BIRTH

HOME TERMINAL (CITY,STATE)

DRIVER'S LICENSE NUMBER

STATE

LICENSE EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

If you have had no violations, check the following box – ☐ NONE

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

If no violation is listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification (Today's Date): \_\_\_\_\_ Driver's Signature: \_\_\_\_\_

#### SECTION 2 - ANNUAL REVIEW OF DRIVING RECORD (COMPLETED BY MOTOR CARRIER)

MOTOR CARRIER INSTRUCTIONS: Review the Certificate of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information required below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she:

- ☐ Meets minimum requirements for safe driving ☐ Is disqualified to drive a motor vehicle pursuant to Section 391.25
- ☐ Does not adequately meet satisfactory driving performance

Action taken with driver:

Reviewed by: Signature

Charles Schwenzer III

Printed Name

Date

Safety Consultant

Title

Motor Carrier Name

Motor Carrier Address

**EMPLOYER CHECK ON DRUG & ALCOHOL TESTING RECORD**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

The purpose of this request is to obtain your verbal and documented response as to whether you have tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by D.O.T. agency drug and alcohol testing rules during the past two years.

**APPLICANTS' RESPONSE (circle correct entry below)**

I have / have not within the past two years failed to pass, or refused to take a pre-employment drug, or alcohol test in conformance with D.O.T. regulations.

I have / have not tested positive on a pre-employment drug or alcohol test within the past two years.

Explanation \_\_\_\_\_  
\_\_\_\_\_

I refused / have not refused to take a pre-employment drug and alcohol test within the past two years.

Explanation \_\_\_\_\_  
\_\_\_\_\_

**If applicant admits to testing positive or refused to test complete below:**

**APPLICANT'S RESPONSE (circle correct entry below)**

I have / have not successfully completed the return to duty process prescribed by D.O.T. regulations.

I have accurately answered the questions above to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Employer  
Representative Asking the Questions

**NOTE:** If the applicant driver admits to a positive test or a refusal to test you must not use the applicant to perform safety sensitive functions until and unless you document successful completion of the return to duty process. (See S-40.25 (b) (5) and (e))



**SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) \_\_\_\_\_ First, M.I., Last \_\_\_\_\_ hereby authorize: \_\_\_\_\_  
 Social Security Number XXX-XX-\_\_\_\_\_  
 Date of Birth \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Fax No.: \_\_\_\_\_

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from \_\_\_\_\_  
 (date of employment application)

To: \_\_\_\_\_

Prospective Employer: \_\_\_\_\_  
 Attention: Jennifer Schwenzer/DOT Consultant Telephone: (908)840-4102  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: (908)325-0062  
 Prospective employer's confidential email address: jennifer@dotsafety solutions.com

\_\_\_\_\_  
 Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

This information is being requested in compliance with §40.25 and §391.23.

**SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER****ACCIDENT HISTORY**

The applicant named above was employed by us. Yes ☐ No ☐  
 Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. Did he/she drive motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐  
 Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) \_\_\_\_\_

2. Reason for leaving your employ: Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐

If there is no safety performance history to report, check here ☐, sign below and return.

**ACCIDENTS:** Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here ☐ if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Any other remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3:****TO BE COMPLETED BY PREVIOUS EMPLOYER****DRUG AND ALCOHOL HISTORY**

If driver was **not** subject to Department of Transportation testing requirements while employed by this employer, please check here ☐, fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom of Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

**YES NO**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?             | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

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

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

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Section 3 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4a:****TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other \_\_\_\_\_

By: Jennifer Schwenzer Date: \_\_\_\_\_

**SECTION 4b:****TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone

Date: \_\_\_\_\_ ☐ Other \_\_\_\_\_

**INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST****SIDE 1 SECTION 1: Prospective Employee**

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

**SIDE 2 SECTION 4a: Prospective Employer**

- Complete the information required in this section
- Send to Previous Employer

**SIDE 1 SECTION 2: Previous Employer**

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

**SIDE 2 SECTION 3: Previous Employer**

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

**SIDE 2 SECTION 4b: Prospective Employer**

- Record receipt of the information
- Retain the form



## ALL ACCIDENTS

Every driver of a motor vehicle involved in an accident from which there results injury to or death of any person or persons, or property damage of any kind, regardless of the amount shall:

