

## Driver Application

**Drivers and Owner-Operators hired by Khaira Freight must meet the following requirements:**

- Must be at least 23 years of age.
- Must be legally eligible to work in Canada.
- Must have at least 3 years Tractor/Trailer or Straight Truck Experience.
- Must possess a Class “AZ” Driver’s License.
- Must have stable work history.
- Must have no more than 3 moving violations within the past 3 years.
- Must have no MTO reportable accidents which were preventable in the past 3 years.
- Must have no “failure to report an accident” on record while driving Commercial Vehicle.
- Must have no felony charges or convictions.
- Must possess adequate education to read and write legibly and have the ability to understand the rules of the company, the MTO, and the requirements of the particular driving classification for which they are applying.
- Must pass Road Test and attend at the Company for Driver Orientation Process.

**Please ensure that you provide us with the following information at your earliest convenience in order that we may continue to process your application:**

- CVOR & ABSTRACT (current to last 30 days)
- Criminal Record Search (current to last 90 days)

Position Applied: **Owner Operator** USA ☐ Canada ☐ **Company Driver** USA ☐ Ontario ☐ Canada ☐

How did you hear about us? \_\_\_\_\_ Date \_\_\_\_\_

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

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

HM Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How long have you lived at above address? \_\_\_\_\_ Email-Address \_\_\_\_\_

Social Insurance# \_\_\_\_\_ When are you available to start? \_\_\_\_\_

Legally Eligible to work in Canada? Yes ☐ No ☐ Any Criminal Record? Yes ☐ No ☐

How many years of experience driving Tractor Trailer? \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License# \_\_\_\_\_ Class \_\_\_\_\_ Issuing Province \_\_\_\_\_

Expiry \_\_\_\_\_ Is your license been suspended/ revoked/ denied as of now? Yes ☐ No ☐

If Yes, \_\_\_\_\_

Can you cross US border? Yes ☐ No ☐ Fast Card? Yes ☐ No ☐ Passport? Yes ☐ NO ☐

Fast/Passport Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Fast Card / Passport # \_\_\_\_\_

Have you worked for us before? Yes ☐ No ☐ Reason for leaving? \_\_\_\_\_

Can you drive standard transmission? Yes ☐ No ☐ Can you work 14 hour shifts? Yes ☐ No ☐

Are you on any medications? Y ☐ N ☐ Can you haul cigarettes, alcohol or meat? Y ☐ N ☐

Are you willing to travel to Eastern Seaboard and New York City? Y ☐ N ☐

Have you been injured on the job? Yes ☐ No ☐

List injury/illness: \_\_\_\_\_ How long were you off work? \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



Please list last 10 years of employment (CURRENT JOB First!!!) **MUST PROVIDE CONTACT INFO**

**Last Employer**

Company \_\_\_\_\_ Address \_\_\_\_\_

Employment Date from \_\_\_\_\_ to \_\_\_\_\_ Position Held \_\_\_\_\_

Type of truck Operated Straight Truck ☐ Tractor Trailer ☐ Standard Transmission ☐ Bunk truck ☐ Day Cab ☐

Type of Trailer Hauled 48/53 ☐ Van ☐ Refer ☐ Flatbed ☐ Trains ☐ Multi axle ☐ Left Axle ☐ Steer Axle ☐

Where did you run? Local only ☐ Quebec ☐ USA ☐

Contact Person: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

Were you subjected to the Federal Motor Carrier Safety regulations (FMCSRs) while employed by the previous employer? ☐ Yes ☐ No

Was the Previous job position designated as a safety sensitive function in any DOT regulated mode, subjected to alcohol and controlled substances testing requirements as required by 49 CRF Part 40? ☐ Yes ☐ No

**2<sup>nd</sup> Last Employer**

Company \_\_\_\_\_ Address \_\_\_\_\_

Date of Employment Start \_\_\_\_\_ Finish \_\_\_\_\_ Position \_\_\_\_\_

Type of truck Operated Straight Truck ☐ Tractor Trailer ☐ Standard Transmission ☐ Bunk truck ☐ Day Cab ☐

Type of Trailer Hauled 48/53 ☐ Van ☐ Refer ☐ Flatbed ☐ Trains ☐ Multi axle ☐ Left Axle ☐ Steer Axle ☐

Where did you run? Local only ☐ Quebec ☐ USA ☐

Contact Person: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

Were you subjected to the Federal Motor Carrier Safety regulations (FMCSRs) while employed by the previous employer? ☐ Yes ☐ No

Was the Previous job position designated as a safety sensitive function in any DOT regulated mode, subjected to alcohol and controlled substances testing requirements as required by 49 CRF Part 40? ☐ Yes ☐ No



