



J. J. Keller

& Associates, Inc.

Driver Name: _____

Location: _____

Hire Date/Driving Date: _____

Employee ID Code: _____

Driver Qualification File Checklist

Non-CDL

☐ GVW Rating 10,001 – 26,000 lbs.

☐ Driver Application (§391.21)

☐ Copy of Driver's License

☐ Medical Examiner's Certificate
(§391.43) & National Registry Verification
(§391.23(m))

☐ Annual Review (§391.25)

☐ Motor Vehicle Record / Release
(§391.23)

☐ Safety Performance History Records
Requests (§391.23)

☐ Road Test & Certificate (§391.31)

CDL

☐ GVW Rating 26,001 lbs. or more

☐ Driver Application (§391.21)

☐ Copy of Driver's License

☐ Medical Examiner's Certificate (§391.43)
& National Registry Verification
(§391.23(m))

☐ Annual Review (§391.25)

☐ Motor Vehicle Record / Release
(§391.23)

☐ Safety Performance History Records
Requests (§391.23)

☐ Road Test & Certificate (§391.31) -OR
CDL in lieu of Road Test (§391.33)

☐ Clearinghouse Consent Form



DRIVER APPLICATION

Company Name: _____ Location: Region/District/Branch: _____

Company Address: _____
Street City State Zip

TO BE READ AND SIGNED BY APPLICANT

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

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: _____ Date: _____

Name: _____
Last First Middle

Social Security Number Phone Number Date of Birth Hire Date

Address: _____
Street City State Zip Number of Years

Past 3 Year
Residency: _____
Street City State Zip Number of Years

: _____
Street City State Zip Number of Years

Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

Current or Last Employer Name: _____ Phone #: (_____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ From: _____ To: _____
(month/year) (month/year)

Reasons for Leaving: _____

Were you subject to the FMCSRs** while employed: ☐ Yes ☐ 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: ☐ Yes ☐ No

*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____

Second Last Employer Name: _____ Phone #: (_____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ From: _____ To: _____
(month/year) (month/year)

Reasons for Leaving: _____

Were you subject to the FMCSRs** while employed: ☐ Yes ☐ 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: ☐ Yes ☐ No

*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____

Third Last Employer Name: _____ Phone #: (_____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ From: _____ To: _____
(month/year) (month/year)

Reasons for Leaving: _____

Were you subject to the FMCSRs** while employed: ☐ Yes ☐ 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: ☐ Yes ☐ No

*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____

*Any gaps in employment and/or unemployment must be explained.

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

PLEASE COMPLETE NEXT PAGE

EXPERIENCE AND QUALIFICATION
Attach separate sheet if more space is needed.

Driving Experience

If no driving experience in the last 3 years, check here: ☐

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES	
		FROM	TO
Straight Truck	Van Reefer Tank Flat		
Tractor & Semi-Trailer	Van Reefer Tank Flat		
Tractor – Two Trailers	Van Reefer Tank Flat		
Tractor – Three Trailers	Van Reefer Tank Flat		
Motorcoach - School Bus (Greater than 8 passengers)	N/A		
Motorcoach - School Bus (Greater than 15 passengers)	N/A		
Other: _____	Van Reefer Tank Flat		

OR

APPROXIMATE NUMBER OF MILES

Accident History (3 years)

If no accidents in the last 3 years, check here: ☐

DATE (Month/Year)	NATURE OF ACCIDENT (head-on, rear end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years, check here: ☐

DATE CONVICTED (Month/Year)	VIOLATION (other than violations involving parking only)	STATE OF VIOLATION	PENALTY

License Information

Driver licenses or permits held in the past 3 years	LICENSING AUTHORITY (State/Province/Territory)	LICENSE NO.	CLASS	ENDORSEMENT (S)	EXPIRATION DATE

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle: ☐ Yes ☐ No

B. Has any license, permit or privilege ever been suspended or revoked: ☐ Yes ☐ No

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS: _____

Applicant Certification

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

Applicant's Signature

Date

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

DRIVER'S LICENSE INFORMATION REQUEST

Company Name: _____

Location Name: _____

Employee Name: _____ Employee Code: _____

FILE COPY – DRIVER'S LICENSE MISSING

Please provide J. J. Keller with a clear photocopy of the front and back of an updated license in the space below:

In addition to the driver's license copy above, please complete the following information exactly as it appears on the driver's license:

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: _____

Driver's License Number: _____

State of License/Province: _____ Expiration Date: _____

Issue Date: _____ Endorsement: _____ Class: _____ ☐ CDL ☐ Non CDL

Utilizing CDL: ☐ Yes ☐ No

Primary Method of Logging Hours: ☐ Time Sheets ☐ Grid Logs

Company Representative Signature: _____

Medical Examiner's Certificate – MCSA 5876

ANNUAL REVIEW OF DRIVING RECORD

NAME OF DRIVER: _____

ID NUMBER: _____

MOTOR CARRIER: _____
Name and Address

INSTRUCTIONS TO CARRIER: At least once every 12 months, obtain the motor vehicle record (MVR) of each driver, covering at least the preceding 12 months, from each driver's licensing authority where the driver held a commercial motor vehicle operator's license or permit during that time period.

