

# CHECKLIST FOR QUALIFICATION OF NEW DRIVERS

NAME OF DRIVER: \_\_\_\_\_ ID NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

INSTRUCTIONS TO CARRIER: The following checklist is intended to help the motor carrier obtain all of the documents required by the Federal Motor Carrier Safety Regulations. Record the information to acknowledge receipt of the documents. Alcohol and controlled substance and safety performance history information must be maintained in a confidential file.

	Date Request Forwarded	Date Document Returned	Document Approved Date	Signature
1. Driver's Application for Employment (691)	_____	_____	_____	_____
2. Fair Credit Reporting Act Disclosure Statement (730 or 1863)	_____	_____	_____	_____
3. Request for Check of Driving Record (729) (List state agencies written to)	_____	_____	_____	_____
4. Medical Examiner's Certificate (26521) NOTE: Medical Examination Report form should be maintained in a confidential file	_____	_____	_____	_____
5. Medical Examiner's National Registry Verification (27033 or 27034)	_____	_____	_____	_____
6. Record and Certification of Road Test (13-F)	_____	_____	_____	_____
7. Certification of Compliance with Driver License Requirements (90-F)	_____	_____	_____	_____
8. Driver's Statement of On-Duty Hours (644-F)	_____	_____	_____	_____
9. Entry-Level Driver Training Certificate (664-FS-A2) (if using an Entry-Level Driver)	_____	_____	_____	_____
10. Longer Combination Vehicles Driver Certification (if using the driver to operate Longer Combination Vehicles)	_____	_____	_____	_____
11. Employment Eligibility Verification I-9 (30129)	_____	_____	_____	_____
12. OTHER DOCUMENTS	_____	_____	_____	_____

### ALCOHOL AND CONTROLLED SUBSTANCES TESTING

(NOTE: THESE DOCUMENTS MUST BE MAINTAINED IN A SECURE LOCATION WITH CONTROLLED ACCESS)

1. Inquiries to previous employers (past 3 years) for Part 382 drug and alcohol test information (849-F) (May be used with 17-F to obtain complete Safety Performance History)	_____	_____	_____	_____
2. Pre-employment test - controlled substances (Employer copy of Chain of Custody Form and Test Result)	_____	_____	_____	_____
3. Certificate of receipt - company drug and alcohol policy (872-FS-C2)	_____	_____	_____	_____
4. Previous Pre-Employment Employee Alcohol and Drug Test Statement (886-F)	_____	_____	_____	_____
5. OTHER DOCUMENTS	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

### SAFETY PERFORMANCE HISTORY

(NOTE: THESE DOCUMENTS MUST BE MAINTAINED IN A SECURE LOCATION WITH CONTROLLED ACCESS)

1. Safety Performance History Records Request (850-F)	_____	_____	_____	_____
2. Request for Information From Previous Employer (17-F) (May be used with 849-F to obtain complete Safety Performance History)	_____	_____	_____	_____
3. Previous Employee Safety Performance History (854-F)	_____	_____	_____	_____
4. OTHER DOCUMENTS	_____	_____	_____	_____

**DRIVER RECORD CARD**

**NAME** \_\_\_\_\_ (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ **SEX** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ (NUMBER) \_\_\_\_\_ (STREET) \_\_\_\_\_  
 \_\_\_\_\_ (P.O. BOX) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP CODE) \_\_\_\_\_

**PHONE NO.** \_\_\_\_\_ **SSN** \_\_\_\_\_ **COMPANY NO.** \_\_\_\_\_ **LOCATION** \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:**

**NAME** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

LICENSE RECORD				ACCIDENTS				
STATE & CLASS	HAZMAT Y N	NUMBER	RENEWAL DATES	DATE	LOCATION	NO. OF INJURIES	NO. OF FATALITIES	HAZMAT SPILL
Hazardous Material Endorsement Y - Yes N - No								
<b>DRUG &amp; ALCOHOL RECORD OF POSITIVE TEST</b>								
DATE OF POSITIVE TEST	SAP PROCESS COMPLETE YES NO	RETURN TO WORK YES NO						

**PHYSICAL EXAMINATION RECORD**

DATE	DOCTOR	QUALIFIED	CONDITION	NOT QUALIFIED

CONDITION      W/H.A. — With Hearing Aid      Diabetic — OK by  
 W/C.L. — With Corrective Lenses      operation of 49CFR 391.64

**SAFETY AWARD RECORD**

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

FROM	TO	AWARD	FROM	TO	AWARD

REMARKS: \_\_\_\_\_

**RECORD OF COMMENDATIONS, COMPLAINTS, VIOLATIONS**

DATE	NATURE	SOURCE	ACTION TAKEN

# DRIVER'S APPLICATION FOR EMPLOYMENT

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.