**Please list last 10 years of employment (CURRENT JOB First!!!) MUST PROVIDE CONTACT INFO**

**3<sup>rd</sup> Last Employer**

Company \_\_\_\_\_ Address \_\_\_\_\_

Date of Employment Start \_\_\_\_\_ Finish \_\_\_\_\_ Position \_\_\_\_\_

Type of truck Operated Straight Truck ☐ Tractor Trailer ☐ Standard Transmission ☐ Bunk truck ☐ Day Cab ☐

Type of Trailer Hauled 48/53 ☐ Van ☐ Refer ☐ Flatbed ☐ Trains ☐ Multi axle ☐ Left Axle ☐ Steer Axle ☐

Where did you run? Local only ☐ Quebec ☐ USA ☐

Contact Person: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

Were you subjected to the Federal Motor Carrier Safety regulations (FMCSRs) while employed by the previous employer? ☐ Yes ☐ No

Was the Previous job position designated as a safety sensitive function in any DOT regulated mode, subjected to alcohol and controlled substances testing requirements as required by 49 CRF Part 40? ☐ Yes ☐ No

**4<sup>th</sup> Last Employer**

Company \_\_\_\_\_ Address \_\_\_\_\_

Date of Employment Start \_\_\_\_\_ Finish \_\_\_\_\_ Position \_\_\_\_\_

Type of truck Operated Straight Truck ☐ Tractor Trailer ☐ Standard Transmission ☐ Bunk truck ☐ Day Cab ☐

Type of Trailer Hauled 48/53 ☐ Van ☐ Refer ☐ Flatbed ☐ Trains ☐ Multi axle ☐ Left Axle ☐ Steer Axle ☐

Where did you run? Local only ☐ Quebec ☐ USA ☐

Contact Person: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

Were you subjected to the Federal Motor Carrier Safety regulations (FMCSRs) while employed by the previous employer? ☐ Yes ☐ No

Was the Previous job position designated as a safety sensitive function in any DOT regulated mode, subjected to alcohol and controlled substances testing requirements as required by 49 CRF Part 40? ☐ Yes ☐ No



**Please list last 10 years of employment (CURRENT JOB First!!!) MUST PROVIDE CONTACT INFO**

**5<sup>th</sup> Last Employer**

Company \_\_\_\_\_ Address \_\_\_\_\_

Date of Employment Start \_\_\_\_\_ Finish \_\_\_\_\_ Position \_\_\_\_\_

Type of truck Operated Straight Truck ☐ Tractor Trailer ☐ Standard Transmission ☐ Bunk truck ☐ Day Cab ☐

Type of Trailer Hauled 48/53 ☐ Van ☐ Refer ☐ Flatbed ☐ Trains ☐ Multi axle ☐ Left Axle ☐ Steer Axle ☐

Where did you run? Local only ☐ Quebec ☐ USA ☐

Contact Person: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

Were you subjected to the Federal Motor Carrier Safety regulations (FMCSRs) while employed by the previous employer? ☐ Yes ☐ No

Was the Previous job position designated as a safety sensitive function in any DOT regulated mode, subjected to alcohol and controlled substances testing requirements as required by 49 CRF Part 40? ☐ Yes ☐ No

**6<sup>th</sup> Last Employer**

Company \_\_\_\_\_ Address \_\_\_\_\_

Date of Employment Start \_\_\_\_\_ Finish \_\_\_\_\_ Position \_\_\_\_\_

Type of truck Operated Straight Truck ☐ Tractor Trailer ☐ Standard Transmission ☐ Bunk truck ☐ Day Cab ☐

Type of Trailer Hauled 48/53 ☐ Van ☐ Refer ☐ Flatbed ☐ Trains ☐ Multi axle ☐ Left Axle ☐ Steer Axle ☐

Where did you run? Local only ☐ Quebec ☐ USA ☐

Contact Person: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

Were you subjected to the Federal Motor Carrier Safety regulations (FMCSRs) while employed by the previous employer? ☐ Yes ☐ No

Was the Previous job position designated as a safety sensitive function in any DOT regulated mode, subjected to alcohol and controlled substances testing requirements as required by 49 CRF Part 40? ☐ Yes ☐ No



**Please list last 10 years of employment (CURRENT JOB First!!!) MUST PROVIDE CONTACT INFO**

**7<sup>th</sup> Last Employer**

Company \_\_\_\_\_ Address \_\_\_\_\_

Date of Employment Start \_\_\_\_\_ Finish \_\_\_\_\_ Position \_\_\_\_\_

Type of truck Operated Straight Truck ☐ Tractor Trailer ☐ Standard Transmission ☐ Bunk truck ☐ Day Cab ☐

Type of Trailer Hauled 48/53 ☐ Van ☐ Refer ☐ Flatbed ☐ Trains ☐ Multi axle ☐ Left Axle ☐ Steer Axle ☐

Where did you run? Local only ☐ Quebec ☐ USA ☐

Contact Person: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

Were you subjected to the Federal Motor Carrier Safety regulations (FMCSRs) while employed by the previous employer? ☐ Yes ☐ No