Review the MVR in accordance with 49 CFR §391.25, as outlined below, and complete the Certificate of Review.

The purpose of the review is to determine whether the driver meets minimum requirements for safe driving or is disqualified to drive a motor vehicle pursuant to §391.15 or (for CDL holders) §383.51. When reviewing the MVR, consider any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations or Hazardous Materials Regulations. Also consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles. Motor carriers must give great weight to violations — such as speeding, reckless driving, or operating while under the influence of alcohol or drugs — that indicate that the driver has exhibited a disregard for public safety.

CERTIFICATE OF REVIEW

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

- ☐ Meets minimum qualifications for safe driving
- ☐ Does not meet minimum qualifications for safe driving
- ☐ Is disqualified to drive a motor vehicle pursuant to §391.15 or §383.51

Notes/actions taken: _____

Reviewed by: _____
Signature Date

Printed Name Title

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE FOR THREE YEARS FROM REVIEW DATE
(see 49 CFR §391.51)

Sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the Fair Credit Reporting Act and applicable state law. J.J. Keller & Associates, Inc. expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE REGARDING INVESTIGATIVE BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" (i.e. driving records, criminal history, social security verification, and/or education history) and/or "investigative consumer reports" (i.e. employment and/or education verification) by **EMPLOYER** ("Employer") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **J. J. Keller & Associates, Inc., PO Box 368, Neenah, WI 54957-0368, (877)-564-2333, www.jjkeller.com** and/or Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Employer Name*: _____ ("Employer")

Last Name*: _____ First*: _____ Middle*: _____

Date of Birth*: _____ Social Security Number (SSN)**: _____

Address*: _____

Email Address*: _____

Signature*: _____ Date*: _____

***Required Information**

****SSN is required for the state of Illinois**

RECORD OF ROAD TEST

Driver's Name: _____ Address: _____

Equipment Driven: Truck/Tractor: _____ Trailer: _____

Checked From: _____ To: _____ Date: _____

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

PART 1 – PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

Checks general condition approaching unit _____

Looks for leakage of coolants, fuel, lubricants _____

Checks under hood – oil, water, general condition of engine compartment, steering _____

Checks around unit – tires, lights, trailer hook up, Brake and light lines, body, doors, horn, windshield Wipers _____

Tests brake action, tractor protection valve and parking (hand) brake _____

Checks horn, windshield wipers, mirrors, emergency equipment, reflectors, flares, fuses tire chains (if necessary), fire extinguisher _____

Checks instruments for normal readings _____

Checks dashboard warning lights for proper functioning _____

Cleans windshield, window, mirrors, lights, reflectors _____

Reviews and signs previous report _____

PART 2 – COUPLING AND UNCOUPLING

Lines up units _____

Connects glad hands to trailer to apply trailer brakes before coupling _____

Connects glad hands and light line properly _____

Couples without difficulty _____

Raises landing gear fully after coupling _____

Visually checks king pin assembly to be certain of proper coupling _____

Checks coupling by applying hand valve or tractor protection valve (trailer air supply valve) and gently applying pressure by trying to pull away from trailer _____

Assure that surface will support trailer before uncoupling _____

PART 3 – PLACING VEHICLE IN MOTION AND USE OF CONTROLS

A. ENGINE

Places transmission in neutral before starting engine _____

Starts engine without difficulty _____

Allows proper warm-up _____

Understands gauges on instrument panel _____

Maintains proper engine speed (rpm) while driving _____

Does not abuse motor _____

B. CLUTCH AND TRANSMISSION

Starts loaded unit smoothly _____

Uses clutch properly _____

Times gearshifts properly _____

Shifts gears smoothly _____

Uses proper gear sequence _____

C. BRAKES

Knows proper use of tractor protection valve _____

Understands low air warning _____

Tests service brakes _____

Builds full air pressure before moving _____

D. STEERING

Controls steering wheel _____

Good driving posture and good grip on wheel _____

E. LIGHTS

Knows lighting regulations _____

Uses proper headlight beam _____

Dim lights when meeting or following other traffic _____

Adjusts speed to range of headlights _____

Proper use of auxiliary lights _____

PART 4 – BACKING AND PARKING

A. BACKING

Gets out and checks before backing _____

Looks back as well as uses mirror _____

Gets out and rechecks conditions on long back _____

Avoids backing from blind side _____

Signals when backing _____

Controls speed and direction properly while backing _____

B. PARKING (City)

Does not hit nearby vehicles or stationary objects _____

Parks proper distance from curb _____

Sets parking brake, puts in gear, chocks wheels, shuts off motor _____

Checks traffic conditions and signals when pulling out from parked position _____

