

# DRIVER APPLICATION FOR EMPLOYMENT

\$391.21

NAME OF CARRIER \_\_\_\_\_

Office Use Only:  
Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET
CITY
STATE
ZIP

Applicants are considered without regard to race, creed, color, sex, religion, age, national origin, or disability.

## PERSONAL DESCRIPTION

FULL NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST
FIRST
MIDDLE INITIAL  
 PHONE NO. (\_\_\_\_) \_\_\_\_\_  
AREA

CURRENT ADDRESS \_\_\_\_\_  
STREET
CITY
STATE
ZIP

LAST 3 YEARS \_\_\_\_\_  
STREET
CITY
STATE
ZIP

\_\_\_\_\_  
STREET
CITY
STATE
ZIP

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ AT PHONE NO. (\_\_\_\_) \_\_\_\_\_  
AREA

POSITION APPLYING FOR \_\_\_\_\_ PAY RATE EXPECTED \_\_\_\_\_

HAVE YOU WORKED FOR THIS COMPANY BEFORE? NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES FROM \_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_  
MONTH/YEAR
MONTH/YEAR

ARE YOU EMPLOYED? \_\_\_\_\_ WHEN WILL YOU BE AVAILABLE? \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT IN THIS COUNTRY BECAUSE OF IMMIGRATION STATUS? NO \_\_\_\_\_ YES \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY, MISDEMEANOR, OR CRIMINAL VIOLATION? NO \_\_\_\_\_ YES \_\_\_\_\_

## DRIVER'S LICENSE INFORMATION (This information will be verified)

VALID DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION \_\_\_\_\_

LICENSE TYPE (I.E. CDL CLASS A) \_\_\_\_\_ CDL ENDORSEMENTS \_\_\_\_\_

HAS YOUR LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, REVOKED, OR SUSPENDED?  
 NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, EXPLAIN REASON \_\_\_\_\_

HAVE YOU EVER BEEN DISQUALIFIED UNDER §383 OR §391 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?  
 NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, EXPLAIN REASON \_\_\_\_\_

I CERTIFY I DO NOT HAVE MORE THAN ONE DRIVER'S LICENSE \_\_\_\_\_

Applicant's Signature

## EDUCATION

PLEASE CIRCLE LAST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4  
 OTHER TRAINING \_\_\_\_\_

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? NO \_\_\_\_\_ YES \_\_\_\_\_

## DRIVING EXPERIENCE

TYPE OF EQUIPMENT	NUMBER OF YEARS	STATES YOU HAVE DRIVEN IN
TRACTOR		
TRAILER / TANK		
STRAIGHT TRUCK		
BUS		
OTHER (SPECIFY)		

## ACCIDENT RECORD LAST THREE YEARS (This information will be verified)

DATE	NATURE OF ACCIDENT (OVERTURN, JACK KNIFE, REAR END, ETC.)	NO. OF FATALITIES	NO. OF INJURIES	COMMERCIAL VEHICLE	PERSONAL VEHICLE

## TRAFFIC CONVICTIONS AND FORFEITURES (Other than parking) LAST THREE YEARS (This information will be verified)

STATE	DATE	CHARGE	PENALTY	COMMERCIAL VEHICLE	PERSONAL VEHICLE

(CONTINUED ON NEXT PAGE)

## EMPLOYMENT HISTORY

Non-CDL driver applicants must provide 3 years employment history. CDL driver applicants must provide 10 years. We are required under §391.23 to investigate your safety performance history of all Federal Motor Carrier Safety Administration regulated employers that you worked for in the preceding 3 years. We are required to investigate your participation in a U.S. DOT mandated drug and alcohol testing program, whether you violated any prohibitions under §382 subpart B, and whether you failed to undertake or complete rehabilitation as required under §382.605 or subpart O §40 of all U.S. DOT regulated employers that you worked for in the preceding 3 years. You must give written consent for these investigations in order to be considered for employment as a driver. You have due process rights regarding the information received from these investigations under §391.23(i).

