

INSTRUCTIONS TO THE MOTOR CARRIER FOR THE COMPLETION OF REPORT OF POSITIVE DRUG TEST UNDER TRC 643.064:

1. Inform the Medical Review Officer (MRO) who verified the positive drug test result that he/she must complete and sign the "Certification of Medical Review Officer" section.
2. Upon the carrier's receipt of the completed "Certification of Medical Review Officer" section, the Motor Carrier shall complete and sign the "Certificate of Motor Carrier" section.
3. The Motor Carrier shall attach a legible copy of the signed MRO's report or the Federal Drug Testing, Custody and Control Form or the MRO's signed report of positive controlled substance result.
4. Send to: MCCA Section Supervisor, Motor Carrier Bureau, Texas Department of Public Safety, 6200 Guadalupe, MSC# 0522, Austin, Texas 78752-4019.
5. Retain a copy of this form and the Federal Drug Testing, Custody and Control Form and/or the MRO's report of positive controlled substance result in the Motor Carrier records as required by 49 CFR Parts 40 and 382.

Motor Carrier Name	CDL DRIVER QUALIFICATION FILE DOCUMENT
Address	
Phone Number	DRIVER QUALIFICATION FILE CONTENTS INSTRUCTIONS
US DOT Number	

FMCSA regulations require certain actions and documentation concerning Driver Qualification. You will want to read part 391 thoroughly.

Part 391.51 explains what documents are required to be kept on file and for how long. The following Driver Qualification File Contents will help you put together a Driver Qualification File that will meet Federal Motor Carrier Safety Administration regulations.

A suggestion for a well organized and easily audited folder would be one of heavy cardboard sides with two holed brackets at the top of each side. The contents check off page and all of the "non-renewable" documents (i.e. Application, Certification of Road Test, Pre-employment MVR, etc.) are stored on the left side. All of the documents that require renewal (i.e. Certification of Physical Examination, Annual MVR, Annual Review of MVR, etc.) are kept on the right side of the folder. As documents are renewed, the old one can be discarded, and the new one put in its place.

This practice makes the folder easier for you to notice which documents are coming up for renewal, and also makes it appear organized for audit.

Motor Carrier Name	CDL DRIVER QUALIFICATION FILE DOCUMENT
Address	
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DOCUMENTS THAT DO NOT EXPIRE AND ARE REQUIRED TO BE COMPLETED *BEFORE* SAFETY SENSITIVE FUNCTIONS ARE PERFORMED. AFFIX THESE DOCUMENTS TO THE LEFT SIDE OF THE DRIVER FILE.

- 1. Application for Employment. (391.21) ALL PARTS MUST BE COMPLETED!
Includes:
 - a. Certificate of Compliance (383.21)
 - b. Driver Statement of On-Duty Hours for Newly Hired (395.8)
 - c. Employment Eligibility Verification
- 2. Certification of Road Test. (391.31) JJ Keller form. Copy to be given to driver.

DOCUMENTS THAT DO NOT EXPIRE AND ARE REQUIRED TO BE COMPLETED WITHIN 30 DAYS AFTER SAFETY SENSITIVE FUNCTIONS ARE PERFORMED. AFFIX THESE DOCUMENTS TO THE LEFT SIDE OF THE DRIVER FILE AS THEY ARE COMPLETED.

- 3. Pre-employment Motor Vehicle Request (MVR)
Includes:
 - a. Fair Credit Reporting Act Disclosure Statement.
- 4. MVR result. (391.23(1))
- 5. Previous Employer Investigation for Driving History and Safety Performance. (391.25(a))
Include responses received, and documentation for those who would not respond after 3 tries.

DOCUMENTS THAT EXPIRE AND MUST BE RENEWED. AFFIX TO RIGHT SIDE OF THE DRIVER FILE AND REPLACE AS RENEWED.

- 6. Photocopy of Current Driver's License
- 6. Certificate of Physical Examination.(391.43(f) **MUST BE COMPLETED BEFORE SAFETY SENSITIVE FUNCTIONS PERFORMED.** Copy of certification must be on driver at all times. (391.41)
- 7. Annual MVR (391.25(a))
- 8. Annual Driver's List of Violations and Manager's Review Note (391.25(c)(2) / 391.27)
MVR result MUST be reviewed in addition to Driver's List of Violations.

OTHER DOT RELATED DOCUMENTS WHICH MAY BE NEEDED.