- (a) Stop immediately:
- (b) Take all necessary precautions to prevent further accidents at the scene:
- (c) Render all reasonable assistance to injured persons (movement of injured persons by a driver should not be undertaken if likely to cause further injury).
- (d) Give to any person demanding the same; his name and address, the name and address of the motor carrier for whom he is then driving, the state tag registration number of the vehicle involved, and, if requested, exhibit his chauffeur's or operator's license.
- (e) *Report all details of the accident as soon as practicable after its occurrence to the motor carrier then using his services.*

**YOUR FAILURE TO ABIDE BY THESE REQUIREMENTS MAY SUBJECT YOU TO DISCIPLINARY ACTION, DISQUALIFICATION AS A DRIVER, AND POSSIBLE PROSECUTION BY THE DEPARTMENT OF TRANSPORTATION.**

---

DATE

---

SIGNATURE

## DRIVER VEHICLE INSPECTION REPORT

Every driver must prepare a vehicle inspection report in writing at the completion of each days work on each vehicle he operates. The report shall identify the motor vehicle and list any defect or deficiency discovered by or reported to the driver which would affect safety operation of the motor vehicle or result in its mechanical breakdown or indicate no such defects or deficiencies were discovered by or reported to the driver.

Vehicle inspection reports shall cover at least the following parts and accessories.

1. Service Brakes including trailer brake connection.
2. Parking (hand) brake.
3. Steering mechanism.
4. Windshield wipers.
5. Rear vision mirrors.
6. Coupling devices.
7. Tires.
8. Horn.
9. Wheels and rims.
10. Emergency equipment.
11. Lighting devices and reflectors.

Before driving a motor vehicle, the driver shall:

- (a) Be satisfied that the motor vehicle is in safe operating condition;
- (b) Review the last driver vehicle inspection report; and
- (c) Sign the report, only if defects or deficiencies were noted by the driver who prepared the report, to acknowledge that the driver has reviewed it and that there is a certification that the required repairs have been performed. The signature requirement does not apply to listed defects on a towed unit which is no longer part of the vehicle combination.

Motor Carriers or their agent(s) must certify on the vehicle inspection report which list any defect or deficiencies that the defect or deficiencies have been corrected or that correction is unnecessary for safe operation.

---

Date

---

Signature



## INTOXICATING BEVERAGE

**(a) No person shall - - -**

- (1) Consume an intoxicating beverage, regardless of its alcoholic content, or be under the influence of an intoxicating beverage within 4 hours before going on duty or operating, or having physical control of a motor vehicle; or
- (2) Consume an intoxicating beverage, regardless of the alcoholic content, or be under the influence of an intoxicating beverage, while on duty, or operating, or in physical control of, a motor vehicle; or
- (3) Be on duty or operate a motor vehicle while he possesses an intoxicating beverage, regardless of its alcoholic content. However, this subparagraph does not apply to possession of an intoxicating beverage which is manifested and transported as a part of a shipment.

**(b) No motor carrier shall require or permit a driver to - - -**

- (1) Violate any provision of paragraph (a) of this section; or
- (2) Be on duty or operate a motor vehicle if, by his general appearance or by his conduct or by other substantiating evidence, he appears to have consumed an intoxicating beverage within the preceding 4 hours.

---

Date

---

Signature

# IT'S A FACT

Drivers and Motor Carriers share a common responsibility to comply and be conversant with the Department of Transportation Safety Regulations. Your knowledge of the information presented here is important to you in your profession.

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## INSPECTION REPORTS

"The driver of any motor vehicle receiving a D.O.T., P.U.C. State police, State Motor vehicle or any other official inspection report, shall deliver such report to the motor carrier operating the vehicle upon his arrival at the next terminal or facility of the motor carrier if such arrival occurs within twenty-four (24) hours. If you are leased to another carrier at the time of the inspection, it is the carrier you are leased to that must get the inspection report.

"If the driver does not arrive at a terminal or facility of the motor carrier operating the motor vehicle within twenty-four (24) hours he shall immediately mail such report to the motor carrier."

