

**TRUCKING COMPLIANCE & PERMITTING LLC**  
**5142 N. Prince St. - P. O. Box 5233**  
**Clovis, New Mexico 88101**  
**575-799-6733; FAX 1-888-298-4034**

**INSTRUCTIONS – COMPLETION OF DRIVER FILE PACKET**

**Page 1 – Driver Qualification File Check list – Complete App Date, and Hire Date only, check list is for TC&P to complete.**

**Page 2 – Needs signature and date only.**

**Pages 3-5 – Driver Application – Needs to be filled out completely including 10 years work history, if you have driven with a CDL – 3 years work history if no prior CDL experience, sign, and date where indicated. NOTE: You must provide address', and phone numbers for prior employers.**

**Page 6 – N/A**

**Pages 7 & 8 – Previous Employer Request for Information – Sign, and date.**

**Page 9 – Attachment to Driver Qualification Forms – If you have gaps in employment of over 30 days, you must fill in dates of non-employment, and why you were unemployed. If you do not have gaps in employment of more than 30 days show N/A, sign, and date.**

**Page 10 – Attachment to Driver Qualifications Forms – Affidavit of Self Employment – If you have ever run under your own authority, you need to complete this form. Include your DOT number, and Federal Tax ID number. If you have not run under your own authority show N/A, sign, and date.**

**Page 11 – Driver Release Form – signature only.**

**Page 12- Annual Certificate of Violations – Indicate any traffic violations you have received in the past 12 months, mark appropriate box, sign, and date.**

**Page 13 – Driver Data Sheet – Must complete, show hours worked for the 7 days prior to becoming employed with this company, date, and time you were relieved of duty, sign, and date.**

**Page 14 – Verbal inquiry to Prospective Employee – Answer questions, and sign.**

**Page 15 – Alcohol & controlled Substance Policy – Sign.**

**Pages 16 and 17 – Examination of Road Skills – Do not complete (give to supervisor for them to complete).**

NAME _____	APP DATE _____	HIRE DATE _____
COMPANY _____		CONTACT _____
TELE _____		FAX _____

## DRIVER QUALIFICATION FILE CHECKLIST

1. APPLICATION CONFORMING TO DOT REQUIREMENTS 391.21
2. DRIVERS RIGHTS HANDOUT
3. PRIOR EMPLOYER CHECK PAST 3 YEARS 391.23(a)(2)
4. SIGNED MVR RELEASE FROM DRIVER
5. MOTOR VEHICLE RECORD FROM STATE 391.23(a) (CURRENT & PRIOR)
6. RECORD OF VIOLATIONS 391.27 (ANNUAL CERT OF DRIVER VIOLATIONS)
7. ANNUAL REVIEW 391.25
8. ROAD TEST (DOUBLES , TRIPLES OR TANKERS)
9. COPY OF CDL 391.33
10. COPY OF MEDICAL CERTIFICATE 391.45
11. ANY MEDICAL WAIVERS
12. HAZMAT CERTIFICATE (HAZMAT HAULERS ONLY - ANY AMOUNT) 172.70
13. DRIVERS DATA SHEET (NEW HIRES ONLY)

DATE COMPLETED


## DRIVER QUALIFICATION CONFIDENTIAL FILE CHECKLIST

1. PRE-EMPLOYMENT
  - (A) CUSTODY & CONTROL FORMS
  - (B) SIGNED MRO REPORT
2. VERBAL INQUIRY ON CONTROLLED SUBSTANCE/ALCOHOL POSITIVES
3. ALCOHOL AND DRUG POLICY ISSUED AND CERTIFICATE IN FILE 382.60
4. SUBSTANCE ABUSE PROFESSIONAL (SAP) / RETURN TO DUTY

DATE COMPLETED


According to the new Federal Regulations, you the driver have the following rights as per 49 CFR part 391.23(i).

(i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years – via the application form or other written document prior to any hiring decision – that he or she has the following right regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer to re-send the corrected information to the prospective employer;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer, and the driver cannot agree on the accuracy of the information.

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

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

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

Company Name	Date of Hire	For Company Use Only Today's Date:
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### DRIVER APPLICATION:

Applicant Name:		Social Security #:
Current Address:		Date of Birth:
City:	St. Zip	

### Residence Past 3 Years

### Telephone #

Address:			
City:	St.	Zip	How Long?
Address:			
City:	St.	Zip	How Long?
Address:			
City:	St.	Zip	How Long?

### Experience and Qualifications - Driver

**MAKE A PHOTO COPY OF THE DRIVERS LICENSE AND MEDICAL CERTIFICATE!!!**

Applicant list the states and license numbers of all licenses held for the past 3 years.