1. _____ POINT SYSTEM FOR UNSAFE DRIVING.
Company Name
2. MVR Points Assessment. To be completed if MVR results show 8 or more points as assessed by the _____ POINT SYSTEM FOR UNSAFE DRIVING.
Company Name
3. DOT Non-Compliance Document.
To be completed when an employee holding a CDL claims to never drive in commercial situations.

Motor Carrier Name	CDL DRIVER QUALIFICATION FILE DOCUMENT
Address	
Phone Number	
US DOT Number	APPLICATION FOR EMPLOYMENT INSTRUCTIONS

Most applicants will be applying for positions that require Commercial Drivers. These applicants need to complete the COMMERCIAL DRIVER'S APPLICATION FOR EMPLOYMENT.

There are questions contained in this document that Dept. of Labor does not allow, but that are required by Federal Motor Carrier Regulation, such as age and past residence. All sections are to be completed!

This document includes the Certification of Compliance concerning driver's licenses (383.21), the Driver's Statement of On-Duty Hours for Newly Hired Drivers (395.80) and Employment Eligibility Verification questions.

It also includes the questions that must be asked concerning past conviction of a felony and past positive results of drug and alcohol testing.

Make sure that there are 10 consecutive years of pre-employment history required by DOT. Only 3 years will be investigated, but the application needs to show 10 years with NO GAPS, unless his / her age limits employment time. Time not employed must be explained.

Applicants who do not have a CDL, but are planning to in the near future, are encouraged to complete the COMMERCIAL DRIVER'S APPLICATION, or they will have to go back and complete it once their CDL is obtained.

Applicants who do not plan to ever obtain their CDL may complete the NON-DRIVER APPLICATION FOR EMPLOYMENT.

Motor Carrier Name	CDL DRIVER QUALIFICATION FILE DOCUMENT
Address	
Phone Number	COMMERCIAL DRIVER'S APPLICATION FOR EMPLOYMENT
US DOT Number	

APPLICANT NAME (Print clearly) _____ DATE OF APPLICATION _____

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

TO BE READ AND SIGNED BY APPLICANT APPLYING FOR DOT REGULATED POSITIONS.

I _____ authorize _____ 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. 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. 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.

By signature at the end of this section, I certify that per 49CFR parts 383 and 391, I hold only one driver's license of any class in only one state, and that it is valid and active. If the status of that license should change due to suspension, revocation or cancellation, I will notify my employer the next business day following said action.

Applicant Signature _____ Date _____

Applicants applying for DOT regulated positions are required by 49CFR part 40.25(l) 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? Yes No
2. If you answered yes, can you provide or obtain documented proof that you have successfully completed the DOT return-to-duty requirements? Yes No

Applicant complete the following information.

Name _____ Social Security # _____
Last First Middle

Date of Birth _____ Can you provide proof of age? _____ Position applied for _____
(Required for commercial drivers)

List your addresses of residency for the past 3 years.

Current 1) _____
Street City Phone How long?
State Zip Code

Previous 2) _____
Street City Phone How long?

Addresses 3) _____
Street City Phone How long?

Applicant complete:

Do you have the legal right to work in the United States? Yes No

Have you ever worked for this company before? Yes No

If so, where? _____ When? _____

Reason for leaving. _____

Are you currently employed? Yes No If not, how long since leaving last employment? _____

Who referred you? _____ Pay rate expected _____

Have you ever been convicted of a felony? Yes No

If yes, please explain fully on a separate sheet of paper.

Accident History: For past 3 years or more (Attach sheet if more space is needed) If none, write NONE.

	<i>Date</i>	<i>Nature of Accident</i>	<i>Fatalities</i>	<i>Injuries</i>	<i>Hazmat Spill</i>
Last accident:	_____	_____	_____	_____	_____
Next previous:	_____	_____	_____	_____	_____
Next previous:	_____	_____	_____	_____	_____

Convicted Traffic Violations and forfeitures for the past 3 years (other than parking) If none, write NONE.

	<i>Location</i>	<i>Date</i>	<i>Charge</i>	<i>Penalty</i>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

Driver's License History: List all driver licenses or permits held in the past 3 years beginning with your current license.

	<i>State</i>	<i>License number</i>	<i>Class</i>	<i>Expiration date</i>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

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 either question is Yes, give details. _____

List states operated in for last 5 years _____

List special driver training courses you have had _____

Do you hold any Safe Driving Awards? From whom? _____

List special equipment or materials you have been trained to work with. _____

Education:

Circle highest grade completed. High School: 9 10 11 12 College: 1 2 3 4 Post grad: Masters PHD
 Last school attended: _____

Employment History:

All applicants who hold a Commercial Driver's License, and will be performing safety sensitive functions according to Federal Motor Carrier Regulations are required to provide information on employment for 10 years prior to date of application. Previous employers for the prior 3 years, for whom the prospective employee performed DOT regulated duties, will be contacted for investigation into employee's driving history, and drug and alcohol testing history.