Was the Previous job position designated as a safety sensitive function in any DOT regulated mode, subjected to alcohol and controlled substances testing requirements as required by 49 CRF Part 40? ☐ Yes ☐ No

**8<sup>th</sup> Last Employer**

Company \_\_\_\_\_ Address \_\_\_\_\_

Date of Employment Start \_\_\_\_\_ Finish \_\_\_\_\_ Position \_\_\_\_\_

Type of truck Operated Straight Truck ☐ Tractor Trailer ☐ Standard Transmission ☐ Bunk truck ☐ Day Cab ☐

Type of Trailer Hauled 48/53 ☐ Van ☐ Refer ☐ Flatbed ☐ Trains ☐ Multi axle ☐ Left Axle ☐ Steer Axle ☐

Where did you run? Local only ☐ Quebec ☐ USA ☐

Contact Person: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

Were you subjected to the Federal Motor Carrier Safety regulations (FMCSRs) while employed by the previous employer? ☐ Yes ☐ No

Was the Previous job position designated as a safety sensitive function in any DOT regulated mode, subjected to alcohol and controlled substances testing requirements as required by 49 CRF Part 40? ☐ Yes ☐ No



**Please list last 10 years of employment (CURRENT JOB First!!!) MUST PROVIDE CONTACT INFO**

**9<sup>th</sup> Last Employer**

Company \_\_\_\_\_ Address \_\_\_\_\_

Date of Employment Start \_\_\_\_\_ Finish \_\_\_\_\_ Position \_\_\_\_\_

Type of truck Operated Straight Truck ☐ Tractor Trailer ☐ Standard Transmission ☐ Bunk truck ☐ Day Cab ☐

Type of Trailer Hauled 48/53 ☐ Van ☐ Refer ☐ Flatbed ☐ Trains ☐ Multi axle ☐ Left Axle ☐ Steer Axle ☐

Where did you run? Local only ☐ Quebec ☐ USA ☐

Contact Person: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

Were you subjected to the Federal Motor Carrier Safety regulations (FMCSRs) while employed by the previous employer? ☐ Yes ☐ No

Was the Previous job position designated as a safety sensitive function in any DOT regulated mode, subjected to alcohol and controlled substances testing requirements as required by 49 CRF Part 40? ☐ Yes ☐ No

**10<sup>th</sup> Last Employer**

Company \_\_\_\_\_ Address \_\_\_\_\_

Date of Employment Start \_\_\_\_\_ Finish \_\_\_\_\_ Position \_\_\_\_\_

Type of truck Operated Straight Truck ☐ Tractor Trailer ☐ Standard Transmission ☐ Bunk truck ☐ Day Cab ☐

Type of Trailer Hauled 48/53 ☐ Van ☐ Refer ☐ Flatbed ☐ Trains ☐ Multi axle ☐ Left Axle ☐ Steer Axle ☐

Where did you run? Local only ☐ Quebec ☐ USA ☐

Contact Person: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

Were you subjected to the Federal Motor Carrier Safety regulations (FMCSRs) while employed by the previous employer? ☐ Yes ☐ No

Was the Previous job position designated as a safety sensitive function in any DOT regulated mode, subjected to alcohol and controlled substances testing requirements as required by 49 CRF Part 40? ☐ Yes ☐ No



Please list last 3 years of Residency:

S.No.	Street	City	State	Postal Code	# Years

**IF YOU HAVE GAPS IN YOUR EMPLOYMENT HISTORY- List them below!!**

Unemployment Gap: Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Reason \_\_\_\_\_

Unemployment Gap: Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Reason \_\_\_\_\_

Unemployment Gap: Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Reason \_\_\_\_\_

**ACCIDENT RECORD FOR LAST 3 YEARS**

Dates	Nature of Accident (Head-On, Rear End, Upset, Etc.)	Number Fatalities	Number Injuries	Chemical Spills
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

**TRAFFIC CONVICTIONS FOR THE PAST 3 YEARS (Car or Truck)**

<u>Date Convicted</u> (mm/yy)	<u>Violation</u>	<u>State of Violation</u> <u>Location</u>	<u>Penalty</u> (Forfeited bond, collateral and or points)





**Education History**

Education: Highest Grade Completed \_\_\_\_\_ College Name \_\_\_\_\_ University Name \_\_\_\_\_

Have you had Dangerous Goods Training in the last 3 years? Y ☐ N ☐ Expiry Date: \_\_\_\_\_

Driver Training: Name of School \_\_\_\_\_ Course \_\_\_\_\_ Location \_\_\_\_\_

**DRIVER STATEMENT OF ON-DUTY HOURS**

**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.

Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14
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 \_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**Driver Certification for other Compensated Work**

**INSTRUCTIONS:** When employed by a motor carrier driver must report to the carrier all on-duty time including time working for other employers. The definition of On –Duty time found in section 395.2 paragraphs (8) & (9) of the Federal Motor Carrier Safety Regulations. Includes time performing any other work in capacity of or in the employ or service of; common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity. Select any one:

1. Are you currently working for another employer? ☐ Yes ☐ No
2. 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 correct to the best of my knowledge and belief, and that I was last relieved from work at:

\_\_\_\_\_ On \_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_



**NEW EMPLOYEE'S DRUG & ALOCOHOL STATEMENT**

In accordance with 49 CFR 40.25(j), as the employer, you must ask any prospective employee, whether he or she has re-tested positive, or refused to test, on any pre-employment drug alcohol test administrated by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years.