STATE	LICENSE #	EXPIRATION DATE	CLASS A, B,	ENDORSEMENTS

### DRIVING EXPERIENCE

Equipment Class	Type of Equipment Van, Flat, Tank, etc	Dates From To		Approx # of Miles Total
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

### Accidents/Crashes for the past 3 years or more

Date	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

### Moving Traffic Convictions and Forfeitures for the past 3 years.

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Has any license, permit or privilege ever been revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes attach statement giving details.	

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving.	
Do you consent to such Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMPLOYMENT RECORD**

All employment for the past 10 years.

Last Employer: _____			
Position held: _____		From: _____	To _____
Address: _____		City: _____	ST: _____ Zip _____
Telephone #: _____			
Reason For Leaving: _____			
Were you subject to the FMCSRs during this employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was this job designated as a safety sensitive function subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Employer: _____			
Position held: _____		From: _____	To _____
Address: _____		City: _____	ST: _____ Zip _____
Telephone #: _____			
Reason For Leaving: _____			
Were you subject to the FMCSRs during this employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was this job designated as a safety sensitive function subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Employer: _____			
Position held: _____		From: _____	To _____
Address: _____		City: _____	ST: _____ Zip _____
Telephone #: _____			
Reason For Leaving: _____			
Were you subject to the FMCSRs during this employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was this job designated as a safety sensitive function subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Employer: _____			
Position held: _____		From: _____	To _____
Address: _____		City: _____	ST: _____ Zip _____
Telephone #: _____			
Reason For Leaving: _____			
Were you subject to the FMCSRs during this employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was this job designated as a safety sensitive function subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

Applicant's Signature \_\_\_\_\_

DATE \_\_\_\_\_

## DRIVER APPLICATION ADENDUM

### RESIDENCE

Address:	St.	Zip	How Long?
City:			
Address:	St.	Zip	How Long?
City:			
Address:	St.	Zip	How Long?
City:			

### EMPLOYMENT

Last Employer: _____ Position held: _____ From: _____ To: _____ Address: _____ City: _____ ST: _____ Zip: _____ Telephone #: _____ Reason For Leaving: _____			
Were you subject to the FMCSRs during this employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Was this job designated as a safety sensitive function subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Employer: _____ Position held: _____ From: _____ To: _____ Address: _____ City: _____ ST: _____ Zip: _____ Telephone #: _____ Reason For Leaving: _____			
Were you subject to the FMCSRs during this employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Was this job designated as a safety sensitive function subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Employer: _____ Position held: _____ From: _____ To: _____ Address: _____ City: _____ ST: _____ Zip: _____ Telephone #: _____ Reason For Leaving: _____			
Were you subject to the FMCSRs during this employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Was this job designated as a safety sensitive function subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Employer: _____ Position held: _____ From: _____ To: _____ Address: _____ City: _____ ST: _____ Zip: _____ Telephone #: _____ Reason For Leaving: _____			
Were you subject to the FMCSRs during this employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Was this job designated as a safety sensitive function subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Employer: _____ Position held: _____ From: _____ To: _____ Address: _____ City: _____ ST: _____ Zip: _____ Telephone #: _____ Reason For Leaving: _____			
Were you subject to the FMCSRs during this employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Was this job designated as a safety sensitive function subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

DRIVER NAME: \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_

The completion of employment information on application and employment/ confidential inquiries has not been completed due to the extensive period of employment with current company. At time of hire, background checks had not been implemented. Therefore, information was never retrieved and/or is no longer on file.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Compliance Specialist

## PREVIOUS EMPLOYER REQUEST FOR INFORMATION

<b>EMPLOYER:</b> <b>ADDRESS:</b>  <b>CITY/ST:</b> 	<b>TPA:</b> Trucking Compliance & Permitting 5142 N Prince PO Box 5233 Clovis, NM 88101 575-799-6733 fax 1-888-298-4034
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<b>Drivers Name:</b>	
I hereby authorize and request	
Prior Employer:	
Address:	
City/ST:	
Telephone No:	Fax No:
to release any and all information pertaining to my employment records as required by 49 CFR §391.23 to the above named company. You are released from any and all liability which may result from releasing such information.	
<b>Signed:</b>	<b>Date:</b>
<b>Witnessed By:</b>	<b>SSN:</b>

<b>1</b>	§391.23(d)(1). The above applicant shows that he/she worked for you Employment dates from: to:
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<b>2</b>	§391.23(d)(2). Did the applicant have any accidents? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
	Date	Location City/ST	# Injuries	# Fatalities	HM Spill??