The Federal Motor Carrier Safety Regulations 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 or gross combination weight of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding. 49 CFR part 390.5.

EMPLOYER			DATE	
Name			From	To
Address			Position held	
City	State	Zip	Salary	
Contact person	Phone		Reason left	
Were you subject to the Federal Motor Carrier Regulations?			Yes	No
Was your job position subject to the Drug and Alcohol Testing requirements of 49 CVR part 40?			Yes	No

EMPLOYER			DATE	
Name			From	To
Address			Position held	
City	State	Zip	Salary	
Contact person	Phone		Reason left	
Were you subject to the Federal Motor Carrier Regulations?			Yes	No
Was your job position subject to the Drug and Alcohol Testing requirements of 49 CVR part 40?			Yes	No
EMPLOYER			DATE	
Name			From	To
Address			Position held	
City	State	Zip	Salary	
Contact person	Phone		Reason left	
Were you subject to the Federal Motor Carrier Regulations?			Yes	No
Was your job position subject to the Drug and Alcohol Testing requirements of 49 CVR part 40?			Yes	No
EMPLOYER			DATE	
Name			From	To
Address			Position held	
City	State	Zip	Salary	
Contact person	Phone		Reason left	
Were you subject to the Federal Motor Carrier Regulations?			Yes	No
Was your job position subject to the Drug and Alcohol Testing requirements of 49 CVR part 40?			Yes	No
EMPLOYER			DATE	
Name			From	To
Address			Position held	
City	State	Zip	Salary	
Contact person	Phone		Reason left	
Were you subject to the Federal Motor Carrier Regulations?			Yes	No
Was your job position subject to the Drug and Alcohol Testing requirements of 49 CVR part 40?			Yes	No
EMPLOYER			DATE	
Name			From	To
Address			Position held	
City	State	Zip	Salary	
Contact person	Phone		Reason left	
Were you subject to the Federal Motor Carrier Regulations?			Yes	No
Was your job position subject to the Drug and Alcohol Testing requirements of 49 CVR part 40?			Yes	No
EMPLOYER			DATE	
Name			From	To
Address			Position held	
City	State	Zip	Salary	
Contact person	Phone		Reason left	
Were you subject to the Federal Motor Carrier Regulations?			Yes	No
Was your job position subject to the Drug and Alcohol Testing requirements of 49 CVR part 40?			Yes	No
EMPLOYER			DATE	
Name			From	To
Address			Position held	
City	State	Zip	Salary	
Contact person	Phone		Reason left	
Were you subject to the Federal Motor Carrier Regulations?			Yes	No
Was your job position subject to the Drug and Alcohol Testing requirements of 49 CVR part 40?			Yes	No

EMPLOYER			DATE	
Name			From	To
Address			Position held	
City	State	Zip	Salary	
Contact person	Phone		Reason left	
Were you subject to the Federal Motor Carrier Regulations?			Yes	No
Was your job position subject to the Drug and Alcohol Testing requirements of 49 CVR part 40?			Yes	No

EMPLOYER			DATE	
Name			From	To
Address			Position held	
City	State	Zip	Salary	
Contact person	Phone		Reason left	
Were you subject to the Federal Motor Carrier Regulations?			Yes	No
Was your job position subject to the Drug and Alcohol Testing requirements of 49 CVR part 40?			Yes	No

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

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(8-9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common contract or private motor carrier also performing any compensated work for any non motor carrier entity.

Are you currently working for another employer? Yes No

At this time do you intend to work for another employer while still employed by this company? Yes No

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

When using a driver for the first time, a motor Carrier shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. (49 CFR 395.8) Compensated on-duty hours for any employer must be recorded below immediately prior to beginning work for _____.

DAY	1	2	3	4	5	6	7	TOTAL HOURS
DATE	Yesterday							
HOURS WORKED								

I WAS LAST RECEIVED FROM WORK AT _____ PM/AM ON _____
Time Day Month Year

CERTIFICATION:

I, _____, certify that this ENTIRE application was completed by me, and that ALL entries contained herein are true and complete to the best of my knowledge.