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

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

\_\_\_\_\_

Prospective Employee Name: \_\_\_\_\_

Prospective Employee's SIN/ID Number \_\_\_\_\_

To be answered by the employee:

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administrated by an employer to which you have applied for, but did not obtain safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return- to duty process (see 40.25(b)(5) AND 40.25(e)). [The return-to-duty process is outlined in Subpart O of Part 40.]

\_\_\_\_\_  
**Applicant's Signatures**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness by (Printed Name) (Sign)

\_\_\_\_\_  
Date



## CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirements in part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds, or more can transport more than 15 people, or transport hazardous materials require placarding.

The requirement in Part 391 applies to every driver who operates in Interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Part 383 and 391 of the Federal Motor Carrier Safety regulations contains certain driver licensing requirements that you as a driver must comply with including the following:

**POSSESSES ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

**NOTIFICATION OF LICENSING SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b) (2) and 383.33 of Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In, Addition, Section 383.31 requires that anytime you are convicted of violating a state or local traffic law (other than parking), you must report in 30 days to: 1) Your employing motor carrier and 2) The state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

**CDL DOMICILE REQUIREMENT:** Section 383.23 a(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed and permanent home and principle residence and to which you have an intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following License is only one I possess:

Driver's License No. \_\_\_\_\_

Issuing Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Driver's Certification: - I certify that I have read and understood the above requirements:

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FAIR CREDIT REPORTING ACT DISCLOSURE**

In accordance with the provisions of Section 604(B)(2)(A) of the Fair Credit Reporting Act, public law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle, D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment , previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes, These reports are required by sections 382.413,391.23 and 391.25 of Federal Motor carrier Safety Regulations.

Print Name: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date**\_\_\_\_\_



## TRAILER HANDLING MEMO

1. Drivers must not turn their rigs around in their own radius (cut doughnuts) in Yard or any other yard or lot. The only exception to this rule is an extremely tight yard, where it's necessary, such as to avoid blindside backing. Always back into an empty dock to turn around.
2. Fifth Wheel must be set 8" to 12" ahead of the centerline of the driver axles. Do not slide the fifth wheel to the rear of its travel in order to "cut doughnuts" in tight yards. Such a practice takes far too much weight off the front axle, especially when pulling a heavy trailer, which will cause serious handling issues. If it's necessary to slide the fifth wheel to the rear of its travel, due to weight laws, it must be slid ahead once you have left the US, as Ontario's weight laws are far more liberal.
3. Trailer bogie MUST be centerline of the tandem bogie, or the center axle of the tridem bogie at the 41' wheelbase mark while travelling through Canada, and at the 40' mark while travelling through Michigan. The 41' wheelbase measurement is taken from the kingpin to the center of the rear bogies. On a typical trailer with 36 "kingpin setting, that would be 44" from the nose of the trailer. If it's necessary to slide the bogie all the way back at the customer's location, (auto parts plants require this), then it must be slid ahead to the 41' mark once the trailer has been uploaded.
4. Wheels must always be chocked when the trailer is at the dock, and both the tractor and trailer parking brakes must be applied. The tractor should be in gear as well. When pulling a trailer from the dock plate is in the stored position and the dock door is fully dosed. Then remove the wheel chock and hang it up in its holder on the building wall. This ensures that snow plough operators do not accidentally drag it away when ploughing. Then you can drive away.
5. Do not backup quickly to hook up the trailer, especially in the winter, as it will damage or even rip the kingpin from the upper plate. Backup slowly to it, engage your differential lock, and dump the air bags if necessary. If there's ice under the trailer, shovel it out and throw salt or sand on the ground.

I acknowledge that I have read and understood this memo and will comply with all the points listed above.

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**Applicants Signature**

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**Date**



### LOAD SECUREMENT POLICY

1. Load bars must be installed in a level position, behind the rearmost pallets, and securely locked into the rectangular slots on either side of the trailer wall. Pull on them to ensure they're positively locked in place.
2. If the load bars do not contact the rearmost pallet (If they are over 2 cm from the rearmost pallet), Place old pallets in the upright position between the rear most pallets and the load bar to brace the load. If you have more than one load bar, use 2, 3 or 4 load bars to brace the loads.
3. Use ratcheting logistics straps to brace and secure odd shaped objects such as drums, computer desks, furniture, etc. to prevent them from falling over.
4. Never dispose of or attempt to dispose of a leaking drum or container or any damaged product without the approval of dispatch. Do not offer a leaking container to anyone willing to take it.
5. Never drop a loaded trailer for any reason (such as for repairs) while reroute to your destination without prior approval from dispatch. If you ever have to drop a loaded trailer reroute to your destination, always PIN lock it.

