

Name \_\_\_\_\_ Truck #: \_\_\_\_\_ Trailer #: \_\_\_\_\_

- 1 Application for Employment
- 2 Commercial Driver's License / Social Security Card
- 3 Driver Authorization to release information
- 4 Request Information from Previous Employer
- 5 Annual Review of Driving Record
- 6 Annual Driver's Certification of Violations
- 7 Medical Examiner's Certificate of Violations
- 8 Acknowledge Receipt of FMCSR and Alcohol & Drug Training
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- 12 Driver Vehicle Inspection Report
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- 17 Unauthorized Passengers
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- 19 Driver's Certificate of CDL Regulation
- 20 Log Falsifications / Emergency Contact

# APPLICATION FOR INDEPENDENT DRIVER OR OWNER OPERATOR

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, region, sex, national origin, age, marital status, or non-job related medical condition or handicap – Equal Opportunity Employer.

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_ How Long? \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

Commercial Driver's License No. \_\_\_\_\_ State of Issue \_\_\_\_\_ Exp. Date \_\_\_\_\_

List your previous addresses for the past 3 years:

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

## EXPERIENCE IN THE OPERATION OF MOTOR VEHICLES

If don't have any experience in the operation of motor vehicles please, check here [  ]

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, REEFER, TANK, FLAT, ECT.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
TRUCKS				
TRUCK TRACTORST				
SEMI TRAILERS				
FULL TRAILERS				
POLE TRAILERS				
OTHER				

(ATTACH A SHEET IF MORE SPACE IS NEEDED)

## ACCIDENT RECORD

Please list all motor vehicle accidents in which you were involved for the past 3 years, listing the most recent accident first. If none, check here

DATES	NATURE OF ACCIDENT	FATALITIES	PERSONAL INJURES

**VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES**  
(Other than violations involving only parking)

Please list all motor vehicle violations of which you were convicted or forfeited bond or collateral during the past 3 years. If none, check here

LOCATION	DATE	CHARGE	PENALTY

(ATTACH A SHEET IF MORE SPACE IS NEEDED)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes  No   
 Has any license, permit or privilege ever been suspended or revoked? Yes  No

IF THE ANSWER TO THE ABOVE QUESTIONS IS YES, ATTACH A STATEMENT GIVING DETAILS.

**EMPLOYMENT RECORD**

Dot Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown  
Please list the most recent employers first.

EMPLOYER		DATE	
NAME		FROM MO      YR	TO MO      YR
ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	REASON FOR LEAVING
CONTACT PERSON	PHONE NUMBER	Were you subject to the FMCSR DOT-alcohol and Drug testing?	

EMPLOYER		DATE	
NAME		FROM MO      YR	TO MO      YR
ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	REASON FOR LEAVING
CONTACT PERSON	PHONE NUMBER	Were you subject to the FMCSR DOT-alcohol and Drug testing?	

EMPLOYER		DATE	
NAME		FROM MO      YR	TO MO      YR
ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	REASON FOR LEAVING
CONTACT PERSON	PHONE NUMBER	Were you subject to the FMCSR DOT-alcohol and Drug testing?	

(ATTACH A SHEET IF MORE SPACE IS NEEDED)

**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. 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 from all liability in responding to inquiries and releasing information in connection with my employment application.

**X**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

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

DRIVER'S CDL#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE OF ISSUE: \_\_\_\_\_

CITY: \_\_\_\_\_

SSN#: \_\_\_\_\_

MAIL TO PREVIOUS EMPLOYER:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUESTED BY PROSPECTIVE EMPLOYER:  
\_\_\_\_\_  
\_\_\_\_\_

## Authorization of Release

I, \_\_\_\_\_, do hereby authorize \_\_\_\_\_  
To contact my previous employer(s) in accordance with current US DOT rules and regulation as set forth in 49 CFR 382.413 in order to obtain the following information for the preceding two years:  
I fully understand the above, and do hereby give my consent to obtain the information required by 49 CFR 382.413

**X**

\_\_\_\_\_  
Driver's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date

## Alcohol & Drug History

§40.25

Has the driver participated in the RANDOM controlled substances testing program for the previous 12 months? Y\_\_ N\_\_

**Please provide all of the documentation from the driver's past alcohol and drug testing results and documentation of participation in another/any drug testing program.**

- |   | Yes | No  |
|---|-----|-----|
| 1. Has the above named driver had an alcoholic test with a result of 0.04 alcohol concentration or greater. | [ ] | [ ] |
| 2. Has the above named driver verified positive for controlled substances test result?                      | [ ] | [ ] |
| 3. Has the above named driver refused a required test for alcohol or drugs during the past 12 months?       | [ ] | [ ] |

If the answer to any of the above is yes, please identify the Substance Abuse Professional that administered treatment as required by the U.S. Department of Transportation.

\_\_\_\_\_  
NAME TELEPHONE or [ ] check here if it is unknown if the driver received treatment.