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

## FOR COMPANY USE

### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

## TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

# APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
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.

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.

## EMPLOYMENT HISTORY

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 an 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 16 or more passengers (including the driver), 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 more than 8 passengers (including the driver), 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**

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	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		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
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: \_\_\_\_\_

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

**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 Reform Act of 1996 (Title II, Subtitle D, Chapter 1, 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 391.25 of the Federal Motor Carrier Safety Regulations.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
ID number



# REQUEST FOR CHECK OF DRIVING RECORD

NOTE TO MOTOR CARRIER: SEE BACK SIDE FOR STATES THAT ACCEPT THIS FORM.

I hereby authorize you to release the following information to \_\_\_\_\_  
(Prospective Employer)

for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
(Applicant's Signature) (Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Reform 10/2/12 Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

\_\_\_\_\_  
(Signature of Requester) (Date)

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEAR SIR/MADAM:

The following named person has made application with our company for the position of \_\_\_\_\_. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of \_\_\_\_\_. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

REQUESTED BY

\_\_\_\_\_  
(Name of Company) (Typed Name)

\_\_\_\_\_  
(Address) (Title)

\_\_\_\_\_  
(City) (State) (Signature)

# RECORD OF ROAD TEST

Driver's Name \_\_\_\_\_ Address \_\_\_\_\_  
 License No. \_\_\_\_\_ State \_\_\_\_\_ Equipment Driven: Truck \_\_\_\_\_  
 Trailer \_\_\_\_\_  
 Checked From \_\_\_\_\_ To \_\_\_\_\_ Date \_\_\_\_\_

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. Use not applicable (NA) for items that do not apply.

## PART 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 \_\_\_\_\_
- Tests brake action, tractor protection valve, and parking (hand) brake \_\_\_\_\_
- Checks horn, windshield wipers, mirrors, emergency equipment; reflectors, flares, fuses, tire chains (if necessary), fire extinguisher \_\_\_\_\_
- Checks instruments for normal readings \_\_\_\_\_
- Checks dashboard warning lights for proper functioning \_\_\_\_\_
- Cleans windshield, windows, mirrors, lights, reflectors \_\_\_\_\_
- Reviews and signs previous report \_\_\_\_\_

## PART 2 - COUPLING AND UNCOUPLING

- Lines up units \_\_\_\_\_
- Connects glad hands to trailer to apply trailer brakes before coupling \_\_\_\_\_
- Connects glad hands and light line properly \_\_\_\_\_
- Couples without difficulty \_\_\_\_\_
- Raises landing gear fully after coupling \_\_\_\_\_
- Visually checks king pin assembly to be certain of proper coupling \_\_\_\_\_
- Checks coupling by applying hand valve or tractor-protection valve (trailer air supply valve) and gently applying pressure by trying to pull away from trailer \_\_\_\_\_
- Assure that surface will support trailer before uncoupling \_\_\_\_\_

## PART 3 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS

- ### A. ENGINE
- Places transmission in neutral before starting engine \_\_\_\_\_
  - Starts engine without difficulty \_\_\_\_\_
  - Allows proper warm-up \_\_\_\_\_
  - Understands gauges on instrument panel \_\_\_\_\_
  - Maintains proper engine speed (rpm) while driving \_\_\_\_\_
  - 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

- Knows proper use of tractor protection valve \_\_\_\_\_
- Understands low air warning \_\_\_\_\_
- Tests service brakes \_\_\_\_\_
- Builds full air pressure before moving \_\_\_\_\_

## 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 \_\_\_\_\_

## PART 4 - BACKING AND PARKING

### A. BACKING

- Gets out and checks before backing \_\_\_\_\_
- Looks back as well as uses mirror \_\_\_\_\_
- Gets out and rechecks conditions on long back \_\_\_\_\_
- Avoids backing from blind side \_\_\_\_\_
- Signals when backing \_\_\_\_\_
- Controls speed and direction properly while 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 legal and safe location \_\_\_\_\_

