

A Guide to Creating and Updating Driver Qualification Files

Brought to you by **Deeley Insurance Group, LLC**



Introduction

When it comes to managing a fleet, there's a lot to consider. Not only do you have to ensure every vehicle under your care is safe and operational, but there are also specific Federal Motor Carrier Safety Administration (FMCSA) requirements you must follow in order to remain compliant and avoid potential fines. One complex and often overlooked requirement relates to driver qualification (DQ) files.

DQ files are *critical documents* motor carriers are required to develop and maintain by law. These documents serve as proof that motor carriers are hiring *qualified drivers* and that those drivers are *legally fit* for the road throughout their years of service.

Motor carriers must have a DQ file for each one of their drivers—including owner/operators—regardless of how many drivers they have in their fleet. The FMCSA has very specific guidelines on the types of information carriers need to have in DQ files as well as how often that information needs to be reviewed. Failing to maintain DQ files as required by the FMCSA can trigger fines, audits or even lead to your business being placed out of service.

Further complicating matters, record retention is a common area of confusion when it comes to DQ files. Some aspects of your files are permanent, while others need to be updated on a continuous basis. Ensuring that your organization has DQ files in good standing for all of your drivers will save you valuable time and—most importantly—protect you should a claim be brought against one of your drivers.

This guide is meant to provide a general overview of DQ files, highlighting what you need to have on hand for each of your drivers and how long you must retain those documents.

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Components of a DQ File

Again, DQ files are used to ensure carriers are hiring qualified drivers, setting minimum requirements for those who operate commercial motor vehicles. At a minimum, these files must include:

	Form/Inquiry/ Note to Include	Legal Verbiage	How Long You Must Retain This Document
Permanent Files	Driver's Application for Employment What is this?	49 CFR 391.21	The duration of the driver's employment plus an additional three years.
	Driver's Road Test Certificate or Equivalent What is this?	49 CFR 391.31(e)	The duration of the driver's employment plus an additional three years.
	Inquiry to Previous Employers: Safety Performance History Records Request What is this?	49 CFR 391.23(a)(1)and(b)	The duration of the driver's employment plus an additional three years.
	Safety Performance History Records: Driver Correction or Rebuttal (If Applicable) What is this?	49 CFR 391.23(i)(2) and 49 CFR 391.23(j)(3)	The duration of the driver's employment plus an additional three years.
	Inquiry to State Agencies for Three-year Driving Record (MVR) What is this?	49 CFR 391.23(a)(1)and(b)	The duration of the driver's employment plus an additional three years.
	Pre-employment Drug and Alcohol Documents What is this?	49 CFR 40.25(j) and 49 CFR 382.301	Varies. See Controlled Substances and Alcohol chapter for recordkeeping requirements.
Permanent Files (Situational)	Entry-level Driver Training Certificate What is this?	49 CFR 380.509(b)	At least three years after a driver leaves your employment.
	Longer Combination Vehicle (LCV) Driver Training Certificate What is this?	49 CFR 380.401	The duration of the driver's employment plus an additional three years.
	Longer Combination Vehicle (LCV) Certificate of Grandfathering What is this?	49 CFR 380.111	The duration of the driver's employment plus an additional three years.
	Multiple-employer Drivers What is this?	49 CFR 391.63	The duration of the driver's employment plus an additional three years.
	Skill Performance Evaluation Certificate What is this?	49 CFR 391.49	At least three years after a driver leaves your employment.

Documents to Review	Inquiry to State Agencies for Driving Record and MVR Review – Annual What is this?	49 CFR 391.25 (a) and (c)	At least three years after a driver leaves your employment.
	Driver’s Certification of Violations – Annual What is this?	49 CFR 391.27	At least three years after a driver leaves your employment.
	Medical Examination Report and Medical Examiner’s Certificate What is this?	49 CFR 391.43	At least three years after a driver leaves your employment.
	Employer note verifying that medical examiner is listed on National Registry of Certified Medical Examiners What is this?	Non-CDL drivers: 49 CFR 391.51(b)(9)(i) CDL drivers: 49 CFR 391.51(b)(9)(ii)	At least three years after a driver leaves your employment.

While the above list provided by the FMCSA gives carriers a high-level overview of DQ file requirements, there are additional considerations to keep in mind (e.g., what to include on a driver’s application and what goes into road-test certification). What’s more, the cadence in which these documents are updated can differ, and some files need to be maintained [permanently](#) while others must be [reviewed regularly](#) for continued compliance.