<b>3</b>	§391.23(e)(1). Did the driver violate any section of 49 CFR Subpart B? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
	Did this employee violate any of the following:	
	§382.201 No Alcohol concentration above .04.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	§382.205 No Alcohol use on duty.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	§382.207 No Alcohol use within 4 hours before coming on duty.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	§382.209 No Alcohol use until 8 hours after an accident.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	§382.211 Refusing to submit to testing (Post Accident, Random, Reasonable, Suspicion, or Follow Up test)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	§382.213 No controlled substances use on duty.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	§382.215 Tested positive for controlled substances.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>4</b>	§391.23(e)(2). If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? 49 CFR §382.605/Part 40 Subpart O. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
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## PREVIOUS EMPLOYER REQUEST FOR INFORMATION

<b>5</b>	§391.23(e)(3), After completing return-to-duty process, 49 CFR §382.605/Part 40 Subpart O,		
Did the driver:			
A. Test above .04 for alcohol.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Receive a verified positive controlled substances result.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Refuse to be tested.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Previous employer, if you answered "yes" to any item in section 3, you must also transmit a copy/ copies of the appropriate documentation (e.g., CCFs, MRO results reports, BATFs, SAP reports, follow-up testing record to the new employer. (49 CFR Section 40.25)

***As per 49 CFR §391.23(d), previous employers must respond to the above request within 30 days after the request is received.***

<b>Mailed On:</b>	<b>Faxed On:</b>	
<b>Person verifying information</b>		
<b>Signature:</b>	<b>Title:</b>	<b>Date:</b>

Notes:

**Attachment to Driver Qualification forms  
Request for Information from Previous Employer  
&  
Confidential Inquiry to Previous Employer**

<b>Affidavit of</b>	
<input type="checkbox"/> <b>Self-employment</b>	<input type="checkbox"/> <b>Un-Employed</b>
<input type="checkbox"/> <b>Retired</b>	<input type="checkbox"/> <b>Military</b>
<input type="checkbox"/> <b>School</b>	<input type="checkbox"/> <b>Other (please explain)</b>
<p>The undersigned hereby verifies his/her employment or lack there of for the above marked reason from the period of _____ to _____. This is a requirement under <b>FMCSR 391.23</b>.</p>	
Drivers Signature	Date
Witness	Date
Sworn & subscribed to before me this _____ day of _____, _____.	
Notary Public	
My Commission expires: _____	

**Attachment to Driver Qualification forms  
Request for Information from Previous Employer  
&  
Confidential Inquiry to Previous Employer**

<b>Affidavit of Self-employment</b>		
<b>D &amp; A Consortium</b>	<b>Yes</b> (Consortium name below)	<b>No</b>
<b>Broker</b>	<b>Yes</b> (Broker name below)	<b>No</b>
<b>Lease Agreement</b>	<b>Yes</b> (Lessee Company below)	<b>No</b>
<b>Own Authorities</b>	<b>Yes</b> (MC or DOT Number below)	<b>No</b>
<b>State or Federal Tax ID #</b>	<b>Yes</b> (Number below)	<b>No</b>
<p>The undersigned hereby verifies his/her employment or lack there of from the period of _____ to _____. This is a requirement under FMCSR 391.23.</p>		
<p>_____ Drivers Signature</p>		<p>_____ Date</p>
<p>_____ Witness</p>		<p>_____ Date</p>
<p>Sworn &amp; subscribed to before me this _____ day of _____, _____.</p>		
<p>_____ Notary Public</p>		
<p>My Commission expires: _____</p>		

# DRIVER RELEASE FORM FOR INQUIRY ON MOTOR VEHICLE RECORD

I hereby authorize \_\_\_\_\_ to  
release the following information to:

\_\_\_\_\_  
CURRENT/PROSPECTIVE EMPLOYER

for purposes of investigation as required by **49 CFR Section 391.23** and **Section 391.25 of the Federal Motor Carrier Safety Regulations**. Complete Compliance Services and its subsidiaries are released from any and all liability which may result from furnishing such information.