### C. PARKING (Road)

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

**PART 5 - SLOWING AND STOPPING**

- Uses gears properly ascending \_\_\_\_\_
- Gears down properly descending \_\_\_\_\_
- Stops and restarts without rolling back \_\_\_\_\_
- Tests brakes before descending grades \_\_\_\_\_
- Uses brakes properly on grades \_\_\_\_\_
- Uses mirrors to check traffic to rear \_\_\_\_\_
- Signals following traffic \_\_\_\_\_
- Avoids sudden stops \_\_\_\_\_
- Stops smoothly without excessive fanning \_\_\_\_\_
- Stops before crossing sidewalk when coming out of driveway or alley \_\_\_\_\_
- Stops clear of pedestrian crosswalks \_\_\_\_\_

**PART 6 - OPERATING IN TRAFFIC PASSING AND TURNING**

**A. TURNING**

- Signals intention to turn well in advance \_\_\_\_\_
- Gets into proper lane well in advance of turn \_\_\_\_\_
- Checks traffic conditions and turns only when intersection is clear \_\_\_\_\_
- Restricts traffic from passing on right when preparing to complete right hand turn \_\_\_\_\_
- Completes turn promptly and safely and does not impede other traffic \_\_\_\_\_

**B. TRAFFIC SIGNS AND SIGNALS**

- Approaches signal prepared to stop if necessary \_\_\_\_\_
- Obeys traffic signal \_\_\_\_\_
- Uses good judgment 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 conditions \_\_\_\_\_
- Makes safe stop, if required \_\_\_\_\_
- Selects proper gear and does not shift gears while crossing \_\_\_\_\_
- Knows and understands federal and state rules governing grade crossing \_\_\_\_\_

**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 back with certainty \_\_\_\_\_
- Does not tailgate \_\_\_\_\_
- Does not block traffic with slow pass \_\_\_\_\_
- Allows enough room when returning to right lane \_\_\_\_\_

**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 \_\_\_\_\_

**G. COURTESY AND SAFETY**

- Uses defensive driving techniques \_\_\_\_\_
- Yields right-of-way for safety \_\_\_\_\_
- Goes ahead when given right-of-way by others \_\_\_\_\_
- 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 \_\_\_\_\_

**PART 7 - MISCELLANEOUS**

**A. GENERAL DRIVING ABILITY AND HABITS**

- Consistently alert and attentive \_\_\_\_\_
- Adjusts driving to meet changing conditions \_\_\_\_\_
- Performs routine 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 \_\_\_\_\_

**D. USE OF SPECIAL EQUIPMENT (Specify)**

\_\_\_\_\_

\_\_\_\_\_

**REMARKS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GENERAL PERFORMANCE: Satisfactory \_\_\_\_\_ Needs Training \_\_\_\_\_ Unsatisfactory \_\_\_\_\_

QUALIFIED FOR: Truck \_\_\_\_\_ Tractor-Semitrailer \_\_\_\_\_ Other \_\_\_\_\_ (Specify)

\_\_\_\_\_  
Signature of Examiner

13F 652  
(Rev. 5/02)

**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

Driver's Name \_\_\_\_\_ Type of Power Unit \_\_\_\_\_

Social Security No. \_\_\_\_\_ Type of Trailer(s) \_\_\_\_\_

Operator's or Chauffeur's Lic. No. \_\_\_\_\_ State \_\_\_\_\_ If Passenger Carrier, Type of Bus \_\_\_\_\_

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 this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of examiner \_\_\_\_\_ Organization \_\_\_\_\_

Title \_\_\_\_\_ Address of examiner \_\_\_\_\_

# 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 or rated at 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 or rated at 10,001 pounds or more, can transport more than 15 people (or more than 8 people when there is direct compensation), or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 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, suspension, cancellation, or disqualification of your driver's license or driving privilege. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to your employing motor carrier. The notification must be in writing.
- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I 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.)

**MOTOR VEHICLE DRIVER'S  
Certification 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 all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which 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).

**COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS**

NAME OF DRIVER: (PRINT)	ID NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE 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

If no violations are 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 \_\_\_\_\_ Driver's Signature \_\_\_\_\_

**COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD**

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

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

- Meets minimum requirements for safe driving       Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_  
Printed Name \_\_\_\_\_

Motor Carrier Name \_\_\_\_\_ Motor Carrier Address \_\_\_\_\_

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

## DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers, when using a driver for the first time, must 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 carrier, as required by section 395.8(j)(2) of the Federal Motor Carrier Safety Regulations. NOTE: Hours for any work during the preceding 7 days, including any compensated work for a non-motor carrier, must be recorded on this form.

This form should be completed on the day the driver is scheduled to begin driving a commercial motor vehicle, and must be kept on file for at least 6 months.

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

Employee ID No. \_\_\_\_\_

DAY	1 <small>(yesterday)</small>	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

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 \_\_\_\_\_  
Time Day Month Year

\_\_\_\_\_  
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, and performing any compensated work for any non-motor carrier entity.

(check one)

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

# PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you 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 DOT agency drug and alcohol testing rules during the past two years?

Check one:  Yes  No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one:  Yes  No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**RECIPIENT EMPLOYER:** The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

**APPLICANT:** Complete SECTION 1 and submit to prospective employer.

**PROSPECTIVE EMPLOYER:** Complete SECTION 5a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

<b>SECTION 1:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>	
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 4 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: _____ 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 confidential fax number: _____		
Prospective employer's confidential email address: _____		
_____		_____
Applicant's Signature		Date

<b>SECTION 2:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>	
<b>EMPLOYMENT VERIFICATION</b>		
The applicant named above was or is employed or used by us. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employed as (job title) _____ from (m/y) _____ to (m/y) _____		
Did he/she drive a 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) _____		
Completed by: _____		
Company: _____		
Street: _____		
City, State, Zip: _____ Telephone: _____		
Signature: _____ Date: _____		
<b>Complete Sections 3 and 4 on SIDE 2 before returning.</b>		



**SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**ACCIDENT HISTORY**

Check here  if there is **no** accident register data for this driver and skip to Section 4. 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 on SIDE 1.

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

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

\_\_\_\_\_

\_\_\_\_\_

**SECTION 4: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**DRUG AND ALCOHOL HISTORY**

Check here  and return if applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you.

Applicant was subject to DOT testing requirements from \_\_\_\_\_ to \_\_\_\_\_ .

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

Within the past 3 years from the application date shown on SIDE 1:

- |   | YES                      | NO                       |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including:   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| • An alcohol test with a result of 0.04 or higher alcohol concentration.  |                          |                          |                          |
| • A controlled substances test result of positive, adulterated, or substituted.   |                          |                          |                          |
| • A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test.   |                          |                          |                          |
| • Alcohol use while performing or within 4 hours before performing safety-sensitive functions.  |                          |                          |                          |
| • Alcohol use after an accident, in violation of §382.303.  |                          |                          |                          |
| • Controlled substances use while on duty, except as allowed under §382.213.  |                          |                          | <b>N/A</b>               |
| 2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here <input type="checkbox"/> . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**SECTION 5a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

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

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

Subsequent attempts to contact previous employer (§391.23(c)(1)): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 5b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

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

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

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

# ALCOHOL AND/OR DRUG TEST NOTIFICATION

**Part 382 - Controlled Substances and Alcohol Use Testing applies to drivers of this company.**

**§382.113 Requirement for notice.**

*Before performing an alcohol or controlled substances test under this part, each employer shall notify a driver that the alcohol or controlled substances test is required by this part. No employer shall falsely represent that a test is administered under this part.*

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

Driver/Applicant Name: \_\_\_\_\_

(Print) (First, M.I., Last)

You are hereby notified the following test will be administered in compliance with the Federal Motor Carrier Safety Regulations.

1. The test is scheduled: Date: \_\_\_\_\_

Location: \_\_\_\_\_

Time: \_\_\_\_\_

2. Check type of test:  Alcohol  Controlled Substance

3. Check reason for test:  Pre-employment  Random  Reasonable suspicion  
 Post-accident  Return to duty  Follow-up

4. Appointment instructions/comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand as a condition of my employment with this company, the above identified test is required.

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

Witnessed by:

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