I hereby declare that I have read and understand the above procedures regarding load securement policy and agree to comply with every requirement.

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## PRE-TRIP INSPECTION PROCEDURES

### Pre-Trip Inspection Sequence

1. Drain the air tanks if they're still full; they should be drained daily at the end of the shift. Then open the hood and check oil, coolant level, power steering fluid level, belt tension, windshield washer fluid level, fluid leaks, loose wires and the general condition of the vehicle. Watch out for oil leaks on the engine and dirty engine compartment as both indicate blown gaskets and lack of maintenance.
2. Pull on both front slack adjusters, and they should have only 1/2" to 3/4" of free play. It's better to have someone step on the brake pedal. The maximum stroke should be 1.5' or less. Tap the pitman arm, the drag link and the tie rod to check that they're secure. Whack the front tires to ensure they're properly inflated. It's better to use a tire pressure gauge. Check oil in both front hubs and the tightness of the front wheel lug bolts.
3. Start the truck and the air pressure should build to 110psi within five minutes. Check the oil pressure as well. Turn on the headlights and walk around to ensure all headlights, roof, clearance lights and tail lights are all on. Put the left signal on and walk around the truck to ensure the front, middle and rear tractor and trailer signal lights are on. Then put the right signal on and do the same thing. Pull the spike or hold it down with a heavy bag and walk around the rig to ensure both the tractor and trailer brake lights are working. Check the defroster, Windshield wipers, mirrors, air horn and electric horn to ensure they're all working the first aid kit, reflective triangles and fire extinguisher should be present. The fire extinguisher should be securely latched and the little gauge's needle should be in the narrow green zone (Fully Charged).
4. Check the left side of the rig, starting with the fuel tank, battery, the drive tires, fifth wheel mounting bolts and slider, tractor suspension, and the mud flaps. Leave the tractor park brake on with the trailer brake released. Listen for air leaks and ensure glad-hands and the trailer electrical cords are in good condition. Ensure the tires are properly inflated, that the lug bolts are secure, the frame isn't cracked and that the suspension component are secure, with no cracked or worn components like spring leaves. Also check the exhaust pipe and flex pipe for any leaks. Check the trailer bogie to ensure the tires are properly inflated, the lug bolts are secure, the hub oil level is OK, and the slider pins are locked. Ensure the trailer bogie in 53" trailer is set at the 41" mark if travelling through Canada. Get underneath and check the condition of the trailer suspension to ensure there's no cracks in the suspension trailing arms, etc. Whack on the torque rods to ensure they're sound. Pull on the trailer brake slack adjusters to ensure their free play is 1/2" to 3/4" and their maximum travel is 2". Check that doors are properly closed and latched, and that the requisite (CTPAT) seal is in place. Check over the right side of the rig starting with the trailer tires. Ensure the right tires are properly inflated, the lug bolts are secure, the hub oil is OK, and that the slider pins are locked and that the



trailer air hoses are not drooping too low or dragging. The landing gear should be rolled all the way up and crank securely stowed. The spare tire should be securely tied down. Ensure the tires are properly inflated, that the lug bolts are secure, the frame isn't cracked and that the suspension component are secure, with no cracked or worn components like spring leaves. Also check the exhaust pipe and flex pipe for any leaks. Get underneath and check the condition of the tractor suspension to ensure there are no cracks in the suspension trailing arms, etc. sound. Apply the trailer park brake and release the tractor park brake and pull on the tractor brake slack adjusters to ensure their free play is 1/2" to 3/4" and that their maximum travel is 2".

5. Get in the tractor and go through the permit book to ensure the ownership, IFTA, Cab Card, insurance, and the operating authorities are up-to-date. The tractor and trailer inspection stickers and the license plate sticker must be current. Watch out for trailers inspected in other jurisdictions like Illinois (front of the trailer).
6. Fill out your log book page and the inspection page. Always write down the tractor and trailer unit numbers, license plate numbers and the license plate province, e.g. Ontario. Always indicate the Bill of lading number and commodity or the shipper and commodity at the bottom of the logbook page.