All information obtained from previous employers will be kept confidential.

### LAST EMPLOYER:

NAME \_\_\_\_\_ PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

SUPERVISOR'S NAME \_\_\_\_\_

FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_ DID YOU OPERATE A CDL VEHICLE? YES \_\_\_\_\_ NO \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG AND ALCOHOL TESTING PROGRAM? YES \_\_\_\_\_ NO \_\_\_\_\_

### 2ND LAST EMPLOYER:

NAME \_\_\_\_\_ PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

SUPERVISOR'S NAME \_\_\_\_\_

FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_ DID YOU OPERATE A CDL VEHICLE? YES \_\_\_\_\_ NO \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG AND ALCOHOL TESTING PROGRAM? YES \_\_\_\_\_ NO \_\_\_\_\_

### 3RD LAST EMPLOYER:

NAME \_\_\_\_\_ PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

SUPERVISOR'S NAME \_\_\_\_\_

FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_ DID YOU OPERATE A CDL VEHICLE? YES \_\_\_\_\_ NO \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG AND ALCOHOL TESTING PROGRAM? YES \_\_\_\_\_ NO \_\_\_\_\_

## NOTICE TO APPLICANT

Applicant - If employer has not explained or given a job description, make sure one is given to you and that you fully understand what is expected of you prior to answering the following two questions.

CAN YOU PERFORM THE FUNCTIONS DESCRIBED IN THE JOB DESCRIPTION? \_\_\_\_\_

PLEASE EXPLAIN HOW, WITH OR WITHOUT REASONABLE ACCOMMODATION, YOU WILL BE ABLE TO PERFORM THOSE FUNCTIONS \_\_\_\_\_

## APPLICANT MUST READ AND SIGN

I agree and understand that any misrepresentations or omissions of information or facts given on this form shall be considered an act of falsification.

I agree and understand that the carrier or its agents may investigate any and all information given on this form to determine its validity. I understand that all employment history information from previous employers will be used by the carrier only as part of deciding whether to hire me.

I understand that under U.S. DOT regulation §391.23(i), I cannot bring an action or proceeding for defamation, invasion of privacy, or interference with a contract against this carrier or any previous employer based on furnishing or using employment history information.

I agree to furnish such additional information and complete such examinations as may be required to complete my driver qualification and employment files.

If hired, I agree to abide by all the rules and policies of this carrier.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

## OFFICE USE ONLY

APPLICATION RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF COMPANY REPRESENTATIVE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE OF HIRE

# REQUEST FOR OFFICIAL COPY OF DRIVING RECORD

DATE     /     /    

**FROM:**

COMPANY \_\_\_\_\_  
 NAME/TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_

**ISSUED TO:**

STATE AGENCY \_\_\_\_\_  
 NAME/TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_

\_\_\_\_\_ FOLD FOR USE IN WINDOW ENVELOPE \_\_\_\_\_

The person named below has either applied or is being re-certified with our company for the position of a commercial motor vehicle driver. The Federal Motor Carrier Safety Regulations require us to obtain an official copy of the driving record for the past 3 years on all commercial motor vehicle drivers.

Please furnish us with the driving record of the person named below, or certify that no record exists. In the event that this request does not satisfy your requirements for making such a request, please send us the necessary form.

Enclosed you will find check no. \_\_\_\_\_ for \$ \_\_\_\_\_ to cover the cost.

Sincerely,

\_\_\_\_\_  
 SIGNATURE OF COMPANY OFFICIAL

NAME OF COMMERCIAL MOTOR VEHICLE DRIVER \_\_\_\_\_  
FIRST MIDDLE LAST  
 ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP  
 LICENSE NO. \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH     /     /    

## Commercial Motor Vehicle Driver's Release Authorization

I authorize you to release my driving record to the motor carrier named above.

