

Driver Qualification File Checklist:

The following documents are to be included in the DQ file for duration of employment:

- ✓ Driver-specific application for employment, 391.21
- ✓ Original motor vehicle record (MVR) requested from states within 30 days of hire, 391.23
- ✓ Road test or road test exception:
 - Road test form and certificate conducted by your motor carrier 391.31(g); or
 - Road test certificate conducted by another mot carrier within the past 3 years 391.33 (a) (2); or
 - Photocopy of a CDL accepted in lieu of the road test – no applicable if hired to operate doubles, triples, or tankers. **Note: subsequent copies of license renewals required) 391.33 (a) (1).**
- ✓ Background investigations, 391.23
 - **Drivers hired before October 30, 2004:** General employment verifications sent to all former employers for the 3 years prior to the application date or a record of a good faith effort, or
 - **Drivers hired on are after October 30, 2004:** Safety Performance History Data from all former DOT regulated employers for the 3 years prior to the application date or record of a good faith effort. This form must be maintained in accordance with 391.53 (secured limited access) and may be in a separate Driver Investigation History File; and if applicable, any driver rebuttals to the Safety Performance History data and responses to the rebuttals from the former DOT regulated employers.

The following documents are to be included in the DQ file for three years from the date of execution:

- ✓ Medical certificate 391.43 (g), **Note as of January 30, 2014 the file must contain:**
 - Medical exam certificate, original or a copy, for all NON-CDL drivers; or
 - Medical exam certificate, original or a copy, for CDL drivers whose states have **not** adopted the rules linking the CDL with the medical card examination; or
 - Current MVR from the state showing medical qualification for CDL drivers whose states have adopted the rules linking the CDL with the medical examination.
- ✓ National Examiner's National Registry Verification, 391.23 (m) (1). **Note, beginning on or after May 21, 2014**
- ✓ If applicable, any letter granting a waiver of a physical disqualification, 391.49 (j)
- ✓ Annual motor vehicle record, 391.25
- ✓ Annual review of driving record, 391.25
- ✓ Annual list of violations, 391.27

The DQ file and Driver Investigation History file are retained for 3 years after a drivers leave your employment.

The following documents are also required and kept in the DQ file, but are not applicable to all drivers:

- ✓ Longer Combination Vehicle (LCV) Driver training certificate 380.401
- ✓ Entry-level driver training certificate 380.509 (b)

Multiple Employer Driver:

A DQ file for a driver meeting the multiple employer driver definition and employed under the rules in 391.63 must include:

- ✓ Medical certification 391.43 (g)
 - Medical exam certificate, original or a copy, for all NON-CDL drivers; or
 - Medical exam certificate, original or a copy, for CDL drivers whose states have **not** adopted the rules linking the CDL with the medical card examination; or
 - Current MVR from the state showing medical qualification for CDL drivers whose states have adopted the rules linking the CDL with the medical examination.
- ✓ Road test from and certificate 391.31(g), or a photocopy of a CDL, or certificate accepted in lieu of a road test, 391.33
- ✓ Driver's name and Social Security Number
- ✓ Identification number, type and issuing state of motor vehicle operator's license

This recordkeeping is retained for duration of employment, plus 3 years after employment ceases.

Driver Borrowed From Another Motor Carrier:

- ✓ A certificate completed by both the driver and the primary employing motor carrier that meets the prescribed format in 391.65(a) (2). **Note: motor carriers must verify the certificate's validity via phone, letter, or in person.**

APPLICATION FOR EMPLOYMENT

COMPANY _____ STREET ADDRESS _____
 CITY, STATE AND ZIP CODE _____
 NAME _____
 (FIRST) (MIDDLE) (Maiden Name, if any) (LAST)
 ADDRESS _____ HOW LONG? _____
 (STREET) (CITY) (STATE & ZIP CODE)
 DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____
 TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

 (STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

 (STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

 (STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR - TWO TRAILERS			
OTHER			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
 If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
 If yes, explain _____

EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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 current/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."

DATE

APPLICANT'S SIGNATURE

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

DATE

APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

**U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM
INQUIRY TO STATE AGENCY FOR
DRIVER'S RECORD
391.23**

(Driver's Name)

(Driver's Operator's Lic. No.)

(Driver's Social Sec. No.)