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**Applicant's Signature**

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**Date**





### LOGBOOK MEMO

1. Drivers must drive according to US rules, especially since most of our loads are heading to the US and our exposure in the US is far greater than in Canada. If required, they can drive for 13 Hours if they 've already hit 11 hrs. Of driving at the border and need the extra two hours to get home.
2. The maximum on duty time in US is 14 hours with no driving after 11 hours. It's as if you punch a time clock to start work at 8:00am and you must punch out by 10:00 pm. You must be parked for the night before the 11<sup>th</sup> hour of driving ends. Breaks and meal breaks during the day do not reduce the 10 hours off-duty time in the US, unlike Canada.
3. US rules mandate 11 hours of driving with 10 hours of either off-duty or sleeper berth time. The 10 hours off must be taken in one block, unlike Canada.
4. If driving in Canada, the maximum driving time in a 24-hour period is 13 hours, with no driving after the 14<sup>th</sup> hour on-duty and at least 10 hours total off-duty time a day. The maximum working day in Canada is 16 hours, with two hours' worth of breaks, with breaks of at least 30 mins or more duration in order to count. Fifteen minute breaks don't count. If you take two hours' worth of breaks during day, you must be off-duty or in the sleeper berth for at last 8 hours.
5. For US driving teams, the driver in the sleeper berth at the time of crossing the border can simply flag the border crossing on their logbook page, as in "Detroit, MI" if it's a line release. However, if the team has to go inside US customs for immigration reasons, and it takes over 15 min, they must indicate that time as on-duty. The sleeping teammates 'duty clock starts right then and There, and they are on-duty for the next 14 hours, even if that teammate continues sleeping in the bunk.
6. Always indicate the tractor and trailer Unit numbers, plate numbers and province or state. Always indicate the city and the province or the city and the state on your logs. Never use abbreviations, such as "Miss" for Mississauga.
7. Ensure your record both in starting and ending odometer readings and the total kilometers driven when driving. Always ensure that your time/distance is less than 100 km/h, so a 700 km trip should take 7.5 hours or more.

I have read and understood the above rules regarding PRE-TRIP INSPECTION and LOGBOOK Memo will comply with them.

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

\_\_\_\_\_  
Date



## Ticket Authorization

**To:** SAFETY AT KHAIRA FREIGHT  
1339 INDUSTRIAL RD  
CAMBRIDGE, ON  
N3H 4W3

I, \_\_\_\_\_, as per my company's \_\_\_\_\_  
**Name of Driver** **Name of Trucking Company**

Rules and regulations, throughout my employment (from the first day of my work until the last day of my work), any ticket(s) issued to me or the company through my work which I am directly responsible while performing duties for my employer. I shall give the ticket(s) to **the Safety Dept** to communicate with any legal representative on my behalf.

I confirm that this Authorization has been read to me in a language that I understand. A photocopy, faxed copy or emailed copy of this Authorization shall be considered as valid and binding as the original.

**PARALEGAL ASSIGNED** \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_.  
Month City Province/State

\_\_\_\_\_  
**Signature of Witness or Employer**

\_\_\_\_\_  
**Signature of Client (Driver)**

\_\_\_\_\_  
**Print Name of Witness or Employer**

\_\_\_\_\_  
**Print Name of Client (Driver)**



### Hours of Service/Pre-Trip Inspection Test

NAME \_\_\_\_\_

Provide a **T or F**, for each statement below, to indicate whether the statement is true or false.

1. \_\_\_\_\_ The allowable on- duty time in the 7 – day cycle is 50 hours.
2. \_\_\_\_\_ In Ontario, a driver must be off duty for 8 consecutive hours after driving for 13 hours.
3. \_\_\_\_\_ In the 14 – day cycle a driver can be on duty for 140 hours.
4. \_\_\_\_\_ The total allowable driving time in Ontario is 15 hours during a 24-hour period.
5. \_\_\_\_\_ The duty status grid must include the total hours “off duty”, “sleeper berth”, “driving” and “on duty”.
6. \_\_\_\_\_ Time spent waiting to be loaded or unloaded is considered ‘off duty’.
7. \_\_\_\_\_ The daily Pre–Trip inspection must be completed within 24 hours of previous inspection.
8. \_\_\_\_\_ Defects found during the Pre-Trip inspection must be recorded on inspection report.
9. \_\_\_\_\_ Pre-Trip Inspections are not required if you are travelling within 160 Km of your terminal.
10. \_\_\_\_\_ Pre-Trip Inspections must be filled out and carried by the driver during the trip.

I \_\_\_\_\_ acknowledge, I have answered \_\_\_\_\_ questions wrong.

The correct answers have been explained to me and now I have full understanding of the material.

