

DOCUMENTS TO SUBMIT AT TIME OF APPLICATION

1. Copy of Driver's License (Front & Back)
2. Abstract (Not older than 30 days)
3. CVOR (Not older than 30 days)
4. Copy of Work Permit/PR Card
5. Copy of Passport
6. Police Clearance
7. Copy of US Visa

*Email all documents to
drivesafetyandcompliance@gmail.com

DRIVER HIRING & QUALIFICATION RECORDS CHECKLIST

DRIVER'S NAME: _____

DATE OF HIRE: _____

1. Motor Vehicle Record (MVR) Province: _____ Date obtained: _____ (All licenses held by the driver in the last 3 years must be investigated.)					
2. Copy of Driver's License Expiration date: _____ Class: _____ Endorsements: _____					
REQUIRED DOCUMENTS	DATE	√	REQUIRED DOCUMENTS	DATE	√
PSP			Reference Checks		
Copy of PR/Work permit			Clearing house		
Copy of Passport			Corporation documents		
Road Test			Annual Review		
Criminal Search			Pre-employment drug test		
Orientation Training			Dangerous Goods Training		

Note: Application must be fully complete

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period, which began before January 1, 1971.

- a) (1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and (2) An investigation of the driver's employment record during the preceding three years.
- b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency, as required. This must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This is effective as of October 30, 2004.
- d) Prospective motor carriers must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for any accidents involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; and
3. 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.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 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.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instructions to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document.

Driver's Signature: _____ Date: _____

Driver's Name (Printed): _____

Note: Application must be fully complete

APPLICATION FOR QUALIFICATION

Company Name: _____

Address: _____

The purpose of this application is to determine whether the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Instructions: 1. Please print clearly. 2. Complete all sections, do not leave the item blank, but write "No" or "None."			
SECTION A - APPLICANT INFORMATION			
Name (First, Middle, Last)		Date of birth (DD/MM/YYYY)	Telephone number ()
Email Id: -			
Position applying for (check one) <input type="checkbox"/> Driver <input type="checkbox"/> Contractor <input type="checkbox"/> Contractor's Driver <input type="checkbox"/> Other _____ (please specify)		Social Insurance Number:	
Residence history for the past three years, beginning with your current address.			
Current Address (no., street)		From (DD/MM/YYYY):	
City	Province	Postal code	To (DD/MM/YYYY):
Address (no., street)		From (DD/MM/YYYY):	
City	Province	Postal code	To (DD/MM/YYYY):
Address (no., street)		From (DD/MM/YYYY):	
City	Province	Postal code	To (DD/MM/YYYY):
Address (no., street)		From (DD/MM/YYYY):	
City	Province	Postal code	To (DD/MM/YYYY):
Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? From: _____ To: _____ Reason for leaving.			
Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.			
If you are applying for a position that requires you to drive a commercial truck in the USA, are you able to legally enter the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please circle the highest-grade level completed.			
Grade school: 1 2 3 4 5 6 7 8 9 10 11 12 College/University: 1 2 3 4 Post-graduate: 1 2 3 4			
SECTION B – EMPLOYMENT HISTORY			
Please provide a complete record of all employment (starting with the current or most recent) for the past three years, including any unemployment or self-employment. Please also provide all commercial driving experience for the past ten years.			
Company name		Position held	Telephone number ()
Address (no., street)		From (DD/MM/YYYY):	
City	Province	Postal code	To (DD/MM/YYYY):
Reason for leaving?			
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: Application must be fully complete

Company Name		Position held		Telephone number ()
Address (no., street)				From (DD/MM/YYYY):
City	Province	Postal code	To (DD/MM/YYYY):	
Reason for leaving?				
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company name		Position held		Telephone number ()
Address (no., street)				From (DD/MM/YYYY):
City	Province	Postal code	To (DD/MM/YYYY):	
Reason for leaving?				
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company name		Position held		Telephone number ()
Address (no., street)				From (DD/MM/YYYY):
City	Province	Postal code	To (DD/MM/YYYY):	
Reason for leaving?				
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><i>*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more; (2) is designed or used to transport nine or more passengers; or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.</i></p>				
SECTION C – DRIVING HISTORY/EXPERIENCE				
Driving Experience	Dates		Approximate Miles	
	From	To		
Straight Truck				
Tractor-trailer				
LCV's				
Other: _____ (specify)				
List provinces and states operated in for the last five years.				
List special courses/training completed (PTD/DDC, Dangerous Goods, etc.).				
List any Safe Driving Awards you hold and from whom.				