The FMCSA does not have any specific requirements on how DQ files are organized, and some carriers may opt to keep all records under a driver’s personnel file. However, creating a separate DQ file—separated by permanent and ongoing files—will not only help you remain organized, but it will also allow an auditor or insurance broker to easily review your documents and offer compliance recommendations. Remember, DQ files are easy to tamper with and alter, so it’s important to keep them in a secure location, like a locked cabinet.

Permanent Files

There are a number of permanent DQ files that must be kept for the length of a driver's employment plus an additional three years. In general, it's best to think of these documents as resources you gather at the time a driver is hired. The following sections will go over these items in more detail, giving you some insight into what the FMCSA expects you to retain for each driver in your fleet.

Driver's Application for Employment

Drivers are required to complete an application of employment before they are legally eligible to operate a commercial motor vehicle. This application should be provided by the motor carrier and contain the following information:

-  The name and address of the employing motor carrier.
-  The driver's name, address, date of birth and Social Security number.
-  A list of all addresses the driver has resided at three years preceding the date of the application.
-  The date the application was submitted.
-  The issuing state, number and expiration date of each unexpired commercial motor vehicle operator's license or permit issued to the applicant.
-  The nature and extent of the applicant's motor vehicle experience. This should include the type of equipment the driver has operated in the past (e.g., buses, trucks, semitrailers and pole trailers).
-  A list of all motor vehicle accidents the applicant was involved in three years leading up to the date of the application. This list should specify the date and nature of each accident and detail any fatalities or personal injuries it caused.
-  A list of all the applicant's motor vehicle law or ordinance violations (other than those involving only parking). This list should detail violations three years preceding the date of the application.
-  A statement from the applicant that details the facts and circumstances of any denial, revocation or suspension of any license, permit or privilege to operate a motor vehicle. If no denial, revocation or suspension has occurred, the applicant should note this in the statement.
-  A list of the names and addresses of the applicant's employers three years preceding the date of the application. In this section, the driver should detail the dates they were employed by each employer, why they stopped working for them and whether or not they were subject to Federal Motor Carrier Safety Regulations (FMCSR) while employed there.
-  A signature from the applicant ensuring the information on the application is accurate.

Before an application is submitted, motor carriers must inform applicants that any information they provide may be used to investigate the driver's safety performance history.

For a sample application, click [here](#).

Driver's Road Test Certificate or Equivalent

Motor carriers are required to conduct road tests of all of their drivers. This test can be given by the carrier themselves or conducted by a designated individual.

In either case, the individual giving the test must be competent and able to determine that drivers are capable of operating commercial motor vehicles and any associated equipment. Road tests should be long enough for the examiner to evaluate the driver's skillset. When completing the test, drivers should use the type of commercial motor vehicle and equipment they will be using throughout their employment.

At a minimum, drivers should be evaluated on how well they:

- Complete pre-trip inspections
- Perform the coupling and uncoupling of combination units (if applicable)
- Place the commercial motor vehicle in operation
- Use the commercial motor vehicle's controls and emergency equipment
- Operate the commercial motor vehicle in traffic and while passing other motor vehicles
- Turn the vehicle
- Brake and slow the vehicle by means other than braking
- Back up and park the vehicle

Motor carriers must provide a road test form evaluators can complete and sign to rate the driver's performance on the above activities. If the road test is successfully completed, the person who administered the test must complete the [certification](#) of road test form. A copy of this certificate should be provided to the driver.

In lieu of a road test, motor carriers may accept:

- A valid commercial driver's license
- A copy of a valid road test certification that was issued to the driver within the last three years

If a motor carrier accepts a license or certificate as equivalent to the road test, they must retain a legible copy of it as part of the driver's qualification file.

Inquiry to Previous Employers: Safety Performance History Records Request

Along with a driver's application, carriers must investigate the driver's employment record for the preceding three years. This investigation must be completed no more than 30 days after employment begins. The investigation may consist of personal interviews, telephone interviews, letters or any other method the carrier deems appropriate.

The carrier must retain a record of the request and all response documentation. When maintaining records, include the previous employer's name and address, the date the previous employer was contacted and the information received about the driver. If you receive no responses from previous employers, you should document any and all communication attempts.

If you are developing DQ files for existing drivers and a long-term driver does not have an application, include an acknowledgement of the missing application with an explanation.

Safety Performance History Records: Driver Correction or Rebuttal

In addition to the inquiry to previous employers, the motor carrier must also document any rebuttal to the information received on the inquiry to previous employers. In general, this will only be needed if drivers dispute any of the information received from previous employers.