## Employment History

§391.23

THE ABOVE REFERENCED INDIVIDUAL STATES THAT HE/SHE WAS EMPLOYED BY YOU AS A COMMERCIAL MOTOR VEHICLE DRIVER \_\_\_\_\_ TRUCK DRIVER \_\_\_\_\_ BUS DRIVER \_\_\_\_\_ OTHER \_\_\_\_\_  
YOU REPLY WILL BE HELD IN STRICT CONFIDENCE AND WILL IN NO WAY INVOLVE YOU IN ANY RESPONSIBILITY

- Please state the dates of employment for this driver: From \_\_\_\_\_ To \_\_\_\_\_
- What kind(s) of work did the applicant do? \_\_\_\_\_
- Did the applicant drive motor vehicles for you? \_\_\_\_\_  
Passenger car \_\_\_\_\_ Straight Truck \_\_\_\_\_  
Bus \_\_\_\_\_ Tractor-Semi-trailer \_\_\_\_\_ Other (Specify) \_\_\_\_\_
- Was the applicant a safe and efficient driver? \_\_\_\_\_
- Give the dates of vehicles accidents in which he/she was involved. \_\_\_\_\_
- Reason for leaving employment? \_\_\_\_\_
- Was the applicant's general conduct satisfactory? \_\_\_\_\_

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

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



A Public Service Agency

**EMPLOYER PULL NOTICE PROGRAM**

**AUTHORIZATION FOR  
RELEASE OF DRIVER RECORD INFORMATION**

I, \_\_\_\_\_, California Driver License Number, \_\_\_\_\_,  
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving  
record, to my employer, \_\_\_\_\_  
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at  
least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension,  
revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code  
(CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my  
driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

DATE _____	SIGNATURE OF EMPLOYEE <b>XX</b>
------------	------------------------------------

I, \_\_\_\_\_, of \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of  
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am  
requesting driver record information on the above individual to verify the information as provided by said individual. This  
record is to be used by this employer in the normal course of business and as a legitimate business need to verify information  
relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any  
unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal  
Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five  
thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I  
understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to  
CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

DATE _____	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE <b>X</b>
------------	--

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program  
you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website  
at [www.dmv.ca.gov/otherservices](http://www.dmv.ca.gov/otherservices), or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND  
MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

**DO NOT RETURN THIS FORM TO DMV.**

# ANNUAL REVIEW OF DRIVING RECORD

DRIVER'S NAME: \_\_\_\_\_ DRIVER'S CDL#: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_  
CITY: \_\_\_\_\_ SSN#: \_\_\_\_\_

This day I reviewed the driving record of the above driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Material Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicle, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that:

- the driver meets the minimum requirements for safe driving, or  
[ ] the driver is disqualified to drive a motor vehicle pursuant to 391.15

\_\_\_\_\_  
Reviewer's Name Title  
\_\_\_\_\_  
Signature 3/09/2021 Date

- [ ] the driver meets the minimum requirements for safe driving, or  
[ ] the driver is disqualified to drive a motor vehicle pursuant to 391.15

\_\_\_\_\_  
Reviewer's Name Title  
\_\_\_\_\_  
Signature Date

- [ ] the driver meets the minimum requirements for safe driving, or  
[ ] the driver is disqualified to drive a motor vehicle pursuant to 391.15

\_\_\_\_\_  
Reviewer's Name Title  
\_\_\_\_\_  
Signature Date

# MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

DRIVER'S NAME: \_\_\_\_\_ DRIVER'S CDL#: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_  
CITY: \_\_\_\_\_ SSN#: \_\_\_\_\_

## CERTIFICATION OF VIOLATIONS

If you have not been convicted of forfeited bond or collateral on account of any violations, please check here

Please list all motor vehicle violations of which you were convicted or forfeited bond or collateral, listing the most recent violation first.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

(ATTACH A SHEET IF MORE SPACE IS NEEDED)

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 are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violations required to be listed during the past 12 months.

**X** \_\_\_\_\_  
Driver's Signature Date of Certification

\_\_\_\_\_  
Reviewer's Signature Title

# ACKNOWLEDGE RECEIPT OF

---

## “FEDERAL MOTOR CARRIER SAFETY REGULATIONS”

I acknowledge receipt of the Federal Motor Carrier Safety regulations. I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U. S. Department of Transportation. PARTS 40, 382, 383, 387, 390-397, 399. Code of Federal Regulations (CFR) as contained therein.

## “ALCOHOL AND DRUG TESTING INFORMATION FOR EMPLOYEES AND TRAINING”

I acknowledge receipt of publication entitled “Alcohol and Drug Testing Information for Employees”. In addition, I have received training in alcohol and drug abuse.

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

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

\_\_\_\_\_  
Date

The above named person had been mailed or has received the above-described material

\_\_\_\_\_  
Company Representative's Signature

---

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



# ALCOHOL & DRUG HISTORY

## Federal Motor Carrier Safety Regulations Part 40.25

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

DRIVER'SCDL#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE OF ISSUE: \_\_\_\_\_

CITY: \_\_\_\_\_

SSN#: \_\_\_\_\_

- |  | Yes | No                       |
|--|-----|--------------------------|
| Have you had an alcoholic test with a result of 0.04 alcohol concentration or greater. | [ ] | <input type="checkbox"/> |
| Have you tested positive for controlled substances test?                               | [ ] | <input type="checkbox"/> |
| Have you refused a required test for alcohol or drugs during the past 12 months?       | [ ] | <input type="checkbox"/> |

If the answer to any of the above is yes, please provide explanation and identify the Substance Abuse Professional that administered treatment as required by the U.S. Department of Transportation.