Note: Application must be fully complete

Collision record for the past three years (attach an additional sheet, if required)				
Date of collision (DD/MM/YYYY)	Nature of Collision	Location	Number of fatalities	Number of injured people
Traffic convictions and forfeitures for the past three years (other than parking violations)				
Date (DD/MM/YYYY)	Location	Offence	Penalty	
Driver's License (List each driver's license held in the past three years.)				
Province	License number	Type	Endorsements	Expiration date
Have you ever been denied a license, permit or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.		Has any license, permit or privilege ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.		
Emergency Contact:				
NAME	TELEPHONE NUMBER		RELATION	
To Be Read and Signed by Applicant <i>This certifies that I completed this application form and that all entries on it and information in it are true and complete to the best of my knowledge. It is agreed and understood that any misrepresentation given on this application or interview(s) shall be considered an act of dishonesty and may result in a discharge.</i> <i>It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.</i> <i>I agree to furnish such additional information and complete such examinations as may be required to complete my application file.</i> <i>It is agreed and understood that this Application for Qualification in no way obliges the motor carrier to employ or hire the applicant.</i> <i>It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.</i> <i>I understand that from time to time the company will furnish my personal information as necessary to third parties such as insurance companies and brokers.</i> <i>The company agrees to collect, use and disclose such information only in a manner that a reasonable person would consider appropriate in the circumstances, and that would be in compliance with the Protection of Personal Information and Electronic Documents Act (PIPEDA). The company further agrees to safeguard the security of such information in a manner appropriate to the sensitivity of such information, and in compliance with PIPEDA.</i> <i>I agree to supply the following information as part of this application.</i> <ul style="list-style-type: none"> ○ Driver's MVR Abstract (current to the past 30days) ○ Driver's CVOR Abstract (Ontario only, current to the past 30days) ○ Criminal Record Search (current to the past 90days) 				
DRIVER'S SIGNATURE			DATE	
Remarks (For office use only)				

Note: Application must be fully complete

CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

Applicant's Name: _____ Date: _____

Answer the question below.

Have you tested positive, or refused to test, on any pre-employment-controlled substance or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency-controlled substance and alcohol testing rules during the past three years? Yes No

If yes, have you completed the return to duty Process? Yes No

If you have completed the return to duty process outlined in 49 CFR Part 40 Subpart O, provide the Substance Abuse Professional (SAP) information below:

Name of SAP: _____

Address: _____

City, State, Zip: _____

My signature below certifies that the answers above are true and accurate.

Applicant Signature _____ Date: _____

Note: Application must be fully complete

Request for Driver's Safety Performance History & Information from DOT Regulated Previous Employer(s)

NOTES:

1. If this information is not available from the previous employer, you as a prospective employer must get this information from the Driver/Applicant.
2. Drug and Alcohol information must be kept in a separate Personnel and/or Confidential file.

Hiring company to complete this section					
			CONTACT NAME:		
			TEL:		
			fax number		
Driver to complete this section					
<p>As a Commercial Motor Vehicle (CMV) Driver, I understand that per the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous Employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, <i>within the past three years</i>, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.</p> <p>I _____, hereby authorize this Company to release all records of employment, including assessments of my job performance, ability, and fitness (including dates of all alcohol or drug tests, those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from all liability of any type because of providing information to the above-mentioned person and/or company.</p>					
Previous Employer			Contact Person		
Address			Telephone number		
City	Province	Postal code	Fax number		
Dates of employment: From (DD/MM/YYYY):			To (DD/MM/YYYY):		
Driver's License No.			Date of birth		
Date			Driver's Signature		
SECTION I – ACCIDENT INFORMATION					
Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named Driver/Applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.					
If there is no accident information for this driver, please check here. <input type="checkbox"/>					
Date	Location City/town, Province/State	Any Vehicles Towed?	Haz Mat Spill?	Number of fatalities?	Number of injured?

Note: Application must be fully complete

SECTION II – WORK HISTORY INFORMATION	
Position held (please check all that apply):	
<input type="checkbox"/> Driver <input type="checkbox"/> Contractor <input type="checkbox"/> Contractor's Driver <input type="checkbox"/> Other _____ (please specify)	
Dates of employment: From (DD/MM/YYYY):	To (DD/MM/YYYY)
If employed as a Driver, what type of equipment did he/she operate?	
Straight Trucks <input type="checkbox"/> Tractor/Trailer <input type="checkbox"/> Doubles <input type="checkbox"/> Triples <input type="checkbox"/> Other <input type="checkbox"/> _____	
Type of Trailer(s) pulled	
General area traveled	Commodities transported
While under your employment was, he/she: a. Bonded: Yes <input type="checkbox"/> No <input type="checkbox"/> b. Convicted of any traffic violations: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list all, including date and type: _____ _____ _____ _____ c. License(s) suspended, revoked or denied: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____ _____	
Reason for leaving	Would you re-employ this person: Yes <input type="checkbox"/> No <input type="checkbox"/> Upon Review <input type="checkbox"/> Please explain:
Additional comments	
Name	Title
Signature	Date

Please remember to retain a copy for your records. Your timely response is appreciated.