During such inspections, the driver is considered on-duty-not-driving and if he prepares a daily log must enter this time spent accordingly, noting on his log in addition to the name of the City and State where the stoppage occurs; the reason thereof, (Example: Somerville N.J. D.O.T. check).

Note: A copy of the official inspection report must be maintained at the motor carrier's principal place of business or where the vehicle is housed for 12 months from the date of completion.

---

Date

---

Signature



## LOG FALSIFICATION

Failure to complete the Daily Log, failure to preserve a Daily Log, or making false reports in connection with the Daily Log shall make the driver and/or the carrier liable to prosecution under Federal Regulations.

Every driver can avoid the enforcement exposure of the above requirement by:

- (1) **PREPARING THE DAILY LOG AND KEEPING IT CURRENT.**  
Do not wait until the end of the day, or worse, until the end of the trip to prepare your log.
- (2) **CHECK TOLL RECEIPTS FOR DATE AND TIME ENTRIES AND MAKE CERTAIN YOUR LOG IS IN HARMONY.**  
These receipts are always compared when verifying the accuracy of the log.
- (3) **CHECK SUPPORTING DOCUMENTS, SUCH AS DELIVERY RECEIPTS, PORT OF ENTRY PERMITS, DATE AND TIME STAMPED BILLS OF LADING, D.O.T., P.U.C., STATE VEHICLE INSPECTION REPORTS, ACCIDENT REPORTS, etc.**  
All of the above are routinely checked for dates and times to further verify the accuracy of the Log. It is vital that these records all agree with one another and are in harmony.
- (4) Any carrier record and/or supporting document may be used by the D.O.T. to verify Log accuracy: In addition, supporting documents must be maintained in such a way that the D.O.T. auditors can use them to verify logs.
- (5) Filing all driver's receipts in one central location is a "salad shooter approach" that "does not comply with the spirit of the law and frustrates proper enforcement" because investigation are "unable to use the toll receipt to check for hours-of-service falsification".

**The Hours of Service Law** is reasonable ... it is designed to protect the driver and the public. Your Log must be a perfect reflection of your daily activities.

---

Date

---

Signature

## LICENSE REVOCATIONS

### DUTIES OF DRIVER

### NOTIFICATION OF LICENSE REVOCATION

A driver who receives a notice that his license, permit or privilege to operate a motor vehicle has been revoked, suspended or withdrawn shall notify the motor carrier that employs him of the notice before the end of the business day following the day he received it.

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, or destroyed, close your record by notifying the state of issuance that you no longer want to be license by that state.

- 2) NOTIFICATION of LICENSE SUSPENSION, REVOCATION or CANCELLATION:** Section 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued the license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_.

DRIVER CERTIFICATION: I certify that I read and understood the above requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date \_\_\_\_\_



## MAXIMUM DRIVING – PROPERTY CARRYING VEHICLE

Subject to the exception and exemptions in §395.1

No motor carrier shall permit or require any driver used by it to drive a property-carrying commercial motor vehicle, nor shall any such driver drive such vehicle:

1. More than 11 cumulative hours following 10 consecutive hours off-duty;  
or
2. For any period after the end of the 14<sup>th</sup> hour after coming on-duty following 10 consecutive hours off-duty, or
3. Having been on-duty 60 hours in any period of 7 consecutive days, or
4. If the motor carrier operates commercial motor vehicle every day of the week having been on-duty 70 hours in any period of 8 consecutive days.
5. Note any period of 8 consecutive days may end with the beginning of any off-duty period of 34 or more consecutive hours.

Changes – Compliance Date - July 1, 2013

1. The restart (no. 5 above) must include:
  - a. Two periods between 1:00 a.m. and 5:00 a.m. home terminal time.
  - b. May only be used once per week.
2. A new provision that allows drivers to drive the full 11-hour limit provided they have had a break of at least 30 minutes sometime within the previous 8 hours.
3. Egregious violations (3 or more hours above the limit) are considered sufficient to warrant up to the maximum penalties permitted by law.

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

# IT'S A FACT

Drivers and Motor Carriers share a common responsibility to comply and be conversant with the Department of Transportation Safety Regulations. Your knowledge of the information presented here is important to you in your profession.