Drivers who wish to review employer-provided investigative information must submit a written request to the prospective employer. This can be done at any time during the application process, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information to the applicant within five business days of receiving the written request.

Drivers wishing to dispute information in their records must send the rebuttal to the previous employer with instructions to include the rebuttal in their safety performance history.

Inquiry to State Agencies for Three-year Driving Record (MVR)

Carriers must secure and review a driver's motor vehicle records (MVRs) for the last three years upon their hire. Carriers need MVRs from every state each new driver has held, or holds, a license or permit.

If an MVR cannot be received (e.g., no record exists for a driver in a particular state), carriers must document their efforts to obtain the records. It's important to note that carriers should not accept a driver-provided MVR, as these documents are easily falsified. Requests for MVRs must be made within 30 days of hire. MVRs must be kept in the driver's DQ file and [updated](#) annually.

Pre-employment Drug and Alcohol Documents

When accepting applications, motor carriers must determine if prospective employees have tested positive on any pre-employment drug or alcohol test within the past three years. Motor carriers should also determine if a prospective employee refused to take a drug test within the past three years. When investigating this information, carriers must receive written consent from the prospective employee.

When soliciting pre-employment drug and alcohol documents, you must request the following information from any DOT-regulated employers the prospective employee worked for:

- Alcohol tests with a result of 0.04 or higher alcohol concentration
- Verified positive drug tests
- Refusals to be tested (including verified adulterated or substituted drug test results)
- Other violations of DOT agency drug and alcohol testing regulation

If feasible, you must obtain and review this information before the employee performs safety-sensitive functions. If this is not feasible, you must obtain and review the information as soon as possible. Retain any information you obtain as part of the driver's DQ file.

If the potential employee admits to having a positive test or refusing to take a test, that employee should be prohibited from performing [safety-sensitive functions](#) (e.g., waiting to be dispatched, inspecting or servicing vehicle equipment, driving a commercial vehicle, loading or unloading a commercial vehicle, or repairing a commercial vehicle) until they have successfully completed the return-to-duty process, which includes the following general steps:

1. The employer provides the individual with a list of substance abuse professionals (SAPs) free of charge. This list needs to be provided even if carriers don't keep the individual on as an employee. It should be noted that carriers can't force drivers to get an evaluation from a SAP.
2. The driver seeks a face-to-face evaluation from a SAP.
3. The SAP refers the driver to a treatment and education program.
4. The driver completes the required treatment and education program and returns to the SAP for another face-to-face evaluation.
5. The SAP reports their findings to the designated employer representative if they are satisfied that the driver is able to return to driving. This report will list any continuing treatment and education, if required. It will also detail the number of DOT follow-up drug or alcohol tests required in a given period.
6. The driver goes for a return-to-duty drug and alcohol test. The employer must wait for the go-ahead from the SAP before sending the driver in for the return-to-duty test.

Document the completion of the return-to-duty process in the driver qualification file. All records relating to a DOT-drug and alcohol violation must be retained for five years.

Pre-employment Testing

Drivers are required to undergo controlled substances testing prior to performing any safety-sensitive functions. Employers need to obtain and retain the following information related to controlled substance testing:

- Name and address of the testing program
- Verification that the driver is participating or has participated in the program
- Verification that the program meets FMCSA requirements
- Verification that the driver is qualified per FMCSA standards
- The date the driver was last tested for controlled substances
- The results of any tests taken within the previous six months and any known violations

If you can't verify that a driver is participating in a controlled substances testing program in accordance with FMCSA regulations, you will need to coordinate testing yourself.

Permanent Files (Situational)

There are a number of documents that are only required in DQ files under certain circumstances. The following is a brief overview of these documents:

- **Entry-level Driver Training Certificate**—If you employ a driver with less than one year of experience, you need to include the entry level driver training certificate in their DQ file. The certificate should include:
 - The date the certificate was issued
 - The name of the trainer
 - The mailing address of the trainer
 - The name of the driver
 - A statement that the driver has completed the requirements set forth in the FMCSR for entry-level driver training
 - The printed name and signature of the person attesting that the driver has received required training
- **Longer Combination Vehicle (LCV) Driver Training/Grandfathering Certificates**—Drivers who operate LCVs (commonly defined as vehicles that tow two or more trailers at once) must have the proper training or grandfathering certificate in their DQ file. A sample of this certificate can be found [here](#).
- **Multiple-employer Drivers**—If a motor carrier employs a person as a multiple-employer driver, they will need to:
 - Secure an application for employment.
 - Make investigations and inquiries.
 - Perform an annual driving record inquiry.
 - Perform an annual review of the person's driving record.
 - Require the person to furnish a record of violations or a certificate.