Dear _____,

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and 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 preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that 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

(printed) Name of person making inquiry

Title of person making inquiry

Motor Carrier Name

Street Address

City

State

Zip

DRIVING TEST FORM

Name: _____ **Address:** _____
City: _____ **License No.:** _____
State: _____ **Date:** _____
Zip: _____ **Equipment Driven:** _____
SSN#: _____ **Tractor:** _____ **Trailer:** _____
From: _____ **To:** _____
If Passenger Carrier, Type of Bus: _____

For those items that apply, checkmark if driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory, Explain unsatisfactory items under Remarks:

1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

Checks general condition approaching unit _____
 Looks for leakage of coolants, fuel, lubricants _____
 Checks under hood - oil, water, general condition of engine compartment, steering _____
 Checks around unit - tires, lights, trailer hookup, brake and light lines, body, doors, horn, windshield wipers _____
 Test brake action, tractor protection valve, and parking (hand) brake _____
 Knows use of jacks, tools, emergency warning devices, tire chains, fire extinguisher, spare fuses, and four-way flashers _____
 Checks instruments _____
 Cleans windshield, windows, mirrors, lights, reflectors _____

2 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS

A. MOTOR

Starts motor without difficulty _____
 Allows proper warm-up _____
 Understands gauges on instruments panel _____
 Maintains proper engine speed while driving _____
 Basic knowledge of motors - gas, diesel _____
 Does not abuse motor _____

B. CLUTCH AND TRANSMISSION

Starts loaded unit smoothly _____
 Uses clutch properly _____
 Times gearshifts properly _____
 Shifts gears smoothly _____
 Uses proper gear sequence _____

C. BRAKES

Understands operating principles of air brakes _____
 Knows proper use of tractor protection valve _____
 Understands low air warning _____
 Tests brakes before starting trip _____

3 - COUPLING AND UNCOUPLING

Lines up units _____
 Hooks brake and light lines properly _____
 Secures trailer against movement _____
 Backs under slowly _____
 Tests hookup with power _____
 Checks hookup visually _____
 Handles landing gear properly _____
 Proper hook-up of full trailer _____
 Secures power unit against movement _____

4 - BACKING AND PARKING

A. Backing

Gets out and checks before backing _____
 Looks back as well as uses mirrors _____
 Gets out and rechecks conditions on long back _____
 Avoids backing from blind side _____
 Signals when backing _____
 Controls speed and direction properly when backing _____

B. PARKING (city)

Does not hit nearby vehicles or stationary objects _____
 Parks proper distance from curb _____
 Sets parking brake, puts in gear, chocks wheels, shuts off motor _____
 Checks traffic conditions and signals when pulling out from parked position _____
 Parks in safe and legal location _____

C. PARKING (road)

Parks off pavement _____
 Avoids parking on soft shoulder _____
 Uses emergency warning signals when required _____
 Secures unit properly _____

D. STEERING

- Controls steering wheel _____
- Good driving posture and good grip on wheel _____

E. LIGHTS

- Knows lighting regulations _____
- Uses proper headlight beam _____
- Dim lights when meeting or following other traffic _____
- Adjusts speed to range of headlights _____
- Proper use of auxiliary lights _____

6 - OPERATING IN TRAFFIC PASSING AND TURNING

A. TURNING

- Gets in proper lane well in advance _____
- Signals well in advance _____
- Checks traffic conditions and turns only when way is clear _____
- Does not swing wide or cut short while turning _____

B. TRAFFIC SIGNS AND SIGNALS

- Approaches signal prepared to stop if necessary _____
- Obeys traffic signal _____
- Uses good judgement on yellow light _____
- Starts smoothly on green _____
- Notices and heeds traffic signs _____
- Obeys "Stop" signs _____

C. INTERSECTIONS

- Adjusts speed to permit stopping if necessary _____
- Checks for cross traffic regardless of traffic controls _____
- Yields right-of-way for safety _____

D. GRADE CROSSINGS

- Adjusts speed to permit stopping if necessary _____
- Makes safe stops, if required _____
- Selects proper gear _____

E. PASSING

- Passes with sufficient clear space ahead _____
- Does not pass in unsafe location: hill, curve, intersection _____
- Signals change of lanes _____
- Warns driver being passed _____
- Pulls out and backs with certainty _____
- Does not tailgate _____
- Does not block traffic with slow pass _____
- Allows enough room when returning to right lane _____

5 - SLOWING AND STOPPING

- Uses gears properly ascending _____
- Gears sown properly descending _____
- Stops and restarts without rolling back _____
- Tests brakes at top of hill _____
- Uses brakes properly on grade _____
- Uses mirrors to check traffic to rear _____
- Signals following traffic _____
- Avoids sudden stops _____
- Stops before crossing sidewalk when coming out of driveway of alley _____
- Stops clear of pedestrian crosswalks _____