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## MEAL, REST & ROUTINE STOPS

A recent interpretation by the Department of Transportation outlines the circumstances under which **Meal, Coffee and other Routine Stops** by a driver while he is **Enroute** to a destination **May be Logged as Off-Duty**. Accordingly, a driver may log the duration of a routine enroute stop as Off-Duty Time under the following conditions:

1. **During the Routine Stop** you are relieved of all duty and all responsibility for the care and custody of the vehicle, its accessories and cargo. You **are not**, however, relieved of the responsibility of utilizing safe and proper parking procedures before leaving your unit to avoid any possible theft or unintentional rolling away of your unit.
2. **The duration of your routine enroute stops is limited to** \_\_\_\_\_ for each tour of duty (rest periods of less than 10 minutes duration are considered insufficient to achieve a substantial reduction in your fatigue, therefore must be logged on-duty).
3. **During the Stop**, and for the duration of the stop, you are at liberty to pursue activities of your own choosing.

This interpretation deals solely with the characterization of meal stops or other routine stops while enroute. It does not deal with the characterization of stops at a carrier's terminal or a shipper's premises.

In connection with the latter, time spent at any of your terminals, or at a shipper's premises **waiting to be dispatched may also be logged Off-duty** provided:

- A. You have been relieved of duty by your dispatcher.
- B. You enter on your log **above the Off-Duty Line** the initials of the dispatcher authorizing the off-Duty period.

Every driver is reminded that the relief from duty outlined above is intended solely to provide an opportunity to rest and relax from the rigors connected with the operation of a commercial motor vehicle. If our experience indicates the intended purpose is not being served, it may be withdrawn.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

# IT'S A FACT

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QC-8

## NARCOTICS - AMPHETAMINES

No person shall operate, or be in physical control of a motor vehicle if he possesses or is under the influence of, or is using any of the following substances:

- (1) A narcotic drug or any derivative thereof.
- (2) An amphetamine or any formulation thereof (including, but not limited to, "pep pills" and "bennies"),
- (3) Any other substance, to a degree which renders him incapable of safely operating a motor vehicle.

---

Date

---

Signature



## ON-DUTY TIME DEFINED

**On duty time** means all time from the time the driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work. **On duty time** shall include:

- (1) All time at a carrier or shipper plant, terminal, facility, or other property, or any public property, waiting to be dispatched, unless the driver has been relieved from duty by the motor carrier;
- (2) All the time inspecting equipment as required by S-392.7 and 392.8 of this chapter or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
- (3) All driving time as defined in the term **driving time** in this section;
- (4) All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth as defined by the term **sleeper berth** of this section;
- (5) All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded;
- (6) All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle;
- (7) All time spent providing a breath sample or urine specimen, including travel time to and from the collection site, in order to comply with random, reasonable suspicion, post-accident, or follow-up testing required by part 382 or part 391, subpart H, of this subchapter, whichever is applicable, when directed by a motor carrier.
- (8) Performing any other work in the capacity of, or in the employ of service of a common, contract, or private carrier; and
- (9) Performing any compensated work for any non-motor carrier entity.

## TO CONSERVE ON-DUTY TIME

The following four (4) methods are commonly used:

- (1) **TAKE A 10-HOUR BREAK** - Off-Duty - Line 1 of Log (You may combine sleeper berth with off-duty time only when have taken 10-hours off and the periods are consecutive).
- (2) **USE THE SLEEPER BERTH** - Line 2 of Log in periods of 15 minutes or more (when not used for the 10-hour break - the time counts towards the 14-hour restriction).
- (3) **USE MEAL & REST STOP RELIEF** (per interpretation No. 70-1) to limits set forth in the Meal & Rest Stop Relief notice - Line 1 of Log.
- (4) **USE RELIEF OF DUTY** under section 395.2 (a) (1) when you have been properly relieved of duty - Line 1 of Log.

Any driver who carefully reviews the above can easily determine that it is almost impossible not to log some on-duty not driving time on Line 4 of the graph. A driver who fails to log some Line 4 time may be inviting an investigation of his/her logs merely because of the failure to ever log any such time.