Skill Performance Evaluation Certificate—This certificate is used for a driver who does not meet the physical requirements set forth by the FMCSA but is otherwise qualified to drive. Often, these certificates are used for drivers with physical impairments (e.g., missing limbs). The application for this certificate can be found [here](#).

Documents to Review

In addition to permanent documents all carriers have to maintain in each DQ file, there are several documents that need to be updated on a regular basis. Essentially, these documents are used to ensure drivers are qualified to operate a commercial motor vehicle throughout their employment.

Inquiry to State Agencies for Driving Record and MVR Review – Annual

Motor carriers are required to request MVRs for each of their drivers on an annual basis. Carriers will need to contact every state agency for which the driver has held a commercial motor vehicle license or permit during the last 12 months.

In addition to maintaining a copy of the MVR in the DQ file, carriers will need to include the name of the person who reviewed the driving record. Performing this check ensures drivers meet the minimum requirements for safe driving. When examining the driving record, it's important to consider the driver's accident record as well as any evidence of poor driving practices (e.g., speeding, reckless driving and operating while under the influence of alcohol or drugs).

Driver's Certification of Violations – Annual

At least once every 12 months, drivers must submit a list of all moving violations they have been convicted of in the past year. The carrier must review this information and compare it to the driver's annual MVR. Doing so ensures the driver is fit to operate a commercial motor vehicle. For a sample certification of violations form, click [here](#).

Medical Examination Report and Medical Examiner's Certificate

All commercial drivers are required to pass a physical exam conducted by a licensed medical examiner at least once every 24 months. Specifically, medical examiners must be listed on the National Registry of Certified Medical Examiners to be considered qualified and should:

- Be knowledgeable of the specific physical and mental demands associated with operating a commercial motor vehicle.
- Be proficient in the medical protocols necessary to perform the examination.

Upon completion of the medical examination, the examiner must date and sign the report, and provide his or her full name, office address and telephone number. Motor carriers must retain a copy of the medical examiner's certificate in each driver's DQ file. For a sample medical examiner's certificate, click [here](#).

Verification of Medical Examiner Listing

As mentioned in the previous section, all medical examiners who perform the medical examination must be on the National Registry of Certified Medical Examiners. This requirement was added to ensure that medical exams are completed by reputable, qualified medical professionals.

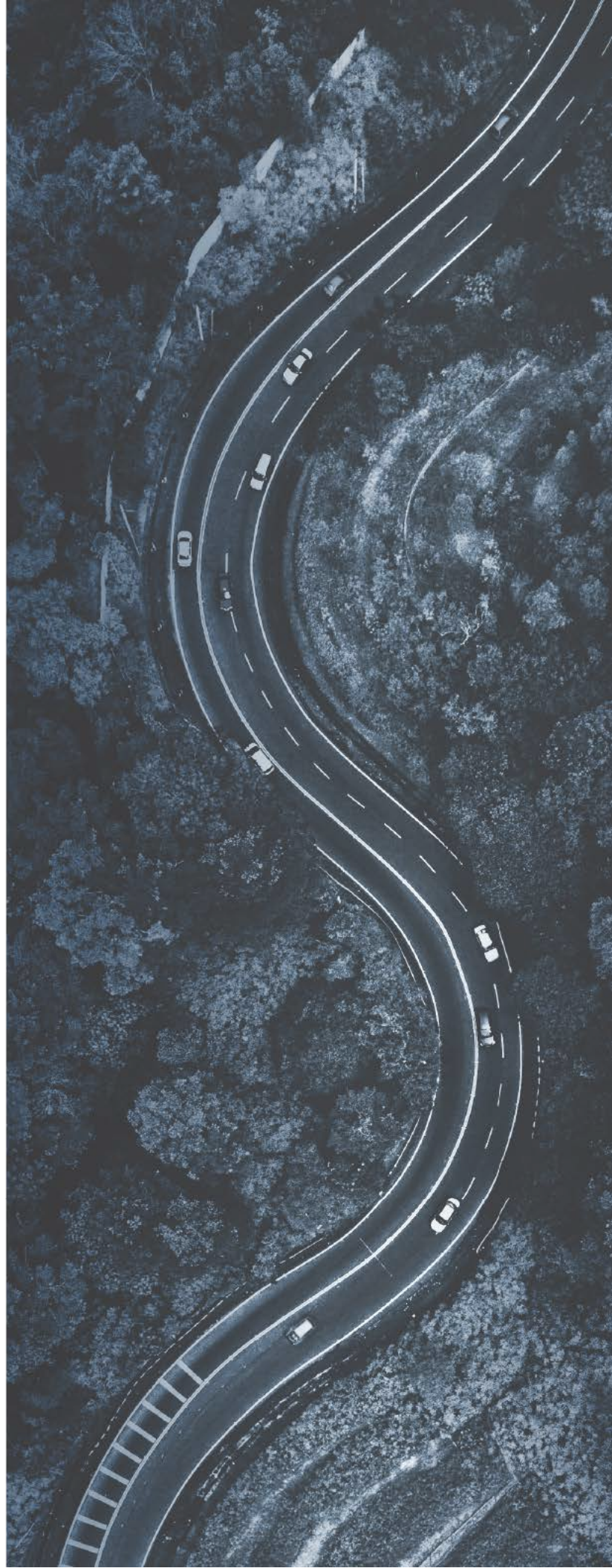
Carriers can search the National Registry of Certified Medical Examiners [here](#).