Parks in legal and safe location _____

C. PARKING (Road)

Parks off pavement _____

Avoids parking on soft shoulder _____

Uses emergency warning signals when required _____

Secures unit properly _____

PART 5 - SLOWING AND STOPPING

Uses gears properly ascending _____

Gears down properly descending _____

Stops and restarts without rolling back _____

Tests brakes before descending grades _____

Uses brakes properly on grades _____

Uses mirrors to check traffic to rear _____

Signals following traffic _____

Avoids sudden stops _____

Stops smoothly without excessive fanning _____

Stops before crossing sidewalk when coming out of driveway or alley _____

Stops clear of pedestrian crosswalks _____

PART 6 - OPERATING IN TRAFFIC PASSING AND TURNING

A. TURNING

Signals intention to turn well in advance _____

Gets into proper lane well in advance of turn _____

Checks traffic conditions and turns only when Intersection is clear _____

Restricts traffic from passing on right when preparing to complete right hand turn _____

Completes turn promptly and safely and does not impede other traffic _____

B. TRAFFIC SIGNS AND SIGNALS

Approaches signal prepared to stop if necessary _____
Obeys traffic signal _____
Uses good judgment on yellow light _____
Starts smoothly on green _____
Notifies and heeds traffic signs _____
Obeys "Stop" signs _____

C. INTERSECTIONS

Adjusts speed to permit stopping if necessary _____
Checks for cross traffic regardless of traffic controls _____
Yields right-of-way for safety _____

D. GRADE CROSSINGS

Adjusts speed to conditions _____
Makes safe stop, if required _____
Selects proper gear and does not shift gears while crossing _____
Knows and understands federal and state rules governing grade crossing _____

E. PASSING

Passes with sufficient clear space ahead _____
Does not pass in unsafe location: hill, curve, intersection _____
Signals change of lanes _____
Warns driver being passed _____
Pulls out and back with certainty _____
Does not tailgate _____
Does not block traffic with slow pass _____
Allows enough room when returning to right lane _____

F. SPEED

Speed consistent with basic ability _____
Adjusts speed properly to road, weather, traffic conditions, legal limits _____
Slows down for rough roads _____
Slows down in advance of curves, intersection, etc. _____
Maintains consistent speed _____

G. COURTESY AND SAFETY

Uses defensive driving techniques _____
Yields right-of-way for safety _____

REMARKS:

GENERAL PERFORMANCE: Satisfactory _____ Needs Training _____ Unsatisfactory _____

QUALIFIED FOR: Truck _____ Tractor-Semitrailer _____ Other: _____

Signature of Examiner

CERTIFICATION OF ROAD TEST

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31 (e)(1)(2) of the Federal Motor Carrier Safety Regulations.

Driver's Name: _____ Type of Power Unit: _____

Type of Trailer(s): _____

If Passenger Carrier, Type of Bus: _____

This is to certify that the above-named driver was given a road test under my supervision on _____, 20 ____ consisting of approximately _____ miles of driving. It is my considered opinion that this driver possesses sufficient driving skills to operate safely the type of commercial motor vehicle listed above.

Signature of Examiner: _____ Organization: _____

Title: _____ Address of Examiner (City & State): _____

Goes ahead when given right-of-way by others _____
Does not crowd other drivers or force way through traffic _____
Allows faster traffic to pass _____
Keeps right and in own lane _____
Uses horn only when necessary _____
Generally courteous and uses proper conduct _____

PART 7 – MISCELLANEOUS**A. GENERAL DRIVING ABILITY AND HABITS**

Consistently alert and attentive _____
Adjusts driving to meet changing conditions _____
Performs routine functions without taking eyes from road _____
Checks instruments regularly while driving _____
Willing to take instructions and suggestions _____
Adequate self-confidence in driving _____
Is not easily angered _____
Positive attitude _____
Good personal appearance, manner, cleanliness _____
Good physical stamina _____

B. HANDLING OF FREIGHT

Checks freight properly _____
Handles and loads freight properly _____
Handles bills properly _____
Breaks down load as required _____

C. RULES AND REGULATIONS

Knowledge of company rules _____
Knowledge of regulations: federal, state, local _____
Knowledge of special truck routes _____

D. USE OF SPECIAL EQUIPMENT (Specify):

SIDE 1**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) them within the last 3 years in a position that involved the operation of a commercial motor vehicle.

In accordance with 49 CFR §391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you *must* respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 and 3 (as applicable) and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Complete SECTION 4a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 4b and retain.