Driver Signature _____ Date _____

Company Representative _____ Date _____

FOR COMPANY USE ONLY:

APPLICANT	<input type="checkbox"/> HIRED	<input type="checkbox"/> REJECTED	REASON _____
DATE EMPLOYED _____	LOCATION _____		
JOB POSITION _____			
COMMENTS: _____			
Signature of Interviewer _____			Date _____

Motor Carrier Name	CDL DRIVER QUALIFICATION FILE DOCUMENT
Address	
Phone Number	CERTIFICATION OF ROAD TEST INSTRUCTIONS
US DOT Number	

Section 391.31 states that:

- (a) "...a person **shall not drive** a commercial motor vehicle unless he / she **has first successfully completed a road test** and has been issued a certificate of driver's road test in accordance with this section.
- (b) The road test shall be given by the motor carrier or a person designated by it.....The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he / she is capable of operating the commercial motor vehicle, and associated equipment, that the motor carrier intends to assign him / her.

_____ has chosen to use the JJ Keller © RECORD OF ROAD TEST form (13F 652). This form can be ordered from JJ Keller at 800-843-8400.

Either the District Manager, or a person he / she designates must give this test to an employee BEFORE driving ANY Commercial Vehicle. This includes any size vehicle transporting placardable amounts of Hazardous Material.

At the bottom of the back of the form, there is a Certification of Road Test. This section needs to be completed and SIGNED by the examiner. Make a copy for the Driver's Qualification File, and detach and give the original to the driver to be kept with him at all times. The JJ Keller Certification of Road Test wallet card can be purchased, but is not necessary as long as the driver carries the completed part of the form with him.

RECORD OF ROAD TEST

Driver's Name _____ Address _____
 License No. _____ State _____ Equipment Driven _____ Truck _____
 Tractor _____ Trailer _____
 Checked From _____ To _____ Date _____

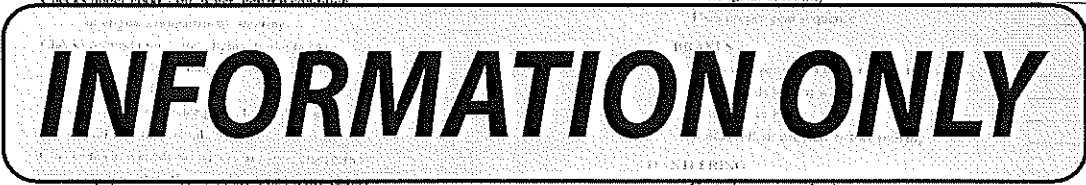
For those items that apply, checkmark (✓) if driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory.
 Explain unsatisfactory items under Remarks. Use not applicable (NA) for items that do not apply.

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 _____

B. CLUTCH AND TRANSMISSION

- Starts loaded unit smoothly _____
- Uses clutch properly _____
- Times gearshifts properly _____
- Shifts gears smoothly _____



- (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 _____

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

I. 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 2 - COUPLING AND UNCOUPLING

- Times 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 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, checks 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 3 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS

A. ENGINE

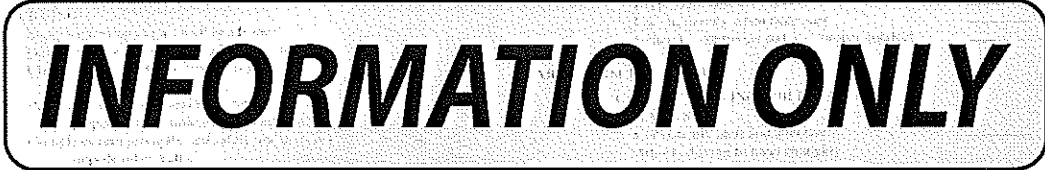
- Places transmission in neutral before starting engine _____
- Starts engine without difficulty _____
- Allows proper warm up _____
- Understands gauges on instrument panel _____
- Maintains proper engine speed (rpm) while driving _____
- Does not abuse motor _____

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 flaring _____
- Stops before crossing sidewalk when coming out of driveway or alley _____
- Stops clear of pedestrian crosswalks _____

PART 6 - OPERATING IN TRAFFIC PASSING AND LANEING

A



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 _____
- Notifies and heads 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 _____

REMARKS:

GENERAL PERFORMANCE: Satisfactory _____ Needs Training _____ Unsatisfactory _____

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

Signature of Examiner _____

13F-ES2
(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)(1)(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 Carrier Name	CDL DRIVER QUALIFICATION FILE DOCUMENT
Address	
Phone Number	REQUEST FOR MOTOR VEHICLE REPORT (MVR) INSTRUCTIONS
US DOT Number	

A Motor Vehicle Report (MVR) is required by Federal Motor Carrier Regulation in two instances.