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

This certifies that the information provided above is true and correct:

X

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by

\_\_\_\_\_  
Signature

# **ACKNOWLEDGMENT OF RECEIPT AND REVIEW OF EMPLOYER'S CONTROLLED SUBSTANCES EDUCATION MATERIALS AND ALCOHOL POLICY**

- I acknowledge that my employer provided me with a company drug and alcohol testing policy and education materials. I have reviewed my employer's policy, which includes following information on 49 CFR PART 40 AND PART 382.
- Information about safety sensitive functions and hours of compliance
- Categories of drivers who are subject to 49 CFR PART 382
- Identity of the Designated Employer Representative
- Prohibitions
- Circumstances for controlled substances and alcohol testing
- Collection procedures and safeguards
- The requirement to submit to testing
- What constitutes a refusal to submit and attendant consequences
- Consequences of violating the prohibitions, including removal from safety sensitive functions
- Administrative action for an alcohol concentration greater than 0.02 but less than 0.04
- Information on the effects of alcohol and controlled substances use
- Additional state requirements
- Employer provided me with an additional general policy that is issued to all employees

Driver Full Name \_\_\_\_\_

Driver signature **X** \_\_\_\_\_

Employer Representative Name \_\_\_\_\_

Employer Representative Signature \_\_\_\_\_

## **PROVIDE COPY TO DRIVER**

## REGULATION FORM

- 1** When you (truck driver) picked up your load (regardless of the number of pickups), you (truck driver) **must** call \_\_\_\_\_ and provide the dispatcher with the needed details on the load before leaving the company site, and also get a **trip number**.
  
- 2** You (truck driver) also **must** sign the **bill of loading** and **most** important, write \_\_\_\_\_ next to your signature. If you weren't offered to sign the bills of loading, you must inform the dispatcher **ASAP**. (For violating p2, the load might not get paid off in full)
  
- 3** You (truck driver) **must** put your **trip number** in the right upper corner of the bill of loading and also in the log book. It is necessary to write the shipper's number in **your log book**. If you do not have the shipper's number, write the name of the company where you picked up the load.
  
- 4** It is necessary to weight the truck with trailer and make sure of the proper distribution of weight on each axel (no more than **12,000-34,000-34,000**) with a total weight no more than **80,000**.
  
- 5** After you (truck driver) get unloaded you (truck driver) **must** inform the dispatcher before leaving the company site (**often brokers ask for a name of the person who accepted the load, and to fax the P.O.D.**)
  
- 6** In each truck there must be a working cell phone.
  
- 7** Being on road, please every day before **7am** including weekends and holidays call and leave a message with your location, truck # and (temperature in reefer) if you holding refrigerated load .If you work solo, it is convenient to call before you go to sleep. If you work in team, the call can be made by the driver who is driving at the time.
  
- 8** FOR VIOLATING p7 a FINE of **\$50** WILL BE CHARGED FOR EVERY MISSED DAY.

Agreed to the regulation listed above

**X**

\_\_\_\_\_  
First Last Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Request for Taxpayer Identification Number and Certification

**Give form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return) <div style="text-align: center;">Введите текст</div>	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	
	City, state, and ZIP code	
	List account number(s) here (optional)	
		Requester's name and address (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶ <b>X</b>	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

# DRIVER VEHICLE INSPECTION REPORT

## Federal Motor Carrier Safety Regulations Part 396.11

(a) *Report required.* Every motor carrier shall require its drivers to report, and every driver shall prepare a report in writing at the completion of each day's work on each vehicle operated and the report shall cover at least the following parts and accessories:

- Service brakes including trailer brake connections
- Parking (hand) brake
- Lighting devices and reflectors
- Horn
- Rear vision mirrors
- Wheels and rims
- Steering mechanism
- Tires
- Windshield wipers
- Coupling devices
- Emergency equipment

(b) *Report content.* The report shall identify the vehicle and list any defect or deficiency discovered by or reported to the driver which would affect the safety of operation of the vehicle or result in its mechanical breakdown. If no defect or deficiency is discovered by or reported to the driver, the report shall so indicate. In all instances, the driver shall sign the report. On two-driver operations, only one driver needs to sign the driver vehicle inspection report, provided both drivers agree as to the defects or deficiencies identified. If a driver operates more than one vehicle during the day, a report shall be prepared for each vehicle operated.

(c) *Corrective action.* Prior to requiring or permitting a driver to operate a vehicle, every motor carrier or its agent shall repair any defect or deficiency listed on the driver vehicle inspection report which would be likely to affect the safety of operation of the vehicle.

(c)(1) Every motor carrier or its agent shall certify on the original driver vehicle inspection report which lists any defect or deficiency that the defect or deficiency has been repaired or that repair is unnecessary before the vehicle is operated again.

(c)(2) Every motor carrier shall maintain the original driver vehicle inspection report, the certification of repairs, and the certification of the driver's review for three months from the date the written report was prepared.

(d) *Exceptions.* The rules in this section shall not apply to a private motor carrier of passengers (nonbusiness), a driveaway-towaway operation, or any motor carrier operating only one commercial motor vehicle.

This certifies that I am familiar with the above mentioned qualifications specified in the U.S. Department of Transportation Federal Motor Carrier Safety Administration Manual

X

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

\_\_\_\_\_  
Date

**CERTIFICATE OF DRIVER'S ROAD TEST**

*Instructions:* If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31(e)(f)(g))

**CERTIFICATION OF ROAD TEST**

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

Social Security Number \_\_\_\_\_

Operator's or Chauffeur's License Number \_\_\_\_\_

State \_\_\_\_\_

Type of Power Unit TRUCK \_\_\_\_\_

Type of Trailer(s) \_\_\_\_\_

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)

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

\_\_\_\_\_  
(Organization and Address of Examiner)

# CARGO TRAINING ACKNOWLEDGEMENT

---

No driver may, and no motor carrier may permit a driver to, operate a commercial vehicle unless the driver followed the regulations for inspecting, tying down and securing cargo. Although motor carriers and drivers who transport bulk materials only, may be exempt from the requirements, they must comply with the inspection requirements.