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

    /     /      
 DATE

I hereby certify that we will use the driving record for the sole purpose stated above.

\_\_\_\_\_  
 SIGNATURE OF REQUESTER

**\* NOTARIZATION**  
 Subscribed and sworn to before me:  
    /     /      
 DATE

**\* Please Note:** Some States do not require this form to be notarized. Some States will not accept this form. See phone numbers on back.

\_\_\_\_\_  
 SIGNATURE OF PERSON ADMINISTERING OATH

SEAL

**MOTOR VEHICLE DEPARTMENT PHONE NUMBERS FOR OBTAINING DRIVING RECORD**

**ALABAMA - (334) 242-4400**

**ALASKA - (907) 465-4361**

**ARIZONA - (602) 255-0072**

**ARKANSAS - (501) 682-7207**

**CALIFORNIA - (916) 657-8098**

**COLORADO - (303) 205-5613**

**CONNECTICUT - (860) 263-5154**

**DELAWARE - (302) 744-2506**

**WASHINGTON DC - (202) 727-5000**

**FLORIDA - (850) 922-9000**

**GEORGIA - (687) 413-8441**

**HAWAII - (808) 538-5530**

**IDAHO - (208) 334-8736**

**ILLINOIS - (217) 782-2720**

**INDIANA - (317) 233-6000**

**IOWA - (515) 244-9124**

**KANSAS - (785) 296-3671**

**KENTUCKY - (502) 564-6800**

**LOUISIANA - (877) 368-5463**

**MAINE - (207) 624-9000**

**MARYLAND - (410) 787-7758**

**MASSACHUSETTS - (617) 351-9213**

**MICHIGAN - (517) 322-1624**

**MINNESOTA - (651) 296-6911**

**MISSISSIPPI - (601) 987-1274**

**MISSOURI - (573) 751-4600**

**MONTANA - (406) 444-3292**

**NEBRASKA - (402) 471-3918**

**NEVADA - (775) 684-4590**

**NEW HAMPSHIRE - (603) 271-2322**

**NEW JERSEY - (609) 984-7771**

**NEW MEXICO - (505) 827-2234**

**NEW YORK - (518) 473-5595**

**NORTH CAROLINA - (919) 715-7000**

**NORTH DAKOTA - (701) 328-2603**

**OHIO - (614) 752-7600**

**OKLAHOMA - (405) 425-2262**

**OREGON - (503) 945-5000**

**PENNSYLVANIA - (717) 391-6190**

**RHODE ISLAND - (401) 721-2650**

**SOUTH CAROLINA - (803) 737-4000**

**SOUTH DAKOTA - (605) 773-6883**

**TENNESSEE - (615) 741-3954**

**TEXAS - (512) 424-2032**

**UTAH - (801) 965-4437**

**VERMONT - (802) 828-2050**

**VIRGINIA - (804) 367-0538**

**WASHINGTON - (360) 902-3839**

**WEST VIRGINIA - (304) 558-0238**

**WISCONSIN - (608) 266-2353**

**WYOMING - (307) 777-4800**

# STATEMENT OF PRIOR ON-DUTY TIME

§395.8(1)(2)

For new hire, multiple employer, and part-time driver employees.

Motor carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carriers.

## 7 DAYS PRIOR TIME

DAY	1	2	3	4	5	6	7	
DATE AND DAY OF WEEK								TOTAL HOURS
TOTAL HOURS WORKED								

I certify that the total hours on-duty for the 7 previous days listed above are true and correct.

I was relieved from duty at \_\_\_\_\_ a.m./p.m. on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
HOUR OF DAY DATE

DRIVERS SIGNATURE

DRIVERS PRINTED NAME

No. 1107

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1-800-367-9100

PO Box 898 Milford, DE 19963

## Motor Vehicle Driver's

### CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** 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, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) 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 your 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 have read and understood the above requirements.