Note: Application must be fully complete

FOURTEEN-DAY PRIOR LOG FORM

(Data sheet for new, casual, or temporary drivers)

NAME: _____

DRIVER'S LICENSE #: _____ Province: _____

Instructions: At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation [Section 395.8 (j)(2)] require the motor carrier to obtain from you a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which you were last relieved from duty prior to beginning work for the motor carrier. In the spaces below, show the number of hours worked (on duty) in each of the last 7 days. For Canadian drivers please enter each of the last fourteen days.

Day	1	2	3	4	5	6	7	Total
Date								
On Duty Hours								
	8	9	10	11	12	13	14	Total
Date								
On Duty Hours								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work on: _____

Day

Month

Year

Driver Signature: _____ Date: _____

Note: Application must be fully complete

ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the driver's motor vehicle record and other information described in 49 CFR 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

DRIVER NAME_____

DATE OF EMPLOYMENT_____

DRIVER'S LICENSE NUMBER_____

STATE_____ EXPIRATION DATE_____

I have reviewed the driving record of the above-named driver in accordance with 49 CFR 391.25 and find that he/she (check one):

☐ Meets minimum requirements for safe driving

☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15

Actions taken with driver:

MOTOR CARRIER NAME_____

MOTOR CARRIER ADDRESS_____

REVIEWER PRINTED NAME_____

REVIEWER SIGNATURE_____

TITLE_____

REVIEWER DATE_____

Note: Application must be fully complete

Safety Regulations Pocketbook Driver's Receipt

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (ORS-7A). In addition, I agree to familiarize myself with the federal motor carrier safety Regulation (FMCSR) of the U.S department of transportation, Part 40, 382, 383, 390, 397, 399 Subchapter B, chapter3, Title 49 of the code of federal regulations as contained therein.

Driver's Signature

Date

Note: Application must be fully complete

MEDICAL DECLARATION

On March 30, 1999, Transport Canada, and U.S. Federal Highway Administration (FHWA) entered into a reciprocal agreement regarding the physical requirements for a Canadian driver of a commercial vehicle in the U.S., as currently contained in the Federal Motor Carrier Safety Regulations, Part 391.41 et seq., and vice versa. The reciprocal agreement removes the requirement for a Canadian driver to carry a copy of a medical examiners certificate indicating that the driver is physically qualified. (In effect, the existence of a valid driver's license issued by the Province of Ontario is deemed to be proof that a driver is physically qualified to drive in the U.S.). However, FHWA will not recognize an Ontario license if the driver has certain medical conditions, and those conditions would prohibit him from driving in the U.S.

- 1) I, _____ certify that I am qualified to operate a commercial motor vehicle in the United States. I further certify that:
- 2) I have no clinical diagnosis of diabetes currently requiring insulin for control.
- 3) I have no established medical history or clinical diagnosis of epilepsy.
- 4) I do not have impaired hearing. (A driver must be able to first perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or does not have an average hearing loss in the better ear greater than 40 decibels at 500Hz, 1000Hz, or 2000Hz with or without a hearing aid when tested by an audiometric device calibrated to American national Standard Z24.5-1951).
- 5) I have not been issued a waiver by the Province of Ontario allowing me to operate a commercial motor vehicle pursuant to Section 20 or 21 of Ontario Regulation 340/94. I further agree to immediately inform the Safety or Operations Manager should my medical status change, or if I can no longer certify condition A to D, described above.

Driver Initials: _____

Authorization for Driver Record Search

The Federal Motor Carrier Regulations, section 391.21, which covers driver's qualification and application for employment, requires the motor carrier to obtain a list of all motor vehicle violations for the last three (3) years. In Ontario, this is known as a commercial vehicle operator record, driver abstract. It is **Company** policy to obtain a list of both commercial and personal motor vehicle violations for each driver operating under its authorities, on a periodic basis. As a condition of my employment or contract of service, I _____, hereby provide written authorization from the company to obtain such information.

I certify that I have read and understood the above requirements.