Applicants' Signatures: \_\_\_\_\_

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



### Driver's Acknowledgement

Management reviews the following policies & procedures in detail with drivers as part of Hiring and orientation process. On completion, the Driver and Company Representative will both sign the document

1. \_\_\_\_\_ Company Hiring Criteria.
2. \_\_\_\_\_ Terms of Employment & Probationary Period.
3. \_\_\_\_\_ Absenteeism Policy.
4. \_\_\_\_\_ Drug & Alcohol Policy.
5. \_\_\_\_\_ Hours of Service & Log Book Completion.
6. \_\_\_\_\_ Collision Reporting Procedures.
7. \_\_\_\_\_ Compliance with the Law and agreement to report all moving violations & incidents.
8. \_\_\_\_\_ Discipline Policy.
9. \_\_\_\_\_ Safe Driving Guidelines.
10. \_\_\_\_\_ Personal Protective Clothing Requirements.
11. \_\_\_\_\_ Pre-Trip Inspection Procedures.
12. \_\_\_\_\_ No Passenger Policy.
13. \_\_\_\_\_ No Pet Policy.
14. \_\_\_\_\_ Cell Phone & Hand Held Device Policy.
15. \_\_\_\_\_ Fleet Maintenance Policy & Procedures.
16. \_\_\_\_\_ Approved Drivers Only Policy (Company & O/D).
17. \_\_\_\_\_ Equipment Damage.
18. \_\_\_\_\_ Speed Policy.

I, \_\_\_\_\_ hereby acknowledge that receipt of the driver's Manual and that I have reviewed and understand company policies.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
Carrier Representative's Signature

**Note:** This receipt shall be reviewed and signed by the driver and Company Official.



**REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER**

I, hereby authorize you to release personal, employment, financial and/ or medical information to or purpose of investigation as required by Section 391.23 of Federal Motor Carrier Safety Regulations. You are released from any liability that may result from furnishing such information.

**Applicant's Signatures:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please Return Reference via FAX to \_\_\_\_\_ Attention: **Safety & Compliance**

**TO BE READ AND SIGNED BY THE APPLICANT**

My signatures below certify this that 7 Page application was completed by me and that information within is true and complete to the best of my knowledge. FMSCR 391.21 (12)

I authorize you to make such investigations and inquires of my personal, employment, financial and medical history and other related matters as may be necessary in arriving at an employment/contract of service decision (generally, inquiries regarding medical history will be made only if and after a condition offer of employment/contract of service has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. FMSCR 391.23 in the event of employment. I understand that false or misleading information given in my application or interviews may result in discharge. I understand also that I am required to abide by all rules and regulations.

I understand that information I provide regarding current and for previous employers may be used and those employer (s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d)& (e).

I understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to resend 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.

Driver (Print name here) \_\_\_\_\_ **DL#** \_\_\_\_\_

**Applicant's Signatures** \_\_\_\_\_ **Date** \_\_\_\_\_



### REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: \_\_\_\_\_

To: \_\_\_\_\_

DL #: \_\_\_\_\_

\_\_\_\_\_ has made application for a position as \_\_\_\_\_ and states

That he/she was employed by your as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Will you please reply to the inquiry below respecting this application? Your reply will be held in strict confidence and will in, no way involves you in any responsibility.

Sincerely yours the Safety Department

1. Is the employment record with your company correct as stated above? \_\_\_\_\_

2. What kind(s) of work did the applicant do? \_\_\_\_\_

3. Did the applicant drive motor vehicles for you? Passenger Car \_\_\_\_\_ Straight truck \_\_\_\_\_ Bus \_\_\_\_\_

Tractor-semitrailer \_\_\_\_\_ others (specify) \_\_\_\_\_

4. Is the applicant a safe and efficient driver? \_\_\_\_\_

5. Reasons for leaving your company: ☐ Discharged ☐ Laid off ☐ Resigned

6. Was the applicant's general conduct satisfactory? ☐ YES ☐ NO

7. Is the applicant competent for the position sought? ☐ YES ☐ NO

9. Did the applicant drink any alcoholic beverages while on duty? ☐ YES ☐ NO



### ACCIDENT HISTORY

(TO BE COMPLETED BY PREVIOUS EMPLOYER)

Give the dates of the vehicle accidents in which he//she was involved.

S.No	Date	Location	Injuries

Remarks \_\_\_\_\_

### DRUG AND ALCOHOL HISTORY

TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐ , fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_

- 1.Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? ☐ YES ☐ NO
- 2.Has this person tested positive or adulterated or substituted a test specimen for controlled substances? ☐ YES ☐ NO
- 3.Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? ☐ YES ☐ NO
4. Has this person committed other violations of Subpart B of Part 382, or Part 40? ☐ YES ☐ NO
- 5.If this person has violated a DOT drug and alcohol regulation, did this person complete SAP-Prescribed rehabilitation program in your employ, including return to-duty and follow-up test? If yes, please send documentation back with this form. ☐ YES ☐ NO
- 6.For driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse, to be tested?  
☐ YES ☐ NO

Information Received from: \_\_\_\_\_

Date \_\_\_\_\_ Signatures \_\_\_\_\_



### Certification of Road Test

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

Driving License No. \_\_\_\_\_

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

This is to certify that the above-named driver was given a road test under my supervision.

