

## ***Information Required For CDL Driver Qualification Files***

### **The following items are required in the DQ files for CDL Drivers:**

1. Application for Employment (§391.21)
2. Safety Performance History Records Request (§40.25 and §391.23)
3. Motor Vehicle Record (MVR) from the state of the driver's current license and any appropriate state(s) going back 3 years of hire date (§391.23)
4. Motor Vehicle Report Release (A general release is required for all states except NH, PA, and WA. These states have state specific releases)
5. DOT Annual Review of Driving Record (§391.25) (not required until employed one year)
6. Certificate of Violations (§391.27) (not required until employed one year)
7. Medical exam certificate (§391.43 (g))
8. Medical Examiner's National Registry Verification (§391.23 and §391.51)
9. Road test form and certificate (§391.31(g))
10. Copy of Driver's License
11. Entry-Level Driver Training Certificate (§380 Subpart E)

### **In addition to the above, CDL Drivers are required to have the following Drug and Alcohol documents in their file:**

1. Previous Pre-employment Alcohol and Drug Test Statement (§40.25 (j))
2. Receipt of Company Drug and Alcohol Policy (§382.601 (d))
3. Pre-employment Drug Test Chain of Custody and Result Report (§382 Subpart C)

**CDL Drivers:** Drivers holding a CDL-class license and regularly or occasionally operating vehicles meeting any one of the following criteria:

- Has a gross vehicle weight rating of more than 26,000 pounds
- Has a gross combination weight rating of more than 26,000 pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds
- Is designed to transport 16 or more passengers, including the driver
- Is any size, transporting hazardous materials requiring placards

These drivers are required to maintain Driver Qualification Files and are subject to DOT Drug & Alcohol Testing Regulations.

**Dream Entertainment  
2741 Marysville Ave  
Henderson, NV 89052**

# 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		APPROXIMATE NUMBER OF MILES
		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**

**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**

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

\_\_\_\_\_ State \_\_\_\_\_ License Number \_\_\_\_\_ Expiration Date

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

If yes, give details: \_\_\_\_\_

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

If 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.

**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) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 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 through 4 (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 5a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

<b>SECTION 1:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>	
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 and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ .		
(date of employment application)		
To:		
Prospective Employer: _____		
Attention: _____	Telephone: _____	
Street: _____		
City, State, Zip: _____		
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.		
Prospective employer's confidential fax number: _____		
Prospective employer's confidential email address: _____		
_____		_____
Applicant's Signature		Date

<b>SECTION 2:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>	
<b>EMPLOYMENT VERIFICATION</b>		
The applicant named above was or is employed or used by us. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employed as (job title) _____ from (m/y) _____ to (m/y) _____		
Did he/she drive a motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/>		
Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____		
Completed by: _____		
Company: _____		
Street: _____		
City, State, Zip: _____		Telephone: _____
Signature: _____		Date: _____
If there is no safety performance history to report, check here <input type="checkbox"/> and return. Otherwise, complete Sections 3 and 4 on SIDE 2 before returning.		

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

**ACCIDENT HISTORY**

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 or check here  if there is no accident register data for this driver.

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 4: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**DRUG AND ALCOHOL HISTORY**

If applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you, please check here  and return. Applicant was subject to DOT testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1.

Within the past 3 years from the application date shown on SIDE 1:

- |                                                                                                                                                                                                                                                                                                                           | YES                      | NO                       |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including:                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| • An alcohol test with a result of 0.04 or higher alcohol concentration.                                                                                                                                                                                                                                                  |                          |                          |                          |
| • A controlled substances test result of positive, adulterated, or substituted.                                                                                                                                                                                                                                           |                          |                          |                          |
| • A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test.                                                                                                                                                                                               |                          |                          |                          |
| • Alcohol use while performing or within 4 hours before performing safety-sensitive functions.                                                                                                                                                                                                                            |                          |                          |                          |
| • Alcohol use after an accident, in violation of §382.303.                                                                                                                                                                                                                                                                |                          |                          |                          |
| • Controlled substances use while on duty, except as allowed under §382.213.                                                                                                                                                                                                                                              |                          |                          | <b>N/A</b>               |
| 2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here <input type="checkbox"/> . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**SECTION 5a: 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 5b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Email  Telephone

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

SOFTECH INTERNATIONAL INC. VIRGINIA DRIVER RECORD REPORT

**REPORT SEARCH DATE -> 09/16/2014**

LICENSE NAME/ADDRESS	DRIVER DESCRIPTION
-----	-----

REPORT PREPARED FOR

----- JJ KELLER AND ASSOCIATES, INC  3003 BREEZEWOOD LANE NEENAH,WI 54957	----- COMMENT: POLICY #: 120181 REQUESTOR: JJ KELLER AND ASSOCIATES, INC CHARGED TO ACCOUNT: 1322/JJKELLER01
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LICENSE NUMBER ->