The first report is to be placed in the Driver's Qualification File within 30 days of his / her hire date. (392.23 (b)) Even though regulation gives 30 days to acquire the result report, it needs to be requested as soon as possible so that the District Manager can use it to make an informed decision on whether or not to hire the applicant.

The second report is required by Section 391.25 (a). Once a year, the motor carrier is required to run an MVR, and the District Manager is required to review the result report with the driver and make note of his / her findings. This is to be done along with the "CERTIFICATION OF VIOLATIONS AND ANNUAL REVIEW OF DRIVING RECORD". (See instructions with this form.)

The REQUEST FOR MOTOR VEHICLE REPORT needs to be completed in full, and sent to the local DMV or an internet reporting company. (A Third Party Administrator may do this for you.) Circle which purpose it is needed for, and be sure that the applicant / employee signs the authorization.

The applicant / employee information should be printed and *legible!* All information is important.

District Representative (Manager or Secretary) needs to sign the request.

Fax the request to the DOT Compliance Office at your company, or to the local DMV or Third Party Administrator you are using.

A result report will be faxed back to the District Office for review by the District Manager.

Motor Carrier Name	CDL DRIVER QUALIFICATION FILE DOCUMENT
Address	
Phone Number	PREVIOUS EMPLOYER INVESTIGATION FOR DRIVING HISTORY AND SAFETY PERFORMANCE INSTRUCTIONS
US DOT Number	

Section 391.23(a)(2) requires the Motor Carrier to investigate 3 years of safety performance at previous employers of the CDL applicant.

ONLY the Department of Transportation Regulated Employers need to be contacted; if the applicant worked for the employer as a Commercial Driver or in a DOT Safety Sensitive Function of any kind.

For each of these employers, complete and have the applicant SIGN a separate PREVIOUS EMPLOYER INVESTIGATION FOR DRIVING HISTORY AND SAFETY PERFORMANCE form. Mail or fax it to the employer, and document the date that it was mailed or faxed EACH TIME. Regulation requires a "good faith effort" to contact the previous employer, and that each effort be documented.

Phone interviews are permitted, but be very careful to document each time phone calls are made and the name and title of who is interviewed. Ask the questions included in the form and document the answers you are given. Remember to document the date and who you spoke with.

Regulation allows 30 days from the date of hire to acquire these documents and get them into the Driver Qualification File.

Motor Carrier Name	CDL DRIVER QUALIFICATION FILE DOCUMENT
Address	
Phone Number	PREVIOUS EMPLOYER INVESTIGATION FOR DRIVING HISTORY AND SAFETY PERFORMANCE
US DOT Number	

**FMCSA APPLICANT AUTHORIZATION TO RELEASE SAFETY PERFORMANCE HISTORY
(As required by CFR Part 391.23)**

Prepare a separate form for each previous DOT regulated employer 3 years prior to application date.

APPLICANT NAME (Printed) _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

I, _____, do hereby authorize below noted company to release the information requested to *(prospective employer)* _____ for the purposes of investigation as required by 49 CFR Section 391.23 of the Federal Motor Carrier Safety Regulations.

Check here if you have NOT performed DOT functions for any employer in the last three years.

Signature of Applicant _____ Date _____

Mail or fax this form to the following address for completion. Phone call is acceptable, but must be documented.

PREVIOUS DOT REGULATED EMPLOYER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

In accordance with Section 391.23, the prospective employer is obligated to request the information below from all previous FMSCA regulated employers of the applicant who employed him/her to operate a Commercial Motor Vehicle within the 3 years preceding the date noted. Complete the information below and return completed form within 30 days, as required to:

Prospective Employer _____

Address and Fax number _____

The above named applicant has applied to this company for a position as _____

and states that he/she was employed by you as (job position) _____

From (m/y) _____ to (m/y) _____

Motor Carrier Name	CDL DRIVER QUALIFICATION FILE DOCUMENT
Address	
Phone Number	PHOTOCOPY OF DRIVER'S LICENSE INSTRUCTIONS
US DOT Number	

Federal Motor Carrier Regulation does not state that a copy of the driver's license must be kept in the Driver's Qualification File, but it is necessary to keep track of expiration dates, and to clarify information if it is illegible on the MVR request.

Try to copy the license with the "photo" setting on the copier. This will give a much clearer picture. Include a copy of the back of the license for clarification of endorsements.