### THINK ABOUT THIS!

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_



# IT'S A FACT

Drivers and Motor Carriers share a common responsibility to comply and be conversant with the Department of Transportation Safety Regulations. Your knowledge of the information presented here is important to you in your profession.

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## RAILROAD GRADE CROSSINGS

A driver who is convicted of operating a CMV in violation of a federal, state, or local law or regulation pertaining to one of the following six offenses at a railroad highway grade crossing must be disqualified for:

- A. Not less than 60 days for the first offense;
- B. Not less than 120 days, if a second conviction occurs within any three year period;
- C. Not less than one year, if a third conviction occurs within any three year period.

## SIX GRADE CROSSING OFFENSES

1. For drivers who are not required to always stop, failing to slow down and check that the tracks are clear of an approaching train;
2. For drivers who are not required to always stop, failing to stop before reaching the crossing, if the tracks are not clear;
3. For drivers who are always required to stop, failing to stop before driving onto the crossing;
4. For all drivers, failing to have sufficient space to drive completely through the crossing without stopping;
5. For all drivers, failing to obey a traffic control device or the directions of an enforcement official at the crossing;
6. For all drivers, failing to negotiate a crossing because of insufficient undercarriage clearance.

Date \_\_\_\_\_ Driver's Signature \_\_\_\_\_

# IT'S A FACT!

Drivers and Motor Carriers share a common responsibility to comply and be conversant with the Department of Transportation Safety Regulations. Your knowledge of the information presented here is important to you in your profession.

## **SAFE PARKING**

It is company policy that you **MUST** find suitable and safe parking for your equipment. Parking on the shoulder of the road is unacceptable. You are responsible for any and all rear end collisions if parked on the shoulder.

You can find suitable parking at a truck stop, rest area, or other designated locations, **BUT NOT** on the side of **ANY** interstate, or roadway.

Use common sense when parking your equipment for any reason or length of time. Use the shoulder of the road for **EMERGENCIES ONLY**.

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

Signed: \_\_\_\_\_

# IT'S A FACT

Drivers and Motor Carriers share a common responsibility to comply and be conversant with the Department of Transportation Safety Regulations. Your knowledge of the information presented here is important to you in your profession.

QC-3

## SEAT BELTS

If it's there, **USE IT!**

A motor vehicle which has a seat belt assembly installed at the driver's seat shall not be driven unless the driver has properly restrained himself with the seat belt.

After June 30, 1972, every bus, truck and tractor manufactured on or after January 1, 1965 must be equipped with a seat belt assembly installed at the driver's seat and at the right front out-board seat if the vehicle has one.

### IF IT'S THERE, USE IT!

Your failure to abide by this requirement may subject you to disciplinary action, disqualification as a driver and possible prosecution by the Department of Transportation.

Date \_\_\_\_\_ Driver's  
Signature \_\_\_\_\_

# IT'S A FACT

Drivers and Motor Carriers share a common responsibility to comply and be conversant with the Department of Transportation Safety Regulations. Your knowledge of the information presented here is important to you in your profession.

QC-6

## SPEEDING

Section 392.2 of the Federal Motor Carrier Safety Regulations requires that every motor vehicle be operated in accordance with the laws, ordinances and regulations of the jurisdiction in which the vehicle is being operated.

Section 392.6 of the Federal Motor Carrier Safety Regulations restricts the operation of any Motor Vehicle between points in such period of time as would necessitate the vehicle being operated at speeds greater than those prescribed by the jurisdiction in or through which the vehicle is being operated.

**The meaning of these sections is simply - - - NO SPEEDING!**

If your log indicates you traveled 565 miles in 10 hours, the entire distance covered by a 55 m.p.h. speed limit, the obvious conclusion is that you were speeding and you may be held accountable under the Federal requirements set forth above.

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Date

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Signature



# IT'S A FACT!

Drivers and Motor Carriers share a common responsibility to comply and be conversant with the Department of Transportation Safety Regulations. Your knowledge of the information presented here is important to you in your profession.

## **TAILGATING**

Pursuant to CFR 49, 392.2 of the Federal Motor Carrier Safety Regulations, you **MUST** comply with all state, county and local ordinances, rules and regulations. This includes rules about following close to the vehicle in front of you and traveling too fast for conditions.