ORIG. ISSUED	ISSUED	EXPIRES	CLASS	STATUS
-----	-----	-----	-----	-----
	11/20/2010	01/10/2019	B	LICENSED
-----	-----	-----	-----	-----

LICENSE TYPE: COMMERCIAL DRIVER LICENSE  
 CLASS DESCRIPTION: VEH GVWR GT 26001 OR TOWING VEH <10000 LBS  
 STATUS DESCRIPTION: LICENSED  
 RESTRICTIONS: NO  
 ENDORSEMENTS: NONE

PRIOR STATE: DL #: STATUS:  
 C.D.L. ISSUED: STATUS: LICENSED

POINTS: +5  
 REINST DATE:  
 SECONDARY LIC:  
 OTHER STATE LIC:  
 OTHER STATE:  
 NON-RESIDENT MILITARY:  
 BOATCLASS:

MEDICAL RESTRICTIONS: WEARING CORRECTIVE LENSES  
 \*\*\* COMPLETED APPROVED DRIVER EDUCATION COURSE \*\*\*

TYPE VIOL/SUSPE CONV/REINS HISTORY ENTRY PTS

-----	-----	-----
MEDC 05/06/2014 05/06/2015	MEDICAL CERTIFICATE INFORMATION	
	Med. Certif. Status.: CERTIFIED	
	Self Certification..: NON-EXCEPTED INTERSTATE	
	Event Type.....: MEDICAL CERTIFICATE	

MEDE	MEDICAL EXAMINER INFORMATION
	MD License No.....:
	MD Lic. Jurisdiction: VIRGINIA
	Phone No.....:
	Speciality.....: PHYSICIAN ASSISTANT
	First Name.....:
	Last Name.....:
	Middle Name.....:
	Event Type.....: MEDICAL EXAMINER
	MD Registry No.....: 0

## ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

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 additional state/city-specific notices and Summary of Rights and certify that I have read and understand those documents. I hereby authorize the evaluation of my driver file by J. J. Keller & Associates, Inc. for compliance with state and federal laws and the acquisition 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 **the Employer** (as listed below) at any time after receipt of this authorization and throughout my employment, if applicable. In addition, I hereby authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, current and past 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](http://www.jjkeller.com), and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

<b><u>New York applicants only:</u></b> Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly or by checking this box. <input type="checkbox"/> By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.
<b><u>New York City applicants only:</u></b> By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.
<b><u>Washington State applicants only:</u></b> You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.
<b><u>Minnesota and Oklahoma applicants only:</u></b> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/>
<b><u>California applicants only:</u></b> Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law as stated in the Notice Regarding Background Checks per California Law you received. <input type="checkbox"/>

**Note to Residents of New Hampshire, Pennsylvania, Washington, Puerto Rico, and Canadian Provinces — British Columbia, Manitoba, New Brunswick, Newfoundland & Labrador, Northwest Territories, Nunavut, Prince Edward Islands, Quebec, Saskatchewan, and Yukon:** State specific or Canadian general motor vehicle release forms must be completed and signed prior to obtaining the reports.

Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_  
(MM/DD/YY)

Company Name\* \_\_\_\_\_

### **BACKGROUND INFORMATION**

Last Name\* \_\_\_\_\_ First\* \_\_\_\_\_ Middle\* \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

#### **\*Required Information**

This document should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA 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.

**MOTOR VEHICLE DRIVER'S  
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: 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**

NAME OF DRIVER: (PRINT)	ID NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE   EXPIRATION DATE

I certify that the following is a 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.

**(If you have had no violations, check the following box –  None.)**

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Date \_\_\_\_\_ Driver's Signature \_\_\_\_\_

**COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD**

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

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

- Meets minimum requirements for safe driving       Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_  
Printed Name \_\_\_\_\_

Motor Carrier Name \_\_\_\_\_ Motor Carrier Address \_\_\_\_\_

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.



\* Oct, Nov, Dec, 2015  
← revision date

NEW MEC (\*-optional items)

**Public Burden Statement**

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation  
Federal Motor Carrier  
Safety Administration

**Medical Examiner's Certificate**  
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ in accordance with (please check only one):

- 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 (check all that apply) **OR**
- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- Wearing corrective lenses
- Accompanied by a \_\_\_\_\_ waiver/exemption
- Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- Wearing hearing aid
- Accompanied by a Skill Performance Evaluation (SPE) Certificate
- Qualified by operation of 49 CFR 391.64 (Federal)
- Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