Carriers will need to include a note in each DQ file that verifies the medical examiner's qualifications were checked. You may even want to include copy of the registry to satisfy this requirement.

Going One Step Further

Maintaining DQ files for each of your drivers is critical for meeting the specific requirements set forth by the FMCSA and ensuring your drivers are fit to operate commercial motor vehicles. While maintaining DQ files can help your organization remain compliant, there are additional steps to consider when it comes to driver safety and preventing accidents.

To ensure you are doing all you can to protect your employees and your investment, contact a qualified insurance broker at Deeley Insurance Group, LLC today.





Appendix

CHECKLIST | DRIVER QUALIFICATION FILE

Presented by Deeley Insurance Group, LLC

Driver Name:

Driver's License Number:

Type of License:

State of Issue:

Hire Date:

Last Day Worked:

Today's Date:

	Form/Inquiry/Note to Include	How Long You Must Retain this Document	Completed
Permanent Files	Driver's Application for Employment	The duration of the driver's employment plus an additional three years.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Driver's Road Test Certificate or Equivalent	The duration of the driver's employment plus an additional three years.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Inquiry to Previous Employers: Safety Performance History Records Request	The duration of the driver's employment plus an additional three years.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Safety Performance History Records: Driver Correction or Rebuttal (If Applicable)	The duration of the driver's employment plus an additional three years.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Inquiry to State Agencies for Three-year Driving Record (MVR)	The duration of the driver's employment plus an additional three years.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Pre-employment Drug and Alcohol Documents	Varies. See Controlled Substances and Alcohol chapter for recordkeeping requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Permanent Files (Situational)	Entry-level Driver Training Certificate	At least three years after a driver leaves your employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Longer Combination Vehicle (LCV) Driver Training Certificate	The duration of the driver’s employment plus an additional three years.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Longer Combination Vehicle (LCV) Certificate of Grandfathering	The duration of the driver’s employment plus an additional three years.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Multiple-employer Drivers	The duration of the driver’s employment plus an additional three years.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Skill Performance Evaluation Certificate	At least three years after a driver leaves your employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Documents to Review	Inquiry to State Agencies for Driving Record and MVR Review – Annual	At least three years after a driver leaves your employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Driver’s Certification of Violations – Annual	At least three years after a driver leaves your employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Medical Examination Report and Medical Examiner’s Certificate	At least three years after a driver leaves your employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Employer note verifying that medical examiner is listed on National Registry of Certified Medical Examiners	At least three years after a driver leaves your employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Driver Application

Applicant Name: _____ Social Security #: _____

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Current Address: _____ City: _____ St: _____ Zip: _____ Date of Birth: _____

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Residence Past 3 Years

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

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

--	--	--	--	--

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

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Experience and Qualifications – Driver

MAKE A COPY OF THE DRIVERS LICENSE AND MEDICAL CERTIFICATE

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

STATE	LICENSE #	EXPIRATION DATE	CLASS A, B,	ENDORSEMENTS

Driving Experience

Equipment Class	Type of Equipment (e.g., Van, Flat or Tank)	DATES From	To	Approx. # of Miles Total
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