---

I have been trained and instructed on the regulations for inspection, tying down and securing cargo that went into effect January 1, 2004. The training included:

- Inspecting cargo
- General securing cargo standards
- Performance criteria of securing cargo systems
- Standards for securing cargo devices
- Securing particular articles of cargo
- Determining working load limits
- Determining aggregate working load limits
- Determining the minimum number of tie downs needed to secure cargo of different lengths and weight
- Front-end structure requirements

\_\_\_\_\_  
Driver's Full Name (print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor / Authorized Motor Carrier Representative Signature

\_\_\_\_\_  
Date

# DISCLOSURE OF INFORMATION

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**The Fair Credit Reporting Act**  
**Public Law 91-508 effective April 25, 1971 and Amendments**  
**(15 U.S.C. § 1681 et seq.)**

## **TITLE VI-PROVISIONS RELATING TO CREDIT REPORTING AGENCIES** **AMENDMENT OF CONSUMER CREDIT PROTECTION ACT**

### **604. Permissible purposes of reports**

"A consumer reporting agency may furnish a consumer report under the following circumstances and no other:

"(1) In response to the order of a court having jurisdiction to issue such an order, or a subpoena issued in connection with proceedings before a Federal grand jury.

"(2) In accordance with the written instructions of the consumer to whom it relates.

"(3) To a person which it has reason to believe-

"(A) intends to use the information in connection with a credit transaction involving the consumer on whom the information is to be furnished and involving the extension of credit to, or review or collection of an account of, the consumer; or

**"(B) intends to use the information for employment purposes; or**

"(C) Intends to use the information in connection with the underwriting of insurance involving the consumer; or

"(D) intends to use the information in connection with a determination of the consumer's eligibility for a license or other benefit granted by a governmental instrumentality required by law to consider an applicant's financial responsibility or status; or

"(E) Otherwise has a legitimate business need for the information in connection with a business transaction involving the consume.

This certifies that I am familiar with the above mentioned requirements by the U.S. Department of Transportation Federal Motor Carrier Safety Regulations

**X**

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

\_\_\_\_\_  
Date



# QUALIFICATIONS OF DRIVERS

U.S. Department of Transportation Federal Motor Carrier Safety Administration PART 391

Motor carriers must assure that all drivers of commercial motor vehicles meet the minimum qualifications specified in Part 391.

## Driver Requirements

A driver must meet the following requirements:

- 1 Be in good health and physically able to perform all duties of a driver.
- 2 Be at least 21 years of age.
- 3 Speak and read English well enough to converse with the general public, understand highway traffic signs and signals, respond to official questions, and be able to make legible entries on reports and records.
- 4 Be able to drive the vehicle safely.
- 5 Know how to safely load and properly block, brace, and secure the cargo.
- 6 Have only one valid commercial motor vehicle operator's license.
- 7 Provide an employing motor carrier with a list of all motor vehicle violations or a signed statement that the driver has not been convicted of any motor vehicle violations during the past 12 months. A disqualified driver must not be allowed to drive a commercial motor vehicle for any reason.
- 8 Pass a driver's road test or equivalent.
- 9 Complete an application for employment.
- 10 Possess a valid medical certificate.

## Examples of physical requirements (Section 391.41 provides the complete list of physical requirements)

- 1 Has no loss of a foot, a leg, a hand, or an arm
- 2 Has no established medical history or clinical diagnosis of diabetes requiring insulin for control
- 3 Has no clinical diagnosis of any disqualifying heart disease
- 4 Has no clinical diagnosis of high blood pressure
- 5 Has no clinical diagnosis of epilepsy
- 6 Has 20/40 vision or better with corrected lenses
- 7 Has distant binocular acuity of at least 20/40 in both eyes
- 8 Has the ability to recognize the colors (red, green and amber) of traffic signals
- 9 Has hearing to perceive a forced whisper
- 10 Has no history of drug (Schedule 1) use or any other substance identified in Appendix D
- 11 Has no clinical diagnosis of alcoholism

## Exemptions

There are provisions for an exemption to a disqualification for certain physical defects if the individual is otherwise qualified to drive.

### Additional instructions for medical examination

Additional instructions for the examining doctor are available from:

Director, Office of Bus and Trucks Standards and Operations  
Federal Motor Carrier Safety Administration  
400 Seventh Street, S.W. (MC-PS)  
Washington, DC 20590

### Limited exemptions

The following specific conditions and types of drivers are exempt from specific record keeping requirements:

*Drivers regularly employed before January 1, 1971* -Drivers who have been regular employees of a motor carrier for a continuous period that began before January 1, 1971 are exempt from:

- 1 Applications for employment
- 2 Road Tests

### Multiple employer drivers

*Multiple-employer drivers*- If a motor carrier employs a person as a driver on any basis, the motor carrier must have on file the driver's name, social security number, identification number, type, issuing state of his/her motor vehicle operator's license, medical certificate, road test and certificate, and controlled substance test results, even if that driver's primary employment is with another carrier.

*Drivers furnished by other motor carriers*- A motor carrier using a driver regularly employed by another motor carrier must have on file a signed written certificate that includes the driver's name and signature, certification of the driver's full qualifications, and expiration date of the driver's medical examiner's certificate.

## Disqualifying offenses

A driver is disqualified from operating a commercial motor vehicle on public highways, for the following offenses:

- 1 Revocation, suspension, or withdrawal of an operator's license
- 2 Conviction or forfeiture of bond for the following criminal offenses while driving a commercial motor vehicle:
  - Driving a CMV while under the influence of alcohol.
  - Driving a CMV while under the influence of a disqualifying drug or other controlled substance.
  - Leaving the scene of an accident that involves a CMV.
  - Using a CMV to commit a felony.
  - Using a CMV to violate an Out-of-Service Order.