**Medical Examiner's Certificate Expiration Date**

\_\_\_\_\_

**Medical Examiner's Signature**

**Medical Examiner's Telephone Number**

**Date Certificate Signed**

**Medical Examiner's Name (please print or type)**

- MD     Physician Assistant     Advanced Practice Nurse
- DO     Chiropractor     Other Practitioner (specify) \_\_\_\_\_

**Medical Examiner's State License, Certificate, or Registration Number**

**Issuing State**

**National Registry Number**

**Driver's Signature**

**Driver's License Number**

**Issuing State/Province**

**Driver's Address**

**CLP/CDL Applicant/Holder**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_  Yes  No

**Disclaimer Statement:**

\*\*This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.\*\*

# RECORD OF ROAD TEST

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

License No. \_\_\_\_\_ State \_\_\_\_\_ 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	PART 4 – BACKING AND PARKING
Checks general condition approaching unit	<b>A. BACKING</b>
Looks for leakage of coolants, fuel, lubricants	Gets out and checks before backing
Checks under hood – oil, water, general condition of engine compartment, steering	Looks back as well as uses mirror
Checks around unit – tires, lights, trailer hookup, brake and light lines, body, doors, horn, windshield wipers	Gets out and rechecks conditions on long back
Tests brake action, tractor protection valve, and parking (hand) brake	Avoids backing from blind side
Checks horn, windshield wipers, mirrors, emergency equipment; reflectors, flares, fuses, tire chains (if necessary), fire extinguisher	Signals when backing
Checks instruments for normal readings	Controls speed and direction properly while backing
Checks dashboard warning lights for proper functioning	<b>B. PARKING (City)</b>
Cleans windshield, windows, mirrors, lights, reflectors	Does not hit nearby vehicles or stationary objects
Reviews and signs previous report	Parks proper distance from curb
<b>PART 2 – COUPLING AND UNCOUPLING</b>	Sets parking brake, puts in gear, chocks wheels, shuts off motor
Lines up units	Checks traffic conditions and signals when pulling out from parked position
Connects glad hands to trailer to apply trailer brakes before coupling	Parks in legal and safe location
Connects glad hands and light line properly	<b>C. PARKING (Road)</b>
Couples without difficulty	Parks off pavement
Raises landing gear fully after coupling	Avoids parking on soft shoulder
Visually checks king pin assembly to be certain of proper coupling	Uses emergency warning signals when required
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	Secures unit properly
Assure that surface will support trailer before uncoupling	<b>PART 5 – SLOWING AND STOPPING</b>
<b>PART 3 – PLACING VEHICLE IN MOTION AND USE OF CONTROLS</b>	Uses gears properly ascending
<b>A. ENGINE</b>	Gears down properly descending
Places transmission in neutral before starting engine	Stops and restarts without rolling back
Starts engine without difficulty	Tests brakes before descending grades
Allows proper warm-up	Uses brakes properly on grades
Understands gauges on instrument panel	Uses mirrors to check traffic to rear
Maintains proper engine speed (rpm) while driving	Signals following traffic
Does not abuse motor	Avoids sudden stops
<b>B. CLUTCH AND TRANSMISSION</b>	Stops smoothly without excessive fanning
Starts loaded unit smoothly	Stops before crossing sidewalk when coming out of driveway or alley
Uses clutch properly	Stops clear of pedestrian crosswalks
Times gearshifts properly	<b>PART 6 – OPERATING IN TRAFFIC PASSING AND TURNING</b>
Shifts gears smoothly	<b>A. TURNING</b>
Uses proper gear sequence	Signals intention to turn well in advance
<b>C. BRAKES</b>	Gets into proper lane well in advance of turn
Knows proper use of tractor protection valve	Checks traffic conditions and turns only when intersection is clear
Understands low air warning	Restricts traffic from passing on right when preparing to complete right hand turn
Tests service brakes	Completes turn promptly and safely and does not impede other traffic
Builds full air pressure before moving	<b>B. TRAFFIC SIGNS AND SIGNALS</b>
<b>D. STEERING</b>	Approaches signal prepared to stop if necessary
Controls steering wheel	Obeys traffic signal
Good driving posture and good grip on wheel	Uses good judgment on yellow light
<b>E. LIGHTS</b>	Starts smoothly on green
Knows lighting regulations	Notifies and heeds traffic signs
Uses proper headlight beam	Obeys "Stop" signs
Dim lights when meeting or following other traffic	<b>C. INTERSECTIONS</b>
Adjusts speed to range of headlights	Adjusts speed to permit stopping if necessary
Proper use of auxiliary lights	Checks for cross traffic regardless of traffic controls
	Yields right-of-way for safety