G - COURTESY AND SAFETY

- Uses defensive driving techniques _____
- Yields right-of-way for safety _____
- Goes ahead when given right-of-way through traffic _____
- Does not crowd other drivers or force way through traffic _____
- Allows faster traffic to pass _____
- Keeps right and in own lane _____
- Uses horn only when necessary _____
- Generally courteous and uses proper conduct _____

7 - MISCELLANEOUS

A. GENERAL DRIVING ABILITY AND HABITS

- Consistently alert and attentive _____
- Adjusts driving to meet changing conditions _____
- Performs routing functions without taking eyes from road _____
- Checks instruments regularly while driving _____
- Willing to take instructions and suggestions _____
- Adequate self-confidence in driving _____
- Is not easily angered _____
- Positive attitude _____
- Good personal appearance, manner, cleanliness _____
- Good physical stamina _____

B. HANDLING OF FREIGHT

- Checks freight properly _____
- Handles and loads freight properly _____
- Handles bills properly _____
- Breaks down load as required _____

C. RULES AND REGULATIONS

- Knowledge of company rules _____
- Knowledge of regulations: federal, state, local _____
- Knowledge of special truck routes _____

F. SPEED

Speed consistent with basic ability _____

Adjusts speed properly to road, weather, traffic conditions, legal limits _____

Slows down for rough roads _____

Slows down in advance of curves, intersections, etc. _____

Maintains consistent speed _____

D. USE OF SPECIAL EQUIPMENT (Specify) _____

REMARKS: _____

GENERAL PERFORMANCE: Satisfactory _____ Needs Training _____ Unsatisfactory _____

QUALIFIED FOR: Truck _____ Tractor-Semitrailer _____ Other _____ (specify)

CERTIFICATION OF ROAD TEST

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31 (e)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations.

This is to certify that the above-named driver was given a road test under my supervision on _____ 19 _____ consisting of approximately _____ miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

(Carrier Name)

(Carrier Address) (City) (State) (Zipcode)

(Name of Examiner)

(Signature of Examiner)

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) _____ First M.I. Last Social Security Number _____ Hereby authorize: _____ 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 _____ (employment application date) To: Prospective Employer: _____ Attention: _____ Telephone: _____ 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 fax number: _____ Prospective employer's email address: _____ _____ Applicant's Signature Date	
This information is being requested in compliance with §40.25(g) and 391.23.	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER																								
ACCIDENT HISTORY																									
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/> Employed as _____ from (m/y) _____ to (m/y) _____ 1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____ 2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> , 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 <input type="checkbox"/> here if there is no accident register data for this driver. <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:20%;">Date</th> <th style="width:20%;">Location</th> <th style="width:15%;"># Injuries</th> <th style="width:15%;"># Fatalities</th> <th style="width:25%;">Hazmat Spill</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> 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: _____			Date	Location	# Injuries	# Fatalities	Hazmat Spill	1.	_____	_____	_____	_____	_____	2.	_____	_____	_____	_____	_____	3.	_____	_____	_____	_____	_____
	Date	Location	# Injuries	# Fatalities	Hazmat Spill																				
1.	_____	_____	_____	_____	_____																				
2.	_____	_____	_____	_____	_____																				
3.	_____	_____	_____	_____	_____																				

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p> <ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <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? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <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. YES <input type="checkbox"/> NO <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? YES <input type="checkbox"/> NO <input type="checkbox"/> <p>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 page 1.</p> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- | |
|--|
| <p>PAGE 1 PART 1: Prospective Employee</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Submit to the Prospective Employer <p>PAGE 2 PART 4a: Prospective Employer</p> <ul style="list-style-type: none"> • Complete the information • Send to Previous Employer <p>PAGE 1 PART 2: Previous Employer</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Turn form over to complete SIDE 2 SECTION 3 |
|--|

- | |
|---|
| <p>PAGE 2 PART 3: Previous Employer</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Return to Prospective Employer <p>PAGE 2 PART 4b: Prospective Employer</p> <ul style="list-style-type: none"> • Record receipt of the information • Retain the form |
|---|

**RECORDS REQUEST FOR
DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY**

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

PART 1:	COMPLETED BY THE DRIVER/APPLICANT
TO:	
Prospective Employer: _____	
Street/P.O. Box: _____	
City, State, Zip: _____ Telephone # _____	
FROM:	
Driver/Applicant: _____ Social Security/I.D. # _____	
Street: _____	
City, State, Zip: _____ Telephone # _____	
I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.	
This information should be: <input type="checkbox"/> sent to me at the above address. <input type="checkbox"/> I will arrange to pick up.	
Driver/Applicant Signature: _____ Date: _____	
	M D Y

PART 2:	COMPLETED BY THE PROSPECTIVE EMPLOYER
The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.	
Information supplied to:	
Name: _____	
Street: _____	
City, State, Zip: _____	
Comments: _____	
By:	
_____	Release Date: _____
Signature/person providing information	Telephone # M D Y

COPY 1 PROSPECTIVE EMPLOYER

**CORRECTION REQUEST
OF
ERRONEOUS SAFETY PERFORMANCE HISTORY INFORMATION**

This request is made by the driver/applicant in compliance with the Department of Transportation regulations, §391.23, investigations and inquiries, paragraphs (j)(1) and (2) as printed below.