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

\_\_\_\_\_  
DATE

In accordance with the provisions of **Sections 604 and 607** of the **FAIR CREDIT REPORTING ACT**, Public Law **91-508**, as amended by the **CONSUMER CREDIT REPORTING ACT of 1996** (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

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

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

\_\_\_\_\_  
SIGNATURE OF REQUESTOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMPANY INFORMATION AS REQUESTOR

\_\_\_\_\_  
NAME OF COMPANY

\_\_\_\_\_  
NAME OF COMPANY REPRESENTATIVE

\_\_\_\_\_  
ADDRESS

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

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE ZIP-CODE

\_\_\_\_\_  
Compliance Specialist

\_\_\_\_\_  
TITLE

THE BELOW NAMED INDIVIDUAL IS: APPLYING / EMPLOYED WITH THE ABOVE NAMED COMPANY AS:  
(circle one)

\_\_\_\_\_  
(POSITION)

Please furnish this information with regards to the below named individual for the past three years in accordance with **49 CFR Section 391.23 and 391.25, Federal Motor Carrier Safety Regulations**.

## DRIVER INFORMATION

Full Name:

(FIRST)

(MIDDLE)

(LAST)

Birth Date:

(MO/DAY/YR)

Social Security #:

License #:

State of Issue:

## ANNUAL CERTIFICATE OF VIOLATIONS AND REVIEW OF DRIVING RECORD

Driver Name:	License #:	ST:
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### ANNUAL CERTIFICATE OF VIOLATIONS

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. ☐ Violations are as listed below ☐ I have had no violations.

Date of Conviction	Offense	Location	Type of Motor Vehicle operated

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

Driver Signature:	Date:
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Witnessed By:	Title: <i>Compliance Specialist</i>
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☐ Driver Qualified to Drive

☐ Driver Not Qualified to Drive

### ANNUAL REVIEW OF DRIVING RECORD

In accordance with 49 Code of Federal Regulations Section 391.25, (Federal Motor Carrier Safety Regulations), all information pertinent to the above driver's safety of operation, including the list of violations furnished by him in accordance with 49 CFR Section 391.27, has been reviewed for the past 12 months.

Reviewer:	Date:
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☐ Driver Qualified to Drive

☐ Driver Not Qualified to Drive

# DRIVER DATA SHEET and CHECK LIST FOR CASUALS

For Casuals, New-Hires and Other Temporary Drivers

## DRIVER DATA SHEET:

### I. GENERAL: (To be completed by all drivers)

Name (Print): \_\_\_\_\_ SSN #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Driver's License: State: \_\_\_\_\_ Type / Class: \_\_\_\_\_ ID #: \_\_\_\_\_ Endorsements: \_\_\_\_\_

**II. HOURS OF SERVICE:** Every driver, when first employed, or when being employed temporarily must comply with 49 CFR 395.8 (j) by completing the information below for each of the last seven (7) consecutive days. In the spaces below, show the number of hours worked (on duty) in each of the last seven- (7) days. Below, indicate the date and time at which that person was last relieved from work.

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

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at \_\_\_\_\_ on \_\_\_\_\_  
 (Time-am/pm) (Day) (Month) (Year)

(Signature) \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Company Representative)

## EMPLOYMENT CHECK LIST FOR CASUALS:

In Compliance with 49 CFR 391.51 (d), the following information must be secured and retained in the driver qualification file for every person used as a driver on an intermittent, casual, or occasional basis. The person obtaining the information from the driver must initial each item in the space provided.

- Medical Certificate - The original Medical Examiner's Certificate that the driver is physically qualified, or a legible photographic copy, not more than two (2) year's old.
- Certificate of Road Test - An original or legible photographic copy of the Certificate of Road Test administered in compliance with 49 CFR 391.31 (e), not more than three (3) year's old, or a legible photographic copy of a classified license issued upon successful completion of a road test as provided for in 49 CFR 391.33.
- Compliance with Controlled Substance Testing Requirements (See Reverse Side)

On File

OR

**CERTIFICATION OF QUALIFIED DRIVER:** As provided in 49 CFR 391, a person who is a qualified driver regularly employed by another motor carrier may be used upon presentation of a valid Certificate of Qualification. A legible photographic copy must be attached to this form.

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Carrier Agent)

## **Verbal Inquiry to Prospective Employee.**

Have you ever tested positive on any pre-employment controlled substance test within the past two (2) years?

☐ YES

☐ NO

Have you ever tested above 0.04 BAC on any pre-employment breath alcohol test within the past two (2) years?

☐ YES

☐ NO

Have you ever refused to take a pre-employment controlled substance or breath/alcohol test within the past two (2) years?