Motor Carrier Name	CDL DRIVER QUALIFICATION FILE DOCUMENT
Address	
Phone Number	MEDICAL EXAMINATIONER'S CERTIFICATE INSTRUCTIONS
US DOT Number	

Section 391.41 states that:

- (a) "A person **shall not drive** a commercial motor vehicle unless he / she is physically qualified to do so and **has on his / her person the original, or a photographic copy of a medical examiner's certificate** that he / she is physically qualified to drive a commercial motor vehicle.

This includes any size vehicle transporting placardable amounts of Hazardous Material.

_____ has chosen to use the JJ Keller © MEDICAL EXAMINATION REPORT (Form 649-F (6045)). This form can be ordered from JJ Keller at 800-843-8400.

When an employee is sent to a physician for a DOT qualification exam, provide him / her with this form to take with them.

Upon return from the exam, check the form to make sure that the Driver has SIGNED and dated the front page. Also check the third page, at the bottom, to make sure that the physician has completed the check list, and has SIGNED the Certification.

Check to see if the physician has checked a time period less than two years. If so, a note needs to be made to have the driver return by the specified date for follow up exam.

A separate MEDICAL EXAMINER'S CERTIFICATE should be provided along with the Exam Form. It is to be completed by the physician, and SIGNED by both the physician and the driver. **MAKE SURE THAT THE EXPIRATION DATE IS ENTERED!!** This is often overlooked.

The top paper copy of the CERTIFICATE is to be placed in the Driver's Qualification File. The card stock copy is to be given to the driver for him / her to have in possession at all times. Law officials will regularly check for this document during a roadside inspection, and without it, a driver can be immediately classified as DISQUALIFIED!

Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION

1. DRIVER'S INFORMATION Driver completes this section.

Driver's Name (Last, First, Middle) _____ Social Security No. _____ Sex M F _____ Date of Exam _____

Address _____ Birthdate _____ Age _____ New Certification Recertification Follow Up

City, State, Zip Code _____ Driver License No. _____ License Class A C B D Other _____

Work Tel: () _____ State Tel: () _____

2. HEALTH HISTORY Driver completes this section, but not the questions in section 1.

is encouraged to discuss with driver.

<p>Yes No</p> <p><input type="checkbox"/> Any illness or injury in the last 5 years?</p> <p><input type="checkbox"/> Head/Brain injuries, disorders or illnesses</p> <p><input type="checkbox"/> Seizures, epilepsy</p> <p><input type="checkbox"/> medication _____</p> <p><input type="checkbox"/> Eye disorders or impaired vision (except corrective lenses)</p> <p><input type="checkbox"/> Ear disorders, loss of hearing or balance</p> <p><input type="checkbox"/> Heart disease or heart attack; other cardiovascular condition _____ medication _____</p> <p><input type="checkbox"/> Heart surgery (valve replacement, bypass, angioplasty, abscemakers)</p> <p><input type="checkbox"/> High blood pressure <input type="checkbox"/> medication _____</p> <p><input type="checkbox"/> Muscular disease</p> <p><input type="checkbox"/> Shortness of breath</p>	<p>Yes No</p> <p><input type="checkbox"/> Fainting, dizziness</p> <p><input type="checkbox"/> Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring</p> <p><input type="checkbox"/> Stroke or paralysis</p> <p><input type="checkbox"/> Missing or impaired hand, arm, foot, leg, finger, toe</p> <p><input type="checkbox"/> Spinal injury or discase</p> <p><input type="checkbox"/> Chronic low back pain</p> <p><input type="checkbox"/> Regular, frequent alcohol use</p> <p><input type="checkbox"/> Narcotic or habit forming drug use</p>
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For any YES answer, indicate onset date, diagnosis, treating physician, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

I certify that the above information is complete and true. I understand that providing false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature _____ Date _____

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving.)

INFORMATION ONLY

MEDICAL EXAMINER'S CERTIFICATE

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

- | | |
|--|--|
| <input type="checkbox"/> wearing corrective lenses | <input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62) |
| <input type="checkbox"/> wearing hearing aid | <input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE) |
| <input type="checkbox"/> accompanied by a _____ waiver/exemption | <input type="checkbox"/> qualified by operation of 49 CFR 391.64 |

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

SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE
MEDICAL EXAMINER'S NAME (PRINT)	<input type="checkbox"/> MD <input type="checkbox"/> DO	<input type="checkbox"/> Chiropractor
MEDICAL EXA	INFORMATION ONLY	
SIGNATURE OF		STATE
ADDRESS OF DRIVER		
MEDICAL CERTIFICATE EXPIRATION DATE		

DISTRIBUTION: 1 COPY TO THE DRIVER, 1 COPY TO THE MOTOR CARRIER

Motor Carrier Name	CDL DRIVER QUALIFICATION FILE DOCUMENT
Address	
Phone Number	CERTIFICATE OF VIOLATIONS AND ANNUAL REVIEW OF DRIVING RECORD INSTRUCTIONS
US DOT Number	

Section 391.27(a) requires that the motor carrier require each commercial driver to provide a list of all violations of motor vehicle traffic laws and ordinances other than parking of which he/she has forfeited bond or collateral during the preceding 12 months.