Driver's Name: _____ Date: _____

Driver's Signature: _____

Note: Application must be fully complete

CONSENT FOR QUERIES OF FMCSA DRUG & ALCOHOL CLEARINGHOUSE

I _____, (Driver) hereby provide consent to (Company)
_____ to conduct a limited query of the FMCSA commercial.

Driver's license drug and alcohol clearinghouse to determine whether drug or alcohol violation information about me exists in the clearinghouse.

I understand that if the limited query conducted by _____ (Company) indicates that drug or alcohol violation information about me exists in the clearinghouse, FMCSA will not disclose that information to _____ (Company) without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for _____
(Company) must prohibit me from performing safety-sensitive functions,
Including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Driver's Signature

Date

Note: Application must be fully complete

ALCOHOL & DRUG MANUAL

CERTIFICATE OF RECEIPT

I certify that I have received the written copy of controlled substances and alcohol policies and procedures (alcohol and drug use policy) prepared by _____

I have read and understood the policy and have clarified all my doubts in this regard from my employer.

I understand that as a part of my employment, I would be abiding with the contents of this policy and failure to comply shall be construed as breach of terms of my employment for which I may be terminated from my services. Further I would also be liable for any civil/criminal action which my employer is entitled to institute against me.

I understand that I will be responsible for the cost of testing and other related costs associated with the use of Alcohol and drugs while in the employment of the company.

DATE: _____

Driver's Name

Driver's Signatures

Note: Application must be fully complete

Driver Name: _____

Welcome to _____. The following are your employment terms. When operating a motor vehicle with our company. And / or its divisions or subsidiaries, you must read and agree to the following conditions of employment:

1. I must hold a valid driver's license for the type of vehicle and for the jurisdiction in which I am required to drive and submit a copy to my supervisor annually.
2. I will not allow any passengers in a commercial company vehicle, unless specifically authorized by my direct supervisor.
3. I will notify the Company immediately, and refrain from operating any commercial company vehicle, if my license is suspended or revoked for any reason.
4. I will notify the Company immediately if I receive a ticket and will resolve the issue promptly, in consultation with my immediate supervisor.
5. I will not operate a commercial company vehicle or any other piece of equipment if I am under the influence of alcohol or medication that may impair my ability.
6. I will not operate a commercial company vehicle in a reckless or dangerous manner and will obey all traffic laws, including but not limited to wearing seatbelts, and will never use any handheld devices while driving.
7. I will take good care of the vehicle entrusted to me and report any damage or required repairs to the Company as soon as possible.
8. I will follow company guidelines regarding security procedures, to prevent theft of product or money in any CVR entrusted to me over the course of my employment.
9. I understand for practical or other valid reasons that I am allowed to take a commercial company vehicle home with direct supervisory permission in writing.
10. I will be reporting any traffic citations, inspections (Good or bad), violations or claims against me or the company. immediately.
11. I understand that the conditions of my employment or contact with the company is conditional upon the completion of a 90-day probationary period.

I hereby authorize the Company to request an annual driver's abstract, as well as an additional copy whenever necessary (this can include up to 10 years of driving history). I recognize that failure to comply with the above could result in my being in violation of the Highway Traffic Act and/or the Occupational Health and Safety Act, in addition to company policy and that I be disciplined by loss of entitlement to benefits under company, private and/or public insurance plans, as Workers Compensation (WSIB) is adjudicated according to provincial legislation, or even be dismissed without notice.

Driver's Signature

Date

Note: Application must be fully complete

Safety Policy Acknowledgement of Compliance

I, _____, having received the **Company Safety Policy, Maintenance Policy, and Drug & alcohol Policy** of _____, acknowledge that I have read and understand the requirements, guidelines and regulations contained within the Safety Policy. I accept that the company shall from time to time make amendments to this Fleet Safety Policy and I agree to make such amendments in a timely manner upon receipt of such changes.

I fully understand the policies as stipulated in the Fleet Safety Policy and the consequences for non-compliance. I agree to confirm with my supervisor immediately if I am uncertain of any policy, requirement, guideline, or regulation of which I am to comply with.

Date: _____

Driver's Signature

Driver's Name – Printed

This Fleet Safety Policy Manual is the property of the company. and must be returned upon the end of your employment.

Note: Application must be fully complete

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS
IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with _____, Prospective Employer, its employees, agents, or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication. Any crash or inspection in which you were involved will be displayed on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

Note: Application must be fully complete

I authorize _____ to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to decide regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will be displayed on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by a Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature _____

Name (Please Print) _____

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used on the whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49

Note: Application must be fully complete