☐ YES

☐ NO

Prospective Employer: \_\_\_\_\_

Driver Name: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

Driver Signature: \_\_\_\_\_

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

Interviewer: \_\_\_\_\_

Interviewer's Signature: \_\_\_\_\_

# Alcohol & Controlled Substance Policy

## **Attachment C.**

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

Address: \_\_\_\_\_

City/ST: \_\_\_\_\_

### **Department of Transportation**

#### **Receipt of Controlled Substance and Alcohol Information and Referral.**

I certify that I have received a copy of, and have read the \_\_\_\_\_ policy on Alcohol and Controlled Substance procedures. I understand that as a condition of employment, I must comply with these guidelines, and do agree that I will remain medically qualified by following these procedures. If I develop a problem with alcohol or drug abuse during my employment with The Company, I will seek assistance through the Company Management Staff.

I have received, read and understand the training materials on controlled substance and alcohol testing under the Department of Transportation Regulations 49 CFR Part 382.

DRIVER NAME: \_\_\_\_\_  
(Print name)

DRIVERS SIGNATURE: \_\_\_\_\_

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

1 Copy Driver Qualification File  
1 Copy Driver



# EXAMINATION OF ROAD SKILLS

## COMPANY INFORMATION

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City, ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: \_\_\_\_\_

NOTE: The carrier may use proper class license (photocopy placed in Driver Qualification File), however this test is required for those Drivers driving "Doubles, Triples and Tanks."

## DRIVER INFORMATION

DRIVER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

THE ROAD TEST SHALL BE GIVEN BY THE MOTOR CARRIER OR A PERSON DESIGNATED BY THE MOTOR CARRIER. ANY OWNER-OPERATOR MUST HAVE A ROAD TEST GIVEN BY ANOTHER PERSON. THE TEST SHOULD BE GIVEN BY A PERSON WHO IS COMPETENT TO EVALUATE AND DETERMINE WHETHER THE DRIVER WHO TAKES THE TEST HAS DEMONSTRATED THAT HE/SHE IS CAPABLE OF OPERATING THE VEHICLE AND ASSOCIATED EQUIPMENT THAT THE MOTOR CARRIER INTENDS TO ASSIGN TO HIM/HER.

## EXAMINATION

PERFORMANCE	AREA TESTED	DESCRIPTION
PASS / FAIL	Pre-Trip Inspection	(Section 392.7) Oil, Belts, Coolant, Air tanks, Brakes, Emergency Equipment
	NOTES:	
PASS / FAIL	Coupling/Uncoupling	Combinations, King Pin, Landing Gear, Securement of Loads
	NOTES:	
PASS / FAIL	Backing	Use of Ground Guide, Checking Rear of Vehicle, Steering
	NOTES:	
PASS / FAIL	Commencing Operation	Seat Belt usage, Mirror Adjustment, Use of Corrective Lenses
	NOTES:	
PASS / FAIL	Acceleration	Acceleration to meet designated speed limits
	NOTES:	
PASS / FAIL	Gear Operation	Proper use of Clutch, Gear grinding
	NOTES:	
PASS / FAIL	Vehicle Control	Ability to maintain control of vehicular movements
	NOTES:	
PASS / FAIL	Turning	Left Turns, Right Turns, Signaling, Proper use of Turn Lanes
	NOTES:	
PASS / FAIL	Intersections/Rail Crossings	Proper operations at Intersections and Rail Road Crossings
	NOTES:	
PASS / FAIL	OTHER	
	NOTES:	

OVERALL EXAM SCORE: \_\_\_\_\_ PASS / FAIL

## FOR EXAMINER'S USE ONLY

TRACTOR USED: \_\_\_\_\_ TRAILER USED: \_\_\_\_\_  
 Examiner's SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# EXAMINATION OF ROAD SKILLS

## CERTIFICATION OF ROAD SKILLS EXAMINATION

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: \_\_\_\_\_

Driver's Name: \_\_\_\_\_  
License Number: \_\_\_\_\_ Edorsements: \_\_\_\_\_ State: \_\_\_\_\_

TRACTOR USED: \_\_\_\_\_ # OF TRAILERS USED: \_\_\_\_\_  
(If Passenger Vehicle) TYPE: \_\_\_\_\_ TYPE OF TANK: \_\_\_\_\_

THIS IS TO CERTIFY THAT THE ABOVE NAMED DRIVER WAS ISSUED A ROAD SKILLS EXAMINATION  
ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_, CONSISTING OF \_\_\_\_\_ MILES  
OF DRIVING. IT IS MY CONSIDERED OPINION THAT THIS DRIVER POSSESSES THE NECESSARY DRIVING  
SKILLS TO SAFELY OPERATE THE VEHICLE STATED ABOVE.

\_\_\_\_\_  
Examiner's Signature

\_\_\_\_\_  
Title of Examiner