## Penalties

- 1 A first offender is disqualified for one year following conviction or forfeiture
- 2 For a second offense within three years, a driver is disqualified for three years.

This certifies that I am familiar with the above mentioned qualifications specified in Part 391 of the U.S. Department of Transportation Federal Motor Carrier Safety Administration.

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

\_\_\_\_\_  
Date of Certification

\_\_\_\_\_  
Reviewer's Signature

\_\_\_\_\_  
Title

# RECEIPT OF DRIVER'S RIGHTS

HAVE EACH DRIVER-APPLICANT SIGN THIS FORM BEFORE YOU ACCEPT HIS / HER  
EMPLOYMENT APPLICATION.

## DRIVER REVIEW AND RECEIPT

I acknowledge that \_\_\_\_\_ has provided me with written instruction regarding my  
COMPANY NAME

Rights as defined in Part 391.23(i)-(j) of the Federal Motor Carrier Safety Regulations. I have reviewed these materials which include information on the following:

- Right to Review Information – I have the right to review the information provided by my previous DOT-regulated employer(s).
- Right to Request Corrections – I have the right to request corrections to information that my previous DOT – regulated employer(s) provides, which I believe contains errors.
- Right to Rebut Information – I have the right to rebut the information provided by my previous DOT – regulated employer(s).

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor / Authorized Motor Carrier Representative Signature

\_\_\_\_\_  
Date

# UNAUTHORIZED PASSENGERS

---

## Federal Motor Carrier Safety Regulations Part 392.60

Unauthorized persons not to be transported.

(a) Unless specifically authorized in writing to do so by the motor carrier under whose authority the commercial motor vehicle is being operated, no driver shall transport any person or permit any person to be transported on any commercial motor vehicle other than a bus. When such authorization is issued, it shall state the name of the person to be transported, the points where the transportation is to begin and end, and the date upon which such authority expires. No written authorization, however, shall be necessary for the transportation of:

(a)(1) Employees or other persons assigned to a commercial motor vehicle by a motor carrier;

(a)(2) Any person transported when aid is being rendered in case of an accident or other emergency;

(a)(3) An attendant delegated to care for livestock.

(b) This section shall not apply to the operation of commercial motor vehicles controlled and operated by any farmer and used in the transportation of agricultural commodities or products thereof from his/her farm or in the transportation of supplies to his/her farm.

This certifies that I am familiar with the above mentioned qualifications specified in the U.S. Department of Transportation Federal Motor Carrier Safety Administration Manual

X

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

\_\_\_\_\_  
Date

# NOTIFICATION OF DRIVER'S LICENSE SUSPENSION/REVOCAATION

## Federal Motor Carrier Safety Regulations Part 383.33

Notification of driver's license suspensions.

Each employee who has a driver's license suspended, revoked, or canceled by a State or jurisdiction, who loses the right to operate a commercial motor vehicle in a State or jurisdiction for any period, or who is disqualified from operating a commercial motor vehicle for any period, shall notify his/her current employer of such suspension, revocation, cancellation, lost privilege, or disqualification. The notification must be made before the end of the business day following the day the employee received notice of the suspension, revocation, cancellation, lost privilege, or disqualification.

This certifies that I am familiar with the above mentioned qualifications specified in the U.S. Department of Transportation Federal Motor Carrier Safety Administration Manual

X

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

\_\_\_\_\_  
Date

## NUMBER OF DRIVER'S LICENSES

### § 383.21 Number of drivers' licenses.

No person who operates a commercial motor vehicle shall at any time have more than one driver's license.

[64 FR 48110, Sept. 2, 1999]

This certifies that I am familiar with the above mentioned qualifications specified in the U.S. Department of Transportation Federal Motor Carrier Safety Administration Manual

X

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

\_\_\_\_\_  
Date

# Notice to Drivers & Certificate of Compliance

---

## Notice to Drivers

The commercial motor vehicle safety act of 1986 provides for stronger controls over drivers of commercial vehicles. The law applies to all drivers operating vehicles and combinations with a gross vehicle weight rating over 26000 lbs., and to any vehicle, regardless of weight, transporting hazardous materials in a quantity requiring placards.

The following provisions of this legislation became effective July 1, 1987:

- 1) No driver may possess more than one license, and no motor carrier may use a driver having more than one license.
- 2) A driver convicted of a traffic violation in any vehicle must notify the motor carrier and the state, which issued the license to that driver of the conviction within 30 days.
- 3) Any person applying for a job as a commercial vehicle driver must inform the prospective employer of any previous employments as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
- 4) The federal motor carrier safety regulations require that a driver who loses any privilege to operate a commercial motor vehicle, or who is disqualified from operating a commercial motor vehicle, must advise the motor carrier the next business day after receiving notification.

**Penalties** – Any violation of the above is punishable by a fine not to exceed \$2500. Willful violation of ( 1) or (3), above or failure to notify the motor carrier within 30 days of the loss of any driving privilege to operate a commercial vehicle can result in criminal Penalties not to exceed \$5000 and / or 90 days in jail.

## Certification by Driver

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986.