Accidents/Crashes for the Past 3 Years or More

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

Moving Traffic Convictions and Forfeitures for the Past 3 Years

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

DRIVERS APPLICATION

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Has any license, permit or privilege ever been revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, attach statement giving details.		
This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL) to be controlled substances tested with a negative result prior to driving. Do you consent to such Testing?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT RECORD

All for Past 3 Years and Commercial Driving Experience for Past 10 Years

Last Employer:			
Position Held:	From:	To:	
Address:	City:		St:
Telephone #:			
Reason for Leaving:			
Were you subject to the <i>Federal Motor Carrier Safety Regulations</i> at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your Job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Employer:			
Position Held:	From:	To:	
Address:	City:		St:
Telephone #:			
Reason for Leaving:			
Were you subject to the <i>Federal Motor Carrier Safety Regulations</i> at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your Job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Employer:			
Position Held:	From:	To:	
Address:	City:		St:
Telephone #:			
Reason for Leaving:			
Were you subject to the <i>Federal Motor Carrier Safety Regulations</i> at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your Job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

Applicant's Signature

DATE:

DRIVER APPLICATION ADDENDUM

RESIDENCE

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

EMPLOYMENT

Last Employer:				
Position Held:	From:	To:		
Address:	City:	St:		
Telephone #:				
Reason for Leaving:				
Were you subject to the <i>Federal Motor Carrier Safety Regulations</i> at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your Job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Last Employer:				
Position Held:	From:	To:		
Address:	City:	St:		
Telephone #:				
Reason for Leaving:				
Were you subject to the <i>Federal Motor Carrier Safety Regulations</i> at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your Job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Last Employer:				
Position Held:	From:	To:		
Address:	City:	St:		
Telephone #:				
Reason For Leaving:				
Were you subject to the <i>Federal Motor Carrier Safety Regulations</i> at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your Job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Certificate of Driver's Road Test

FMCSA/Department of Transportation Regulations 391.31

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31 (e)(f)(g)).

Certification of Road Test
<p>Driver's Name:</p> <p>Operator's or Chauffeur's License Number:</p> <p>State:</p> <p>Type of Power Unit:</p> <p>Type of Trailer(s):</p> <p>If passenger carrier, type of bus:</p> <p>This is to certify that the above-named driver was given a road test under my supervision on the date of _____, consisting of approximately _____ miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.</p>
(Signature of Examiner)
(Title)
(Organization and Address of Examiner)

Longer Combination Vehicle (LCV) Driver-training Certificate

I certify that _____ has presented evidence of meeting the training prerequisites set forth in the Federal Motor Carrier Safety Regulations for LCV training, and has successfully completed the LCV driver-training courses indicated below:

Yes No **LCV Doubles** _____
Date Completed

Yes No **LCV Triples** _____
Date Completed

I certify that the indicated LCV driver-training course was provided by a qualified LCV driver-instructor.

Driver Name:

Commercial Driver's License Number:

State:

Address

Full Name of Training Entity:

Telephone Number:

Business Addresses:

Signature of Training Certifying Official: _____

Date Issued:

Annual Certificate of Violations and Review of Driving

Driver's name:	License number:	State:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Annual Certificate of Violations

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

- Violations are listed below.**
- I have had no violations.**

Date of conviction	Offense	Location	Type of motor vehicle operated
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Date of Certification

Driver signature:

Reviewed by:	Title:
<input type="text"/>	<input type="text"/>

Annual Review of Driving Record

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

Reviewer:	Date:
<input type="text"/>	<input type="text"/>

Medical Examiner's Certificate

FMCSA/Department of Transportation Regulations 391.41-391.49

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

<input type="checkbox"/> Wearing corrective lenses	<input type="checkbox"/> Driving with an exempt intracity zone (49 CFR 391.62)
<input type="checkbox"/> Wearing hearing aid	<input type="checkbox"/> Accompanied by a Skill Performance Evaluation Certificate (SPE)
<input type="checkbox"/> Accompanied by a waiver exemption	<input type="checkbox"/> Qualified operation of 49 CFR 391.64

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

Signature of Medical Examiner:	Telephone:	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Medical Examiner's Name (Print):	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse
<input style="width: 100%;" type="text"/>	

Medical Examiner's License or Certificate Number/Issuing State:
<input style="width: 100%;" type="text"/>

Signature of Driver:	Driver's License #:	State:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Address of Driver:
<input style="width: 100%;" type="text"/>

Medical Certificate Expiration Date:
<input style="width: 100%;" type="text"/>