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

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

Notes: \_\_\_\_\_

(This form is not required for DOT compliance)

# INVESTIGATION INTO SAFETY PERFORMANCE HISTORY

§§391.23, 40.25

## PROSPECTIVE EMPLOYER:

COMPANY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_  
 PHONE NO. ( \_\_\_\_\_ ) \_\_\_\_\_  
                   AREA  
 FAX NO. ( \_\_\_\_\_ ) \_\_\_\_\_  
                   AREA  
 E-MAIL \_\_\_\_\_  
 CONTACT \_\_\_\_\_  
 COMPANY OFFICIAL \_\_\_\_\_

SIGNATURE OF COMPANY OFFICIAL

## PREVIOUS EMPLOYER:

COMPANY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_  
 PHONE NO. ( \_\_\_\_\_ ) \_\_\_\_\_  
                   AREA  
 FAX NO. ( \_\_\_\_\_ ) \_\_\_\_\_  
                   AREA  
 E-MAIL \_\_\_\_\_  
 CONTACT \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DRIVER'S NAME

has made application to our company for a position as a Commercial Motor Vehicle driver. We must obtain the following information from you under §§391.23 (d) and (e). You are required to reply within 30 days under §391.23 (g). Your reply will be held in strict confidence. We may report your failure to answer this investigation under §386.12.

The above named driver has given written consent as noted below.

## SAFETY PERFORMANCE HISTORY

1. Above named driver was employed as \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Reason for leaving employment: \_\_\_\_ discharged \_\_\_\_ laid off \_\_\_\_ resigned.
3. He/she operated the following types of equipment: \_\_\_\_\_
4. List all preventable accidents (as defined in §390.15(b)) the above named driver was involved in since April 29, 2003.  
(use additional sheet if necessary)

Date of Accident	Location	No. of Injuries	No. of Fatalities	No. of Tow-aways	Was Hazmat Released?

5. List any other accidents above named driver was involved in in the last 3 years (optional)

Date of Accident	Location	No. of Injuries	No. of Fatalities	No. of Tow-aways	Was Hazmat Released?

6. Did the above named driver violate any prohibition under §382 subpart B in the last 3 years? YES \_\_\_\_ NO \_\_\_\_
7. Did the driver violate any U.S. DOT agency drug and alcohol testing regulations? YES \_\_\_\_ NO \_\_\_\_
8. Did the driver have an alcohol test with a result of 0.04 or higher? YES \_\_\_\_ NO \_\_\_\_
9. Did the driver have any verified positive drug tests? YES \_\_\_\_ NO \_\_\_\_
10. Did the driver refuse to be tested (including verified adulterated or substituted drug test results)? YES \_\_\_\_ NO \_\_\_\_
11. Did the driver fail to undertake or complete an SAP's recommendation regarding rehabilitation or treatment following a positive drug or alcohol test? YES \_\_\_\_ NO \_\_\_\_ DON'T KNOW \_\_\_\_  
Please provide documentation of the driver's successful completion of U.S. DOT return-to-duty requirements.
12. Do you have previous employment drug and alcohol testing verification from U.S. DOT regulated employers prior to the driver working for you? YES \_\_\_\_ NO \_\_\_\_ Please provide documentation
13. Additional comments on the above named driver's safety performance history \_\_\_\_\_
14. Check here if there is no safety performance history information on the above named driver \_\_\_\_

I certify the information provided on the safety performance history is accurate and true.