Drivers Name \_\_\_\_\_ Social. Sec. # \_\_\_\_\_

Address \_\_\_\_\_

License: State \_\_\_\_\_ Class \_\_\_\_\_ Number \_\_\_\_\_

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

# DRIVER'S CERTIFICATE OF TRAINING ON THE CDL REGULATIONS

The Commercial Driver's License, regulations define offenses that if committed can cause a driver's license to be suspended, revoked, cancelled or cause the driver to be disqualified from operating a commercial motor vehicle.

I have been trained and instructed on the DOT regulations and penalties that I am subject to if convicted of any of the following offenses while operating a commercial or non-commercial motor vehicle.

- Having an alcohol concentration of 0.04 or greater while operating a commercial vehicle
- Being under the influence of alcohol as by State law
- Being under the influence of a controlled substance
- Refusing to take an alcohol test as required by State law
- Leaving the scene of an accident
- Using a vehicle to commit a felony
- 1** Driving with a suspended, cancelled or revoked CDL. **2** driving a commercial vehicle without a CDL
- 1** Speeding excessively. **2** Driving recklessly
- 1** Following too closely. **2** Driving a commercial vehicle without the proper class of commercial license.
- Violating a traffic law arising in connection with a fatal accident.
- Causing a fatality with a commercial vehicle
- Making improper or erratic lane changes

\_\_\_\_\_  
Driver's Full Name (print)

**X**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor / Authorized Motor Carrier Representative Signature

\_\_\_\_\_  
Date



# LOG FALSIFICATIONS

## Federal Motor Carrier Safety Regulations Part 395.8

### Driver's record of duty status.

a) Except for a private motor carrier of passengers (nonbusiness), every motor carrier shall require every driver used by the motor carrier to record his/her duty status for each 24 hour period using the methods prescribed in either paragraph (a)(1) or (2) of this section.

(1) Every driver who operates a commercial motor vehicle shall record his/her duty status, in duplicate, for each 24-hour period. The duty status time shall be recorded on a specified grid, as shown in paragraph (g) of this section. The grid and the requirements of paragraph (d) of this section may be combined with any company forms. The previously approved format of the Daily Log, Form MCS-59 or the Multi-day Log, MCS-139 and 139A, which meets the requirements of this section, may continue to be used.

(2) Every driver who operates a commercial motor vehicle shall record his/her duty status by using an automatic on-board recording device that meets the requirements of ¶ 395.15 of this part. The requirements of ¶ 395.8 shall not apply, except paragraphs (e) and (k) (1) and (2) of this section.

(b) The duty status shall be recorded as follows:

- (1) "Off duty" or "OFF."
- (2) "Sleeper berth" or "SB" (only if a sleeper berth used).
- (3) "Driving" or "D."
- (4) "On-duty not driving" or "ON."

(c) For each change of duty status (e.g., the place of reporting for work, starting to drive, on-duty not driving and where released from work), the name of the city, town, or village, with State abbreviation, shall be recorded.

Note:

If a change of duty status occurs at a location other than a city, town, or village, show one of the following: (1) The highway number and nearest milepost followed by the name of the nearest city, town, or village and State abbreviation, (2) the highway number and the name of the service plaza followed by the name of the nearest city, town, or village and State abbreviation, or (3) the highway numbers of the nearest two intersecting roadways followed by the name of the nearest city, town, or village and State abbreviation.

(d) The following information must be included on the form in addition to the grid:

- (1) Date;
- (2) Total miles driving today;
- (3) Truck or tractor and trailer number;
- (4) Name of carrier;
- (5) Driver's signature/certification;
- (6) 24-hour period starting time (e.g. midnight, 9:00 a.m., noon, 3:00 p.m.);
- (7) Main office address;
- (8) Remarks;
- (9) Name of co-driver;
- (10) Total hours (far right edge of grid);
- (11) Shipping document number(s), or name of shipper and commodity;

(e) Failure to complete the record of duty activities of this section or ¶ 395.15, failure to preserve a record of such duty activities, or making of false reports in connection with such duty activities shall make the driver and/or the carrier liable to prosecution.

(f) The driver's activities shall be recorded in accordance with the following provisions:

- (1) Entries to be current. Drivers shall keep their records of duty status current to the time shown for the last change of duty status.
- (2) Entries made by driver only. All entries relating to driver's duty status must be legible and in the driver's own handwriting.
- (3) Date. The month, day and year for the beginning of each 24-hour period shall be shown on the form containing the driver's duty status record.
- (4) Total miles driving today. Total mileage driven during the 24-hour period shall be recorded on the form containing the driver's duty status record.
- (5) Commercial motor vehicle identification. The driver shall show the number assigned by the motor carrier, or the license number and licensing State of each commercial motor vehicle operated during each 24-hour period on his/her record of duty status. The driver of an articulated (combination) commercial motor vehicle shall show the number assigned by the motor carrier, or the license number and licensing State of each motor vehicle used in each commercial motor vehicle combination operated during that 24-hour period on his/her record of duty status.

(6) Name of motor carrier. The name(s) of the motor carrier(s) for which work is performed shall be shown on the form containing the driver's record of duty status. When work is performed for more than one motor carrier during the same 24-hour period, the beginning and finishing time, showing a.m. or p.m., worked for each motor carrier shall be shown after each motor carrier's name. Drivers of leased commercial motor vehicles shall show the name of the motor carrier performing the transportation.

(7) (Signature) X /certification. The driver shall certify to the correctness of all entries by signing the form containing the driver's duty status record with his/her legal name or name of record. The driver's signature certifies that all entries required by this section made by the driver are true and correct.

(8) Time base to be used. (i) The driver's duty status record shall be prepared, maintained, and submitted using the time standard in effect at the driver's home terminal, for a 24-hour period beginning with the time specified by the motor carrier for that driver's home terminal.