PART 6 – OPERATING IN TRAFFIC PASSING AND TURNING CONTINUED		PART 7 - MISCELLANEOUS	
<b>D. GRADE CROSSINGS</b>		<b>A. GENERAL DRIVING ABILITY AND HABITS</b>	
Adjusts speed to conditions		Consistently alert and attentive	
Makes safe stop, if required		Adjusts driving to meet changing conditions	
Selects proper gear and does not shift gears while crossing		Performs routine functions without taking eyes from road	
Knows and understands federal and state rules governing grade crossing		Checks instruments regularly while driving	
<b>E. PASSING</b>		Willing to take instructions and suggestions	
Passes with sufficient clear space ahead		Adequate self-confidence in driving	
Does not pass in unsafe location: hill, curve, intersection		Is not easily angered	
Signals change of lanes		Positive attitude	
Warns driver being passed		Good personal appearance, manner, cleanliness	
Pulls out and back with certainty		Good physical stamina	
Does not tailgate		<b>B. HANDLING OF FREIGHT</b>	
Does not block traffic with slow pass		Checks freight properly	
Allows enough room when returning to right lane		Handles and loads freight properly	
<b>F. SPEED</b>		Handles bills properly	
Speed consistent with basic ability		Breaks down load as required	
Adjusts speed properly to road, weather, traffic conditions, legal limits		<b>C. RULES AND REGULATIONS</b>	
Slows down for rough roads		Knowledge of company rules	
Slows down in advance of curves, intersections, etc.		Knowledge of regulations: federal, state, local	
Maintains consistent speed		Knowledge of special truck routes	
<b>G. COURTESY AND SAFETY</b>		<b>D. USE OF SPECIAL EQUIPMENT (Specify)</b>	
Uses defensive driving techniques			
Yields right-of-way for safety			
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			

REMARKS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GENERAL PERFORMANCE: Satisfactory \_\_\_\_\_ Needs Training \_\_\_\_\_ Unsatisfactory \_\_\_\_\_

QUALIFIED FOR: Truck \_\_\_\_\_ Tractor-Semitrailer \_\_\_\_\_ Other \_\_\_\_\_ (Specify)

\_\_\_\_\_  
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)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations

Driver's Name \_\_\_\_\_ Type of Power Unit \_\_\_\_\_

Social Security No. \_\_\_\_\_ Type of Trailer(s) \_\_\_\_\_

Operator's or Chauffeur's Lic. No. \_\_\_\_\_ State \_\_\_\_\_

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 skill to operate safely the type of commercial motor vehicle listed above.

Signature of examiner \_\_\_\_\_ Organization \_\_\_\_\_

Title \_\_\_\_\_ Address of examiner \_\_\_\_\_



# DRIVER'S LICENSE INFORMATION REQUEST

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

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

Employee Name: \_\_\_\_\_ Employee Code: \_\_\_\_\_

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## 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

Company Representative Signature: \_\_\_\_\_



Company Name  
 To: Contact Name <contactemail@jkkeller.com>  
 CC: Contact Name <contactemail@jkkeller.com>  
 Escalated: Contact Name <contactemail@jkkeller.com>

Location Name

Employee Name

Employee Code

Form Name (FORM)

Notification: 1 of 1

**ENTRY-LEVEL DRIVER TRAINING CERTIFICATE MISSING**

COMPLETE EITHER THE ENTRY-LEVEL TRAINING CERTIFICATE OR VERIFICATION AND FORWARD TO J.J. KELLER.

\*\*\*\*\*

If the driver listed above was hired on or after July 20, 2003 and does not have one year or more experience as a CDL driver in the areas of Driver Qualification, Hours of Service, Driver Wellness, and Whistleblower Protection, provide the required Entry-Level Driver Training and complete the following certificate.

ENTRY-LEVEL DRIVER TRAINING CERTIFICATE

I certify \_\_\_\_\_ has completed training requirements set forth in the  
 (Name of driver)  
 Federal Motor Carrier Safety Regulations for entry-level driver training in accordance with 49 CFR 380.503.

\_\_\_\_\_  
 (Training provider) (Person attesting that the driver received required training - Printed)

\_\_\_\_\_  
 (Mailing address) (Signature)

\_\_\_\_\_  
 (City, State, Zip) (Date of certificate issuance)

\*\*\*\*\*

Complete this verification if the driver listed above has been a CDL driver for more than 1 year.

ENTRY-LEVEL DRIVER TRAINING VERIFICATION

I verify that \_\_\_\_\_ has been a CDL driver for more  
 (Name of driver)  
 than 1 year and has gained sufficient experience in the areas of:

- \*Driver Qualification
- \*Driver Wellness
- \*Hours of Service
- \*Whistleblower Protection

and meets the training requirements set forth in the Federal Motor Carrier Safety Regulations Part 49 CFR 380.503.

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

# PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered 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 two years. If the employee admits that he or she had a positive test or a 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 Sec. 40.25(b)(5) and (e))

Prospective Employee Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one:  Yes  No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one:  Yes  No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)