§391.23(j)(1) Driver wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

§391.23(j)(2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

PART 1:	COMPLETED BY THE DRIVER/APPLICANT
TO:	Prospective Employer: _____ Street/P.O. Box: _____ City, State, Zip: _____ Telephone # _____
FROM:	Driver/Applicant: _____ Social Security/I.D. # _____ Street: _____ City, State, Zip: _____ Telephone # _____
I request correction of erroneous information in my Safety Performance History. Please forward to the following prospective employer: Company Name: _____ Attention: _____ Street: _____ City, State, Zip: _____	
Explanation of desired correction (attach documents as necessary) _____ _____	
Driver/Applicant Signature: _____ Date: ____/____/____ M D Y	
Driver: Retain COPY 4 DRIVER RECORD for your files, Submit copies 1, 2, and 3 to your previous employer.	

PART 2:	COMPLETED BY THE PREVIOUS EMPLOYER
Disposition of the requested information: <input type="checkbox"/> Information was corrected and forwarded to the prospective motor carrier employer. <input type="checkbox"/> The driver was notified on ____/____/____ that the previous employer does not agree to correct the data. Return copy 3 to the driver.	
Information sent to: Company Name: _____ Attention: _____ Street: _____ City, State, Zip: _____	
Comments: _____	
By: _____ Release Date: ____/____/____ Signature/person providing information Telephone # M D Y	

PART 3:	COMPLETED BY THE PROSPECTIVE MOTOR CARRIER EMPLOYER
The corrected information was received on ____/____/____	
Prospective Employer: _____ Location: _____	
Received by: _____ Signature Title	

COPY 1 PROSPECTIVE EMPLOYER

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined _____ In accordance with the Federal Motor Car-
rier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- wearing corrective lenses driving within an exempt intracity zone (49 CFR 391.62)
- wearing hearing aid accompanied by a Skill Performance Evaluation Certificate (SPE)
- accompanied by a _____ waiver exemption Qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE
MEDICAL EXAMINER'S NAME (PRINT)		
<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse		
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE		
SIGNATURE OF DRIVER	DRIVER'S LICENSE NO.	STATE
ADDRESS OF DRIVER		
MEDICAL CERTIFICATE EXPIRATION DATE		

**Motor Carrier's
MEDICAL EXAMINER'S NATIONAL REGISTRY VERIFICATION**

MOTOR CARRIER INSTRUCTIONS: The requirement to include verification of the medical examiner's National Registry listing in the driver's qualification file was published in the *Federal Register* April 20, 2012. **Beginning May 21, 2014**, motor carriers must verify that the medical examiner who signed the driver's medical card is listed on the National Registry. This requirement is prescribed in §391.23 and §391.51.

§391.23 Investigation and inquiries. (m)(1) The motor carrier must obtain an original or copy of the medical examiner's certificate issued in accordance with §391.43, and any medical variance on which the certification is based, and, beginning on or after May 21, 2014, verify the driver was certified by a medical examiner listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate, and place the records in the driver qualification file, before allowing the driver to operate a CMV. (§391.23(m)(1))

§391.51 General requirements for driver qualification files. (b)(9) A note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §391.23(m). (§391.51(b)(9))

MOTOR CARRIER VERIFICATION: The following medical examiner has been verified as being listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate for the named driver.

Driver's Name: _____ Identification Number: _____

Medical Examiner: _____

National Registry Number: _____

Motor Carrier: _____

Location: _____

Verified By: _____ Date: _____

Motor Carrier Representative Signature
(This information is required for DOT compliance)

Visit the National Registry of Certified Medical Examiners at: <https://nrcme.fncsa.dot.gov/>

**MOTOR VEHICLE
DRIVER'S CERTIFICATION
OF VIOLATORS
391.27**

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.

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

(Date of Certification)

(Driver's Signature)

(Motor Carrier's Name)

(Motor Carrier's Address)

(Reviewed by: Signature)

(Title)