\_\_\_\_\_  
PREVIOUS EMPLOYER'S SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

Under §391.23(i) and (j), the above named driver has the right to request a correction or make a rebuttal to your response.  
 Contact in the event of a correction or rebuttal \_\_\_\_\_

## DRIVER'S WRITTEN CONSENT

I am authorizing you to release any and all information regarding my employment and safety performance history while I was employed by your company. Under §391.23(l), I cannot bring an action or proceeding for defamation, invasion of privacy, or interference with a contract against you based on furnishing true and accurate information. You are hereby authorized to give the information requested to the person named above.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

## PROSPECTIVE EMPLOYER USE ONLY

Date of attempt/contact: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Information sent via: \_\_\_\_ Personal interview \_\_\_\_ Telephone interview \_\_\_\_ Email \_\_\_\_ Fax \_\_\_\_ Mail  
 Information obtained via: \_\_\_\_ Personal interview \_\_\_\_ Telephone interview \_\_\_\_ Email \_\_\_\_ Fax \_\_\_\_ Mail  
 \_\_\_\_ Corrected information / driver rebuttal attached  
 \_\_\_\_ Good faith effort was made to contact the previous employer; it failed to respond to our request.  
 \_\_\_\_ Previous employer was not knowledgeable of the failure to undertake or complete an SAP's recommendation regarding rehabilitation or treatment following a positive drug or alcohol test. Information from the driver regarding his/her return-to-duty and follow-up program has been obtained directly from the driver.

Distribution: White - Send To Previous Employer    Yellow - Driver Qualification and History File

# STATEMENT OF VIOLATIONS

§§391.25, 391.27

This form is to be completed at least once every 12 months.

DRIVER'S NAME \_\_\_\_\_

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months. (If no violations, put NONE in the offense column.)

DATE OF CONVICTION	OFFENSE	LOCATION	COMMERCIAL MOTOR VEHICLE OR AUTOMOBILE

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

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

\_\_\_\_\_  
DATE

NAME OF MOTOR CARRIER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
REVIEWED BY: SIGNATURE

\_\_\_\_\_  
TITLE

## Certificate of Review

To be certified by a motor carrier supervisor.

I have hereby reviewed the driving record of \_\_\_\_\_  
DRIVER'S NAME  
in accordance with §391.25 and find that he/she:

\_\_\_\_\_ Meets minimum requirements for safe driving.

\_\_\_\_\_ Is disqualified to drive a commercial motor vehicle pursuant to §391.15.

Reason for disqualification: \_\_\_\_\_

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

\_\_\_\_\_  
DATE

Distribution of Copy: Driver Qualification File with a copy of Motor Vehicle Driving Record attached.



## DRIVER'S RIGHT TO DUE PROCESS REGARDING INVESTIGATION INTO PREVIOUS SAFETY PERFORMANCE HISTORY AND DRUG AND ALCOHOL TESTING VERIFICATION

Under U.S. DOT §391.23 (i) & (j) you have the following rights regarding the investigation information that will be provided.

### RIGHT TO REVIEW

You have the right to review information provided by previous employers. You must make a request in writing and it must be received no later than 30 days after being employed or being denied employment. We have five (5) business days after receipt of the written request, or after receiving the information from a previous employer, to provide this information to you. If you have not arranged to pick up or receive the requested records within thirty (30) days of us making them available, we may consider you have waived your request to review the records.

### RIGHT TO HAVE ERRORS CORRECTED

You have the right to have errors corrected in the information from your previous employer and for that previous employer to re-send the corrected information to us. You must send the request for the correction directly to the previous employer that provided the records to us. The previous employer must either correct and forward the information to us, or notify you within fifteen (15) days of receiving your request that it does not agree to correct the data. If the previous employer corrects the data and forwards it to us, we will notify you.

### RIGHT TO REBUTTAL

You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information. If you wish to rebut the information, you must send the rebuttal to your previous employer with instructions to include the rebuttal in your safety performance history. Within five (5) business days of receiving a rebuttal, the previous employer must forward a copy of the rebuttal to us.

### TIMING

You have a right to send a rebuttal first, without making a request for a correction, or you may send the request for a correction, then a rebuttal.

### REPORTING TO THE FMCSA

You may (but are not required to) report failures of previous employers to correct information or include a rebuttal to the Federal Motor Carrier Safety Administration.

The above statement was received and read by me:

On:

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

\_\_\_\_\_  
DATE