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

Duration of Road Test: \_\_\_\_\_

Distance of Road Test: \_\_\_\_\_

It is considered, in my opinion, that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

\_\_\_\_\_  
(Signature of Examiner)

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

KHAIRA FREIGHT

\_\_\_\_\_  
(Organization of Examiner)





## Driver's Road Test

Driver's Name: - \_\_\_\_\_

Driver's License Number: - \_\_\_\_\_

Marking Code: -  
 X-- Unsatisfactory  
 \-- Improvement Needed  
 OK-- Satisfactory

### 1. Pre-Trip Inspection

#### Engine Check

Coolant, Fuel, Lubricant Leaks	X	\	OK
Oil, Water, Power Steering Levels	X	\	OK
Belts, Hoses, Wiring Conditions	X	\	OK

#### Circle Check

Tires, Airlines, Slack Adjuster	X	\	OK
Suspension, Lugnuts, All Lights	X	\	OK
Body, Doors, Mud Flap, Wipers, Mirrors	X	\	OK
Driveshaft, Muffler			

### 2. Vehicle in Motion And Use of Controls

#### Motor

Starts Motor Properly	X	\	OK
Allows Proper Warm Up	X	\	OK
Lugs Engine	X	\	OK
Over Rev's Engine	X	\	OK

#### Clutch & Transmission

Starts off			
Smoothly	X	\	OK
Use Proper Gear to Move Unit	X	\	OK
Co-Ordinates Gearshifts	X	\	OK
Uses Proper Gear			
Sequence	X	\	OK
Grinds or Misses Shifts	X	\	OK
Double Clutch Procedure	X	\	OK



**Steering**

Allows Unit to Wander	X	\\	OK
Steering Grip and Method	X	\\	OK

**Driving Along**

Maintains Proper Speed	X	\\	OK
Uses Gear Which Matches Speed	X	\\	OK
Adjusts to Changing Road and Traffic Conditions	X	\\	OK
Positions of Unit in Lane Following	X	\\	OK
Distance	X	\\	OK
Lane Change Signaling	X	\\	OK
Checks in Mirrors Adequately	X	\\	OK
Checks Instruments	X	\\	OK
Interferes With Other Traffic on Lane Change	X	\\	OK

**Turns**

Uses Proper Lane or Blocking Position	X	\\	OK
Gives proper Signal	X	\\	OK
Steering Control and Recovery	X	\\	OK
Turns Too Wide	X	\\	OK
Climbs Curbs or Traffic Island	X	\\	OK
Use of Gears	X	\\	OK
Completes Turn properly	X	\\	OK
Right of Way Observance	X	\\	OK

**Backing**

Checks Path Before Backing	X	\\	OK
Set up Position	X	\\	OK
Observes Properly While Backing	X	\\	OK
Controls Speed and Directions	X	\\	OK
Final Position	X	\\	OK



**Intersections & R.R. Crossings**

Stopping Position	X	\\	OK
Right of Way Observance	X	\\	OK
Blocks			
Intersections	X	\\	OK
Fails to Obey Sign or Signal	X	\\	OK
Changes Gear on R.R. Crossings	X	\\	OK
Checks for Cross Traffic Regardless of Situations	X	\\	OK

**Comments: -** \_\_\_\_\_

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**Feedback:** \_\_\_\_\_

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\_\_\_\_\_  
**Drivers Acknowledgement of Feedback**

**Pass: -** \_\_\_\_\_ **Fail: -** \_\_\_\_\_

\_\_\_\_\_  
**Examiner`s Signature**

\_\_\_\_\_  
**Date**



<b>Reference Check Notes</b>
------------------------------

**Driver Name:**

Day1	Remarks
Date:	
Day 2	Remarks
Date:	
Day 3	Remarks
Date:	



**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 **KHAIRA FREIGHT** (“Prospective Employer”), 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 display 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:

I authorize **KHAIRA FREIGHT** (“Prospective Employer”) 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 make a determination 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 display 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 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 in 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 C.F.R. 383.5.

*LAST UPDATED 2/11/2016*

## Certification of Violation/Annual Review of Driving Record

**MOTOR CARRIER INSTRUCTION:** Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) – of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (section 391.27). Drivers who have provided information required by section 383.31 need not repeat that information on this form.

**DRIVER REQUIREMENTS:** Each driver shall furnish the list as required by the motor carrier above, if the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27)

### COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

<b>Name</b>		<b>SSN</b>		<b>Employment Date</b>	
<b>Home Terminal</b>		<b>Driver's License No.</b>		<b>Expiry Date</b>	
<p><b>I certify that the following is true and complete list of traffic violations required to be listed (other than those I have provided under part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.</b></p> <p><b>If you have had no violations, check the following box -- <input type="checkbox"/> NONE.</b></p>					
<b>Date</b>	<b>Offense</b>	<b>Location</b>	<b>Type of vehicle operated</b>		

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under part 383) required to be listed during the past 12 months.

**Date:** \_\_\_\_\_ **Reviewer's Signature:** \_\_\_\_\_