(ii) The term "7 or 8 consecutive days" means the 7 or 8 consecutive 24-hour periods as designated by the carrier for the driver's home terminal.

(iii) The 24-hour period starting time must be identified on the driver's duty status record. One-hour increments must appear on the graph, be identified, and preprinted. The words "Midnight" and "Noon" must appear above or beside the appropriate one-hour increment.

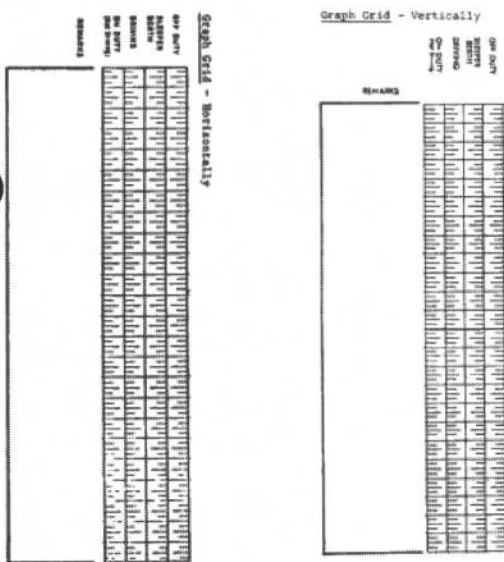
(9) Main office address. The motor carrier's main office address shall be shown on the form containing the driver's duty status record.

(10) Recording days off duty. Two or more consecutive 24-hour periods off duty may be recorded on one duty status record.

(11) Total hours. The total hours in each duty status: ff duty other than in a sleeper berth; off duty in a sleeper berth; driving, and on duty not driving, shall be entered to the right of the grid, the total of such entries shall equal 24 hours.

(12) Shipping document number(s) or name of shipper and commodity shall be shown on the driver's record of duty status.

(g) Graph grid. The following graph grid must be incorporated into a motor carrier record keeping system which must also contain the information required in paragraph (d) of this section.



(h) Graph grid preparation. The graph grid may be used horizontally or vertically and shall be completed as follows:

(1) Off duty. Except for time spent resting in a sleeper berth, a continuous line shall be drawn between the appropriate time markers to record the period(s) of time when the driver is not on duty, is not required to be in readiness to work, or is not under any responsibility for performing work.

(2) Sleeper berth. A continuous line shall be drawn between the appropriate time markers to record the period(s) of time off duty resting in a sleeper berth, as defined in 395.2. (If a non-sleeper berths operation, sleeper berth need not be shown on the grid.)

(3) Driving. A continuous line shall be drawn between the appropriate time markers to record the period(s) of driving time, as defined in 395.2.

(4) On duty not driving. A continuous line shall be drawn between the appropriate time markers to record the period(s) of time on duty not driving specified in 395.2.

(5) Location? Remarks. The name of the city, town, or village, with State abbreviation where each change of duty status occurs shall be recorded.

Note:  
If a change of duty status occurs at a location other than a city, town, or village, show one of the following: (1) The highway number and nearest milepost followed by the name of the nearest city, town, or village and State abbreviation, (2) the highway number and the name of the service plaza followed by the name of the nearest city, town, or village and State abbreviation, or (3) the highway numbers of the nearest two intersecting roadways followed by the name of the nearest city, town, or village and State abbreviation.

(i) Filing driver's record of duty status. The driver shall submit or forward by mail the original driver's record of duty status to the regular employing motor carrier within 13 days following the completion of the form.

(j) Drivers used by more than one motor carrier. (1) When the services of a driver are used by more than one motor carrier during any 24-hour period in effect at the driver's home terminal, the driver shall submit a copy of the record of duty status to each motor carrier. The record shall include:

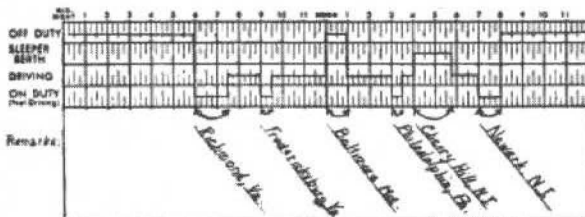
- (i) All duty time for the entire 24-hour period;
- (ii) The name of each motor carrier served by the driver during that period; and
- (iii) The beginning and finishing time, including a.m. or p.m., worked for each carrier.

(2) 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.

(k) Retention of driver's record of duty status. (1) Each motor carrier shall maintain records of duty status and all supporting documents for each driver it employs for a period of six months from the date of receipt.

(2) The driver shall retain a copy of each record of duty status for the previous 7 consecutive days which shall be in his/her possession and available for inspection while on duty.

Note:  
Driver's Record of Duty Status.  
The graph grid, when incorporated as part of any form used by a motor carrier, must be of sufficient size to be legible. The following executed specimen grid illustrates how a driver's duty status should be recorded for a trip from Richmond, Virginia, to Newark, New Jersey. The grid reflects the midnight to midnight 24 hour period.