It makes good sense to practice speed and distance management skills whenever you are operating any motor vehicle. Always give yourself a “cushion” between your vehicle and the vehicle in front, to allow for the unexpected. Adjust your speed and distance according to the environment. Continually keep a “projected path of travel” open for incidents that may arise, and **NEVER** drive too fast for conditions. **YOU** are responsible for **ALL** rear end collisions in which you are the last vehicle. The United States Department of Transportation (DOT) and the Federal Motor Carrier Safety Administration (FMCSA) consider the violation of **FOLLOWING TOO CLOSELY** a **CRITICAL** violation and can suspend your CDL privileges for a period of time. No license, no work!

## **WATCH YOUR DISTANCE**

# **Don't Tailgate**

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

Signed: \_\_\_\_\_

## UNAUTHORIZED PASSENGERS

Unless specifically authorized, in writing, to do so by the motor carrier under whose authority the motor vehicle is being operated, **no driver shall transport any person or permit any person to be transported on any motor vehicle other than a bus.**

When such authorization is issued, it shall state the name of the person to be transported, the points where the transportation is to begin and end, and the date upon which authority expires.

No written authorization, however, shall be necessary for the transportation of:

- (a) Employees or other persons assigned to a vehicle by the motor carrier.
- (b) Any person transported when aid is being rendered in case of accident or other emergency.
- (c) An attendant delegated to care for livestock.

---

Date

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Signature

# IT'S A SAFETY SOLUTION!

Drivers and motor carriers have a responsibility to fulfill and be familiar with all safety regulations of the Department of Transportation. Your understanding of the following is vital to you in your profession.

## ATTENTION DRIVERS!

### CELL PHONE AND TEXTING PROHIBITIONS

Recent deadly crashes involving drivers distracted by talking and texting while driving highlight a growing danger on our roads. Numerous studies have demonstrated how the use of hand-held cell phones while driving pose a significant safety risk to motorists, their passengers and others on the road. In fact, according to the National Highway Traffic Safety Administration (NHTSA), in 2008, nearly 6,000 people died in crashes involving a distracted driver.

\_\_\_\_\_ does not longer tolerate texting or talking on a hand-held phone while operating a company vehicle or while using a company issued cell phone while operating a personal vehicle. This includes, but is not limited to, answering or making phone calls, engaging in phone conversations, reading or responding to e-mails and text messages.

Employees are required to:

- Turn cell phones off or put on silent or vibrate before entering the vehicle
- Pull over to a safe place if a call must be made or received while on the road.
- Consider modifying voice mail greeting to indicate that you are unavailable to answer calls or return messages while driving.

\_\_\_\_\_ is concerned about the safety of its employees. It is our goal that if we lead by example, the practice of no texting or talking on hand-held cell phones while behind the wheel will spread throughout the community. Violations of this policy will lead to disciplinary action.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's Signature: \_\_\_\_\_

*DOT Compliance & Safety Solutions, LLC is providing this information as a service to our clients, intended for educational & advisory purposes only. Please be aware that while we try to keep the information timely and accurate, legislative and/or judicial actions are taking place on an ongoing basis and may significantly alter the existing information. Therefore, DOT Compliance & Safety Solutions, LLC makes no expressed or implied guarantee of the factual or legal accuracy of the information provided.*

**DRIVER ROAD TEST**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

EQUIPMENT TESTED ON: TRUCK TRACTOR TRAILER OTHER \_\_\_\_\_

OPERATION	GOOD	FAIR	POOR	OPERATION	GOOD	FAIR	POOR
Performance of pre-trip inspection				Driving on open road			
Tractor-trailer Hook-up & Un-hook				Passing other vehicles			
Starting motor				Backing up vehicle			
Use of clutch & transmission				Parking vehicle			
Braking to slow down & stop				Use of emergency equipment			
Other means to slow down				Use of other control vehicles			
Driving in traffic				Safe driving skills			
Use of signals				General driving attitude			

GENERAL PERFORMANCE RATING: SATISFACTORY NEEDS TRAINING UNSATISFACTORY

QUALIFIED TO OPERATE TRUCK TRACTOR-TRAILER OTHER \_\_\_\_\_

REMARKS:

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**CERTIFICATION OF ROAD TEST**

DRIVER'S NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

TYPE OF POWER UNIT \_\_\_\_\_ TYPE OF TRAILER(S) \_\_\_\_\_

This is to certify that the above-named driver was given a road test under my supervision on

\_\_\_\_\_ 20 \_\_\_\_\_ consisting of approximately \_\_\_\_\_ miles of driving.