The top portion of the CERTIFICATE OF VIOLATIONS AND ANNUAL REVIEW OF DRIVING RECORD is where the driver is to provide this list. Be sure that the driver SIGNS the certification.

The bottom portion of the form is to be completed by the District Manager AFTER AN ANNUAL MVR HAS BEEN RUN AND THE RESULT REPORT HAS BEEN RECEIVED. The notations in this portion do not refer to the list that the driver has provided, but to the review of the Annual MVR. 391.25 (c) (2).

This MVR will be run annually by the DOT Compliance Office and a copy of the result report will be faxed to the District Office for the District Manager to review with the driver.

Once the driver's list has been made and the MVR has been reviewed and the review has been documented and signed, the form should be sent to the DOT Compliance Office.

Motor Carrier Name	CDL DRIVER QUALIFICATION FILE DOCUMENT
Address	
Phone Number	CERTIFICATION OF VIOLATIONS AND ANNUAL REVIEW OF DRIVING RECORD
US DOT Number	

In addition to this review, a Motor Vehicle Report (MVR), is to be obtained annually for review by the motor carrier. MVR result report is attached to this document, and retained in driver qualification file.

Each driver shall furnish the motor carrier with a list of all violations of motor vehicle traffic laws and ordinances (other than parking violations) of which the driver has been convicted or on account of which he/she has forfeited bond or collateral during the preceding 12 months. 49CFR section 391.27

TO BE COMPLETED BY DRIVER:

Name _____ License # _____ Exp. Date _____ District _____

I certify that the following is a true and complete list of traffic violations (other than parking) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated

Check here if there are no violations to report.

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 previously provided under Section 383) required to be listed during the past 12 months.

 Driver's Signature Date of Certification

A note, including the name of the person who performed the review of the driving record (MVR) required by paragraph (b) of 391.25 and the date of such review, shall be maintained in the driver's qualification file. 49 CFR 391.25(c)(2)

TO BE COMPLETED BY MOTOR CARRIER REPRESENTATIVE

I have reviewed the Motor Vehicle Report and the driver's list of violations 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 prohibited from driving a motor vehicle for this motor carrier

Action, if any, taken with driver: _____

Reviewed by: _____
Signature Date

Printed Name Title

Motor Carrier Name	CDL DRIVER QUALIFICATION FILE DOCUMENT
Address	
Phone Number	ADDITIONAL DOCUMENTS EXPLANATION
US DOT Number	

The following 3 documents are not required by DOT, but may help you in keeping track of your drivers' performance history.

Document 1. POINT SYSTEM FOR UNSAFE DRIVING

This is a guideline that you may use to score your drivers' violations. These are NOT DOT points. Each state usually assigns its own points to Motor Vehicle Reports.

This system can be altered to conform to your own Company Policy.

DOCUMENT 2. MVR POINTS ASSESSMENT

When you have completed your Annual Motor Vehicle Reports, it may be helpful to use the POINT SYSTEM FOR UNSAFE DRIVING to assess points for each driver according to the violations listed on his/her MVR, and document them. Having the driver circle "yes" or "no" and sign the document gives no room for argument when future discipline needs to occur.

DOCUMENT 3. DOT NON-COMPLIANCE DOCUMENT

Occasionally, a person holding a CDL will not be consistently performing DOT functions, and therefore will claim that it is not necessary to comply with regulation. If this person were to drive a commercial vehicle at any time, he/she would be required to have the proper Driver Qualification File, Drug and Alcohol Testing, Training, etc.

This document requires the driver to commit to the decision not to drive in commercial capacity for your company without first becoming fully qualified.

Motor Carrier Name	POLICY DOCUMENT
Address	
Phone Number	POINT SYSTEM FOR UNSAFE DRIVING
US DOT Number	

The Motor Vehicle Report (MVR) records for each employee from the state that holds that employee's active driver's license will be checked by the HSE Office annually, and PRIOR to employment. A "Request for Check of Driving Record" will be completed and signed by employee and a district representative, then faxed to HSE Office. When the result report is received by the HSE Office from the state, a copy will be faxed to the District Office.

