

Driver Qualification (DQ) File Checklist

At a minimum, the following items must be maintained on each driver. 49 C.F.R. 391.51. You may put a copy of this checklist in each driver file to remind you to obtain each item.

Name of Driver _____ SSN: _____

CDL State: _____ Number: _____ Class: _____ Indorsements: _____

Date of Birth: _____ Hire Date: _____ Termination Date: _____

<u>Added</u>	<u>Description</u>	<u>Required by</u>
☐	Driver's Application for Employment	49 C.F.R. 391.21
☐	Initial Inquiry to State Agencies - 3 Year Driving History	49 C.F.R. 391.23(a)(1) & (b)
☐	Driver's Road Test Certificate Or Equivalent (Copy of CDL)	49 C.F.R. 391.31
☐	Annual Inquiries to State Agencies*	49 C.F.R. 391.25(a)
☐	Annual Review of Driving Record*	49 C.F.R. 391.25(c)(2)
☐	Medical Examiner's Certificate*	49 C.F.R. 391.43
☐	Medical Waiver - If Applicable*	49 C.F.R. 391.49
☐	Annual Driver's Certification of Violations*	49 C.F.R. 391.27
☐	Other _____	_____
☐	Other _____	_____

* These Items may be removed three years after the date of execution of the document. 49 C.F.R. 391.51(d)

Additional items required by other parts or sections

<u>Added</u>	<u>Description</u>	<u>Required by</u>
☐	Driver Investigation History File (Must be kept in a secure location)	49 C.F.R. 391.53
☐	Driver's Written Authorization to Investigate	49 C.F.R. 391.53(b)(1)
☐	Responses to Inquires / or failure to obtain response	49 C.F.R. 391.53(b)(2)
☐	Safety Performance History	49 C.F.R. 391.53(c)
☐	Negative Pre-Employment Drug Test	49 C.F.R. 382.301
☐	Entry Level Driver Training - If Applicable	49 C.F.R. 380.513
☐	Hazardous Materials Training	49 C.F.R. 172.704
☐	Other _____	_____
☐	Other _____	_____

Note: This form is provided as a suggested format for ensuring your DQ files are complete. A motor carrier does not need to have any form at all, but all required items must be in the DQ file.

APPLICATION FOR EMPLOYMENT

COMPANY _____ STREET ADDRESS _____

CITY, STATE AND ZIP CODE _____

NAME _____
(First) (Middle) (Maiden, if any) (Last)

DATE OF BIRTH _____ SOCIAL SEC. NO. _____

TELEPHONE NUMBERS _____

EACH ADDRESS FOR THE LAST THREE YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED):ADDRESS _____ HOW LONG? _____
(Street) (City) (State) (Zip Code)ADDRESS _____ HOW LONG? _____
(Street) (City) (State) (Zip Code)ADDRESS _____ HOW LONG? _____
(Street) (City) (State) (Zip Code)**EXPERIENCE AND QUALIFICATIONS (ATTACH SHEET IF MORE SPACE IS NEEDED):**

DRIVER LICENSES	STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE

DRIVING	CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
			FROM	TO	
	STRAIGHT TRUCK				
	TRACTOR AND SEMI-TRAILER				
	TRACTOR-MULTIPLE TRAILERS				
	OTHER				

ACCIDENTS	DATES (LAST THREE YEARS) (LIST MOST RECENT FIRST)	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES	LOCATION	DATE	CHARGE	PENALTY

Note: This form is provided as a suggested format for a commercial motor vehicle driver's application for employment. A motor carrier may use any format for an application for employment which complies with 391.21.

Application for Employment (Reverse side, or page 2)

ADVERSE LICENSING ACTIONS:

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Y/N ____
 B. Has any license, permit, or privilege to operate a motor vehicle been suspended or revoked? Y/N ____

Explain below (or attach separate sheet if more space is needed):

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED):

NOTE: USDOT Requires that you list your employment history for at least the last 3 years and your Commercial Driving Experience for the Past 10 years:

LAST EMPLOYER

NAME: _____ FROM: _____
 ADDRESS: _____ TO: _____
 POSITION HELD: _____ SALARY —\$ per _____
 SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____
 REASON FOR LEAVING: _____

SECOND LAST EMPLOYER

NAME: _____ FROM: _____
 ADDRESS: _____ TO: _____
 POSITION HELD: _____ SALARY \$ per _____
 SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____
 REASON FOR LEAVING: _____

THIRD LAST EMPLOYER

NAME: _____ FROM: _____
 ADDRESS: _____ TO: _____
 POSITION HELD: _____ SALARY \$ per _____
 SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____
 REASON FOR LEAVING: _____

**APPLICANT MUST COMPLETE OR REVIEW THE ABOVE
 APPLICANT'S ORIGINAL SIGNATURE MUST APPEAR BELOW**

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.