Graph Grid (Midnight to Midnight Operation)

The driver in this instance reported for duty at the motor carrier's terminal. The driver reported for work at 6 a.m., helped load, checked with dispatch, made a pretrip inspection, and performed other duties until 7:30 a.m. when the driver began driving. At 9 a.m. the driver had a minor accident in Fredericksburg, Virginia, and spent one half hour handling details with the local police. The driver arrived at the company's Baltimore, Maryland, terminal at noon and went to lunch while minor repairs were made to the tractor. At 1 p.m. the driver resumed the trip and made a delivery in Philadelphia, Pennsylvania, between 3 p.m. and 3:30 p.m. at which time the driver started driving again. Upon arrival at Cherry Hill, New Jersey, at 4 p.m., the driver entered the sleeper berth for a rest break until 5:45 p.m. at which time the driver resumed driving again. At 7 p.m. the driver arrived at the company's terminal in Newark, New Jersey. Between 7 p.m. and 8 p.m. the driver prepared the required paperwork including completing the driver's record of duty status, driver vehicle inspection report, insurance report for the Fredericksburg, Virginia accident, checked for the next day's dispatch, etc. At 8 p.m., the driver went off duty.

(Approved by the Office of Management and Budget under control number 2125? 0016) (a) Report required. Every motor carrier shall require its drivers to report, and every driver shall prepare a report in writing at the completion of each day's work on each vehicle operated and the report shall cover at least the following parts and accessories:

This certifies that I am familiar with the above mentioned qualifications specified in the U.S. Department of Transportation Federal Motor Carrier Safety Administration Manual

X

Driver's Signature

Date

# Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency.

Please be sure to sign and date this form

Name: \_\_\_\_\_  
Last First MI

Phone: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Primary Emergency Contact Name: \_\_\_\_\_  
Last First

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_  
Last First

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Preferred Local Hospital: \_\_\_\_\_

Insurance Information:

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Comments** (include any special medical or personal information you would want an emergency care provider to know – or special contact information:

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

# DRIVER EVALUATION FORM

## DRIVER PROFICIENCY (13 CCR, 1229) AUTHORIZED VEHICLES (13 CCR, 1234 (b) )

Driver \_\_\_\_\_ has demonstrated \_\_\_\_\_ ,  
that he/she can safely operate the below vehicles and equipment.

\_\_\_\_\_ Straight Truck

\_\_\_\_\_ Truck Trailer Combinations

\_\_\_\_\_ Tractor Trailer Combination

\_\_\_\_\_ Doubles & Triples (endorsement)

\_\_\_\_\_ Tank Vehicles (endorsement)

\_\_\_\_\_ Vehicle 26,001 pounds or more GVWR

\_\_\_\_\_ Bus with air brakes \_\_\_\_\_ passengers

\_\_\_\_\_ Bus with hydraulic brakes \_\_\_\_\_ passengers (restriction)

\_\_\_\_\_ Standard shift

\_\_\_\_\_ Automatic transmission only (restriction)

\_\_\_\_\_ Air brake (endorsement)

\_\_\_\_\_ Hazardous material (endorsement)

\_\_\_\_\_ Special equipment as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature (Carrier or authorized agent of carrier) \_\_\_\_\_

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

## Hours-Of-Service Record for First Time or Intermittent Drivers

Instructions: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediately preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name (Print) _____	
DAY	TOTAL TIME ON DUTY
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
Total	_____
I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was from	
_____ (Hour/Date)	to _____ (Hour/Date)
Signature _____	Date _____

# Hiring Checklist

EMPLOYEE NAME: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Date  
Completed

	<b><u>Application</u></b> Includes previous ten (10) years of employment as a commercial motor vehicle driver, certified by the applicant as being true and complete. (15230 CVC, & 391.21(a) & 391.51(b)(1) 49 CFR) <i>If employed as a USDOT qualified driver, retain record in Driver Qualification file.</i>
	<b><u>DMV Printout</u></b> Current within thirty (30) days of hire date, reviewed, signed, and dated by employer. Retain record. (1808.1(a) CVC & 391.21(b)(7 &8) 49 CFR)
	<b><u>Previous Employer Inquiry(ies)</u></b> Driver signs consent for previous employer to release confidential controlled substance and alcohol testing information. Employer must inquire of previous employers: <i>2 years for California INTRASTATE, 3 years for INTERSTATE drivers.</i> Retain record in confidential file. (34520 CVC & 382.413 49 CFR)
	<b><u>Drug and Alcohol Policy/Educational Materials</u></b> Provide new driver with a copy of your policy and educational materials. Obtain a signed receipt for material provided and retain on file. (34520 CVC & 382.601 49 CFR)
	<b><u>Pre-Employment Controlled Substance Test</u></b> <i>Negative/clear results must be obtained from MRO prior to allowing driver to operate vehicles.</i> Retain record in confidential file. (34520 CVC & 382.301 49 CFR)
	<b><u>Enroll Driver in Random Testing Program</u></b> Immediately enroll driver in a random testing program. (34520 CVC & 382.305 49 CFR)
	<b><u>Record of Driver's Proficiency</u></b> Have driver demonstrate ability to safely operate vehicles, vehicle combinations, and accessories. Retain record on file. (1229 & 1234(b) 13 CCR, & 391.31 & 391.51(b)(3) 49 CFR)
	<b><u>Statement of Prior "On-duty" time</u></b> Have driver complete "on-duty" time statement, or complete driver's record of duty status (logbook) for immediately preceding 7 days. Retain record on file for six months. (1213(k)(2) 13 CCR, & 395.8(j)(2) 49 CFR)
	<b><u><i>Driver may begin to operate vehicles at this point.</i></u></b>
	<b><u>Enroll Driver in DMV's Employer Pull-Notice Program</u></b> Immediately enroll driver. Contact DMV Pull-Notice Unit at (916) 657-6346 or on the internet at <a href="http://www.dmv.ca.gov">www.dmv.ca.gov</a> . Upon receiving notice, review, sign, and date. Retain most current notice on file. (1808.1(b) CVC & 391.25(a) 49 CFR)