For Pre-employment, the MVR is to be reviewed by District Manager for purposes of hiring decision.

For Annual Review, the MVR is to be reviewed by District Manager and response documented on CERTIFICATION OF VIOLATIONS AND ANNUAL REVIEW OF DRIVING RECORD document.

POINTS ARE ASSESSED FOR HAZARDOUS VIOLATIONS WHICH DID NOT CONTRIBUTE TO A TRAFFIC ACCIDENT AS FOLLOWS:

RECKLESS OPERATION	6
SPEEDING	4
RAN STOP SIGN	4
FAILURE TO YIELD	4
IMPROPER PASSING	4
IMPROPER TURN	2
LANE VIOLATIONS	2
DEFECTIVE EQUIPMENT	2

SIX (6) POINTS WILL BE ASSESSED FOR HAZARDOUS VIOLATIONS WHICH DID CONTRIBUTE TO A TRAFFIC ACCIDENT. EMPLOYEES FOUND TO BE "AT FAULT" IN THIS CATEGORY WILL RECEIVE DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.

EIGHT (8) POINTS WILL BE ASSESSED FOR DWI/DUI WHILE OPERATING A NON-COMPANY VEHICLE. DWI/DUI WHILE OPERATING A COMPANY VEHICLE WILL RESULT IN TERMINATION.

Some entries on traffic records will not be assessed points, but can be used to weigh the individual's maturity. Examples: Driver's License – unlawful use of, fictitious use, expired, suspension, re-examination, or petition; violation of promise to appear.

Buy-back of points will be accomplished in the following manner:

Points will be reduced by 50% for each year of conviction-free driving. When points have been reduced to less than 2.5, the next reduction will be to zero (0).

Any driver who has accumulated eight (8) points must complete and sign an MVRPTS-1 acknowledging that he is aware of his point value, and that he is in danger of disciplinary action up to and including termination if additional points are accrued.

Any driver who has accumulated ten (10) accumulated ten or more points during the preceding three year period will not be considered for employment. If presently employed, that driver will be disqualified for operating a company vehicle.

The District Manager may, after thorough consideration of performance, place a driver with over ten points on probation during a specified period. This decision is to be documented with written agreement by the Operations Manager. This option should be used very judiciously because poor driver performance in the past is indicative of poor performance in the future.

Health, Safety and Environmental Supervisor

Motor Carrier Name	CDL DRIVER QUALIFICATION FILE DOCUMENT
Address	
Phone Number	MVR POINTS ASSESSMENT
US DOT Number	

Circle Yes or No.

✓ This document certifies that I, _____ (print name) have obtained a copy of the _____. Point System for Unsafe Driving Policy.

Yes No

✓ I have been apprised of my current driving status of _____ points.

Yes No

✓ I fully understand my positioning in regards to the point limits set forth in the policy.

Yes No

✓ I also fully understand that I am at risk of termination of employment should I exceed the limit of 10 points as set forth in the policy.

Yes No

Driver's Signature *Date*

District Mgr. Signature *Date*

General Mgr. Signature *Date*

Motor Carrier Name	CDL DRIVER QUALIFICATION FILE DOCUMENT
Address	
Phone Number	DOT NON-COMPLIANCE DOCUMENT
US DOT Number	

A DECISION HAS BEEN MADE CONCERNING THE NEED FOR A DRIVER QUALIFICATION FOR THE FOLLOWING EMPLOYEE WHO HOLDS A CURRENT CDL. _____
Print employee's name

UPON CONSIDERATION OF THE JOB DUTIES OF THIS EMPLOYEE, AN AGREEMENT HAS BEEN MADE BETWEEN THE COMPANY SAFETY MANAGER AND THE DISTRICT MANAGER. THE DECISION IS AS FOLLOWS:

The named driver will never under any circumstances, drive in any DOT mandated situation while in the employ of _____ or any of its subsidiaries.

If the need arises for services of a commercial driver, that service will be performed only by a qualified Commercial Driver who has a CURRENT DRIVER QUALIFICATION FILE COMPLETED and filed at the corporate Safety Office.

I, _____, have read the above statement, and I agree with what is written. I will not, under any circumstances drive a Commercial Motor Vehicle, including any vehicle of any size carrying placardable amounts of hazardous materials, while on paid service for _____, or any of its subsidiaries.

Employee Signature *Date*

Safety Sup. Signature *Date*

District Mgr. Signature *Date*

General Mgr. Signature *Date*