It is my considered opinion that the driver possesses sufficient driving skills to operate safely the type(s) of commercial vehicle(s) listed above.

\_\_\_\_\_  
Signature of examiner\_\_\_\_\_  
Title\_\_\_\_\_  
Motor Carrier Name\_\_\_\_\_  
Motor Carrier Address



## PRIOR ON-DUTY STATEMENT

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Driver's License: State \_\_\_\_\_ Class \_\_\_\_\_ Endorsement(s) \_\_\_\_\_ Restrictions \_\_\_\_\_

Type of License \_\_\_\_\_

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								TOTAL HOURS
HOURS WORKED								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:

\_\_\_\_\_ A.M.  
\_\_\_\_\_ P.M. On \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year  
Time

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

## DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any nonmotor carrier entity.

Are you currently working for another employer?

☐ Yes

☐ No

At this time do you intend to work for another employer while still employed  
by this company?

☐ Yes

☐ No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

Witness:

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date

## **DOT Controlled Substance & Alcohol Policy/Educational Materials Driver Acknowledgement & Receipt**

This is to certify that I have been provided educational materials required by §382.601 AND my employer's policies and procedures with respect to meeting the Part 382 requirements of the FMCSR's.

I do hereby certify that I have received and read the company's drug free workplace policy and program regarding substance abuse and screening for substances. I understand that as a condition of my continued employment, that I may be requested to submit to a drug and alcohol abuse test as outlined in the company's substance abuse policy. I also understand that failure to comply with a request or a positive and confirmed test result will lead to termination.

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**Employee Name (Print)**

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**Date**

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**Employee Signature**

## DRIVER'S RECEIPT

I acknowledge receipt of J. J. Keller's *Alcohol & Drug Testing: Driver Awareness Training Driver Handbook* containing the following topics:

- Introduction
- Abbreviations
- Definitions
- Who is Covered by the Alcohol and Drug Regulations?
- What is a Safety-sensitive Function?
- What are the Alcohol and Drug Prohibitions?
- What Tests are Required and When Will I Be Tested?
  - ✓ Pre-employment
  - ✓ Post-accident
  - ✓ Random
  - ✓ Reasonable Suspicion
  - ✓ Return-to-duty and Follow-up
- What Happens if I Refuse to Be Tested?
- How is Drug and Alcohol Testing Performed?
- What are the Consequences of Violating the Drug and Alcohol Prohibitions?
- Where Can I Go for Help?
  - ✓ Self-admission of Alcohol and Drug Use
- What are the Effects of Drugs and Alcohol on the Body?

\_\_\_\_\_  
*Driver's Signature*

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

\_\_\_\_\_  
*Company*

\_\_\_\_\_  
*Facilitator's Signature*

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

\_\_\_\_\_  
*Company*

**NOTE:** This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place it in the driver's training file.



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## DRIVER'S RECEIPT

This issue of the FMCSR Pocketbook includes all revisions issued on or before December 12, 2009.

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (7-ORS-A). In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Parts 40, 380, 382, 383, 387, 390-397, 399 Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations, as contained therein.

\_\_\_\_\_  
DRIVER'S NAME (PLEASE PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DRIVER'S SIGNATURE

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
COMPANY SUPERVISOR'S SIGNATURE

1/10

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place in the driver's qualification file.

## DRIVER RECEIPT

I acknowledge receipt of this CMV DRIVER BASICS Handbook. This handbook outlines the requirements for Entry-Level Driver Training for interstate drivers as prescribed by the Federal Motor Carrier Safety Regulations (FMCSR) Part 380.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company

\_\_\_\_\_  
Company Supervisor's Signature

**NOTE:** This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place it in the driver's training file.