 (Date)

 (Applicant's signature)

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 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 and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (employment application date)	
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 fax number: _____ Prospective employer's email address: _____	
_____ Applicant's Signature	
_____ Date	
This information is being requested in compliance with §40.25(g) and 391.23.	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER
ACCIDENT HISTORY	
The applicant named above was employed by us. Yes ☐ No ☐	
Employed as _____ from (m/y) _____ to (m/y) _____	
1. Did he/she drive motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____	
2. Reason for leaving your employ: Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐ If there is no safety performance history to report, check here ☐ , sign below and return.	
ACCIDENTS: 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 above, or check ☐ here if there is no accident register data for this driver.	
Date	Location
# Injuries	# Fatalities
Hazmat Spill	
1. _____	_____
2. _____	_____
3. _____	_____
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____ _____ _____	
Any other remarks: _____ _____ _____	
Signature: _____ Title: _____ Date: _____	

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return. Driver was subject to Department of Transportation testing requirements from _____ to _____.	
1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES ☐ NO ☐ 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES ☐ NO ☐ 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES ☐ NO ☐ 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES ☐ NO ☐ 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES ☐ NO ☐ 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES ☐ NO ☐	
In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.	
Name: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Part 3 Completed by (Signature): _____ Date: _____	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other _____ By: _____ Date: _____	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
Complete below when information is obtained. Information received from: _____ Recorded by: _____ Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone Date: _____ ☐ Other _____	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PAGE 1 PART 1: Prospective Employee - Complete the information required in this section - Sign and date - Submit to the Prospective Employer PAGE 2 PART 4a: Prospective Employer - Complete the information - Send to Previous Employer PAGE 1 PART 2: Previous Employer - Complete the information required in this section - Sign and date - Turn form over to complete SIDE 2 SECTION 3	PAGE 2 PART 3: Previous Employer - Complete the information required in this section - Sign and date - Return to Prospective Employer PAGE 2 PART 4b: Prospective Employer - Record receipt of the information - Retain the form
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RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

PART 1:	COMPLETED BY THE DRIVER/APPLICANT
TO:	Prospective Employer: _____ Street/P.O. Box: _____ City, State, Zip: _____ Telephone # _____
FROM:	Driver/Applicant: _____ Social Security/I.D. # _____ Street: _____ City, State, Zip: _____ Telephone # _____
I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records. This information should be: ☐ sent to me at the above address. ☐ I will arrange to pick up. Driver/Applicant Signature: _____ Date: ____/____/____ M D Y	

PART 2:	COMPLETED BY THE PROSPECTIVE EMPLOYER
The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.	
Information supplied to: Name: _____ Street: _____ City, State, Zip: _____ Comments: _____ _____ By: _____ Signature/person providing Information Telephone # _____ Release Date: ____ / ____ / ____ M D Y	

COPY 1 PROSPECTIVE EMPLOYER

Annual Review of Driving Record

ANNUAL REVIEW OF DRIVING RECORD Under 49 C.F.R. 391.25

Driver's Name (Last, First, M.I.)

Social Security Number

On the dates indicated below, I/we have reviewed the driving record of the above named driver in accordance with 49 C.F.R. 391.25 of the Federal Motor Carrier Safety Regulations. I/we considered any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations in this subchapter or Hazardous Materials Regulations (49 CFR chapter I, subchapter C). I also considered the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles. I/we gave great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicates that the driver has exhibited a disregard for the safety of the public. Having done the above I find that:

First annual review

- ☐ the driver meets the minimum requirements for safe driving, or
☐ the driver is disqualified to drive a commercial motor vehicle pursuant to 49 C.F.R. 391.15.

Reviewer's Signature

Date of Review

Reviewer's printed name and title

Motor Carrier's Name

Second annual review

- ☐ the driver meets the minimum requirements for safe driving, or
☐ the driver is disqualified to drive a commercial motor vehicle pursuant to 49 C.F.R. 391.15.

Reviewer's Signature

Date of Review

Reviewer's printed name and title

Motor Carrier's Name

Third annual review

- ☐ the driver meets the minimum requirements for safe driving, or
☐ the driver is disqualified to drive a commercial motor vehicle pursuant to 49 C.F.R. 391.15.

Reviewer's Signature

Date of Review

Reviewer's printed name and title

Motor Carrier's Name

Note: This form is provided as a suggested format for documenting the annual review of a driver's driving record. A motor carrier may use any format for documenting the annual review which complies with 391.25.

Road Test Examination Form

DRIVER'S ROAD TEST EXAMINATION

Driver's Name _____ Phone Number _____

Driver's Address _____

City _____ State _____ Zip Code _____

The road test shall be given by the motor carrier or a person designated by the motor carrier. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of
Performance

Task (as required by 49 C.F.R. 391.31)

_____ The pre-trip inspection (as required by 49 C.F.R. 392.7)

_____ Coupling and uncoupling of combination units, if the equipment he/she may drive includes combination units

_____ Placing the commercial motor vehicle in operation

_____ Use of the commercial motor vehicle's controls and emergency equipment

_____ Operating the commercial motor vehicle in traffic and while passing other vehicles

_____ Turning the commercial motor vehicle

_____ Braking, and slowing the commercial motor vehicle by means other than braking

_____ Backing and parking the commercial motor vehicle

_____ Other, please explain: _____

Type of equipment used in giving the road test: _____

Date _____ Examiner's Signature _____

Examiner's Title _____ Examiner's Printed Name _____

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Examiner's Remarks: _____

Note: This form is provided as a suggested format for recording a driver's road test. A motor carrier may use any format for documenting road tests which complies with 391.31.

Certification of Road Test

Instructions: If a road test is successfully completed (see previous form), the person who gave it shall complete a certificate of driver's road test. The original or a copy must be retained in the employing motor carrier's driver qualification file for the person examined. A copy should be given to the person who was examined.

CERTIFICATION OF ROAD TEST UNDER 49 C.F.R. 391.31

Driver's name _____

Social Security No. _____

Operator's or Chauffeur's License No. _____ State _____

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)

(Title)

(Organization and address of examiner)

Note: This form is provided as a suggested format for certifying a driver's road test. A motor carrier may use any format for certifying road tests which complies with 391.31.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor or single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
	- -
or	
Employer identification number	
	-

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.