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name)	_____	_____
	First, M.I., Last	Social Security Number
	_____	_____
	hereby authorize:	_____
		Date of Birth
Previous Employer:	_____	Email: _____
Street:	_____	Telephone: _____
City, State, Zip:	_____	Fax No.: _____
To release this information in a written form that ensures confidentiality, such as fax, email, or letter, to:		
J. J. Keller and Sterling on Behalf of		
Prospective Employer: <u>Sterling on behalf of:</u> _____		
Attention:	<u>DOT Verifications</u>	Telephone: <u>833-631-2429</u>
Street:	<u>6150 Oak Tree Blvd., Suite 490</u>	
City, State, Zip:	<u>Independence, OH 44131</u>	
Prospective employer's confidential fax number: <u>646-829-3534</u>		
Prospective employer's confidential email address: <u>verify.background@sterlingcheck.com</u>		
_____		_____
Applicant's Signature		Date

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER**EMPLOYMENT VERIFICATION**

The applicant named above was or is employed or used by us. Yes ☐ No ☐

Employed as (job title) _____ from (m/y) _____ to (m/y) _____

Did they drive a motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐

Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____

Completed by: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Signature: _____ Date: _____

Complete Section 3 on SIDE 2 before returning.

SECTION 3:**TO BE COMPLETED BY PREVIOUS EMPLOYER****ACCIDENT HISTORY**

Check here ☐ if there is **no** accident register data for this driver. Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown on SIDE 1.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

SECTION 4a:**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (§391.23(c)(1)): _____

SECTION 4 b:**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone

Date: _____ ☐ Other _____



EMPLOYMENT INVESTIGATION VERIFICATION

Please complete the following fields if:

Driver has been employed with current employer for three (3) years or more.

And/Or

Driver noted they did not have any previous employment experience working in a DOT regulated position in the preceding three (3) years, other than the current employer.

Driver Name: _____

Company Name: _____

Driver's Hire Date: _____

Date Driver Began Driving for Current Employer (if different from hire date): _____

Supervisor's Signature: _____

Date: _____

This is to fulfill Section 391.23/40.25 of the Federal Motor Carrier Safety Regulations relating to investigating into previous employment.

Consent to Conduct Queries of the FMCSA CDL D&A Clearinghouse

As a condition of and for the duration of my employment with _____ (“Company”), I,
(Company)
_____, do hereby consent to allow “company” and/or it’s Third Party Administrator, J. J. Keller
(Driver Name)
& Associates, Inc., PO Box 368, Neenah, WI 54957-0368, (877)-564-2333, www.jjkeller.com to perform full and limited queries of and to obtain information from the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse (Clearinghouse) about me, including any drug or alcohol violation information about me in the Clearinghouse.

I understand that queries will be conducted at least on an annual basis in accordance with FMCSA regulations.

Additionally, I understand that if I fail or refuse to provide timely consent for a query of the Clearinghouse, the 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.

CDL #: _____ State of Issuance: _____ Date of Birth: _____

Driver’s Signature: _____ Date: _____

FMCSA D&A Testing Clearinghouse Driver Registration Instructions

Creating a Login.gov Account

1. Go to <https://clearinghouse.fmcsa.dot.gov/register> and click on “Go to login.gov” to create a login.gov account
2. Click “Create an account”
3. Enter your email address and click submit
4. Check your email and open the email from no-reply@login.gov with the subject Confirm your email
5. Click Confirm email address
6. Create a password (must be 12 + characters long and “strong enough” to continue), click “Continue”
7. Select an option to authenticate your account (phone via text or call; authentication application; government employee; or I don’t have any of the above in which case you will be given 10 backup codes to keep in a secure place)
 - a. Best option is to utilize a cell phone with text first
8. Enter the security code you are sent within 10 minutes in the “One-time security code” box and click submit
9. You will be prompted to set up a second authentication method – repeat steps 7 and 8. You’ll only use one method to sign in.
 - a. Best option is to use a land line here
 - i. Note: if you utilize a land line you will need to be next to it to answer and get the code as soon as you click on this option.
10. Click continue and then continue under “You can now sign in to the FMCSA Drug & Alcohol Clearinghouse”

Register for Clearinghouse (Start Here if you already have a login.gov account)

1. Login with email and password if you already have a login.gov account: <https://clearinghouse.fmcsa.dot.gov/>
2. Select your role – Driver
3. Enter your contact information and your preferred method of contact (email is advisable as notifications are time-sensitive) and click next
 - a. Note: if you select U.S. Mail you will be asked to confirm this selection
4. Enter CDL information and click verify – this info will be verified against the information in the CDLIS
5. You will receive a “Success! We have verified your CDL information” when it’s been verified. Click next
6. Check box to accept terms and conditions and click I Agree
7. Registration Complete