

# MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS AND ANNUAL REVIEW OF DRIVING RECORD

## SECTION I MOTOR VEHICLE DRIVER CERTIFICATION OF VIOLATIONS

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

| 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 required to be listed during the past 12 months.

\_\_\_\_\_  
(Date of Certification)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
(Driver's Signature)

\_\_\_\_\_  
(Motor Carrier's Name)

\_\_\_\_\_  
(Motor Carrier's Address)

\_\_\_\_\_  
(Motor Carrier's City/State/Zip)

\_\_\_\_\_  
(Reviewed by: Signature)

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

## SECTION II ANNUAL REVIEW OF DRIVING RECORD 391.25

Driver's Information:

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operating under the influence of alcohol or drugs, that indicated that the driver has exhibited a disregard for safety of the public. Having done the above, I find that

- [ ] the driver meets the minimum requirements for safe driving, or  
[ ] the driver is disqualified to drive a motor vehicle pursuant to 391.15.

\_\_\_\_\_  
Date of Review

\_\_\_\_\_  
Motor Carrier's Name

\_\_\_\_\_  
Reviewed by: Signature and Title

This document must be maintained in the driver's qualification file and may be purged after 3 years from date of execution.



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

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

**Must list the complete mailing address: street number and name, city, state and zip code.**

LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

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

SECOND LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

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

THIRD LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

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

**TO BE READ AND SIGNED BY APPLICANT**

**I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.**

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"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."

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

# CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

---

The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

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

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

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

If you have more than one license, keep the license from your state of residence and return the additional license to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state.

If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by the state.

- 2. NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license.

In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to : 1) your employing carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

**DRIVER'S CERTIFICATION:** I certify that I have read and understand the above requirements.

Driver's Name (Printed): \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_

Carrier Official (printed)

Date

Carrier Signature

Title

Carrier

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# NOTICE OF DISMISSAL FROM EMPLOYMENT

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Title

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Supervisor Title

1. Effective date of dismissal: \_\_\_\_\_

2. The reason(s) for the dismissal:

3. Previous reprimands and/or disciplinary measures (if any):

NOTICE TO THE EMPLOYEE: If you disagree with the cause or content of this notice of dismissal of employment ("Notice"), you may direct your concerns in writing to the Campus Relations/Affirmative Action Officer, Dr. Douglas teDuits, in 910-S, within ten (10) working days of this notice in accordance with PS 02.B.01, Staff Grievance Policy. You are required to meet the minimum requirements of all clearance procedures, including return of university keys, identification cards, uniforms, parking gate cards, library books, etc.

Approvals:

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Department Head Name

\_\_\_\_\_  
Respective Vice President Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Respective V.P. Name

\_\_\_\_\_  
V.P Employment Services & Operations Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print ESO Representative Name

**EMPLOYEE ACKNOWLEDGEMENT:** By signing this document, you acknowledge receipt of this notice of dismissal from employment; however, your signature does not necessarily indicate that you agree with its content.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Employee Name

XC:

\_\_\_\_\_  
Print Department Head Name

\_\_\_\_\_  
Print Respective V.P. Name

Ivonne Montalbano, ESO

## DRIVER'S RIGHTS INFORMATION

### What Information Employers Will Review

Let's start by briefly reviewing the requirements employers need to meet when hiring a new driver, this will help you get a better understanding of your rights during the hiring process. An employer who is regulated by the Federal Motor Carrier Safety Administration (FMCSA) is required to investigate, at a minimum, the information defined in this booklet for each driver they hire. Employers, by regulation, must obtain specific information about a driver from all previous employers who employed the driver within the previous three years.

Employers will use the information they receive for hiring decisions only and only those involved in the hiring process will have access to the information. Employers are required to keep the information that they receive on file and will do so in a confidential manner, so that a driver's personal information is not accessible to unauthorized individuals. Now that you have a better understanding of what goes on behind-the-scenes we will define the information employers will request, receive and review when deciding to hire you.

When you apply for a job with a FMCSA-regulated employer, the prospective employer (meaning the employer who is considering hiring you) will provide you with information explaining your rights during the hiring process. The employer will then request that you sign a written authorization so that the employer can perform the required investigations into your background. The employer will contact your previous employers to verify that you were employed by those employers as well as to verify the basic employment information you provide on your application. The employer will also request Safety Performance History information about you.

### Safety Performance History Investigation

A Safety Performance History investigation includes a check of your accident records and drug and alcohol testing records for the previous three years from all FMCSA-regulated employers who you worked for. If you did not have an accident or any alcohol or drug-related conduct to report during the previous three years, your previous employer will verify this. In the event that you were not subject to the drug and alcohol testing regulations during your previous employment, this will be verified as well. We'll now review the Safety Performance History information in more detail.

### Accident Records

An accident is defined by the Federal Motor Carrier Safety Regulations (FMCSRs) as:

*"An occurrence involving a commercial motor vehicle operating on a highway in interstate or intrastate commerce which results in a -*

1. *Fatality;*

2. *Bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or*
3. *One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle(s) to be transported away from the scene by a tow truck or other motor vehicle.”*

If you were involved in an accident during the previous three years the prospective employer will request, receive and review the following information from the employer who employed you at the time of the accident:

1. Accident records that include the following data elements for each:
  - a. Date of the accident;
  - b. City or town, or most near, where the accident occurred and the state where the accident occurred;
  - c. Driver name;
  - d. Number of injuries;
  - e. Number of fatalities; and
  - f. Whether hazardous materials, other than fuel spilled from the fuel tanks of the motor vehicles involved in the accident were released
2. Accident information the previous employer may wish to provide that is retained pursuant to regulations of 49 CFR Part 390.15(b)(2), or pursuant to the employer's internal policies for retaining more detailed minor accident information. Such information may include copies of accident reports required by State or other governmental entities or insurers

#### Drug and Alcohol Records

If you were subject to the drug and alcohol testing regulations within the previous three years, the prospective employer will request, receive and review the following information from your FMCSA-regulated employers during that time:

1. Whether, within the previous three years, you violated the drug and alcohol prohibitions under 49 CFR Part 40 or 382;
2. Whether the you failed to undertake or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP) pursuant to 49 CFR Part 40 or 382. If your previous employer does not know this information (e.g. you were terminated prior to completing the program), the prospective motor carrier must obtain, directly from you, documentation of your successful completion of the SAP's referral;
3. If you have successfully completed a SAP's rehabilitation referral, and remained in the employment of the employer at the time, the prospective employer must request information on whether you had the following testing violations subsequent to completion of the SAP's rehabilitation referral:
  - a. An alcohol test with a result of 0.04 or higher alcohol concentration;
  - b. A verified positive drug test;

- c. A refusal to be tested (including either a verified adulterated or substituted drug test result)

### Your Right To Review Information

The regulations permit you to review the information provided by your previous FMCSA-regulated employers. To do this, you must submit a written request to the prospective employer who received your Safety Performance History information. You can make a request at any time, including when applying for employment, or as late as thirty (30) days after being hired or being notified of denial of employment.

The prospective employer will provide this information to you within five (5) business days of receiving your written request. If the prospective employer has not yet received the requested information from your previous employer(s), then the five-business day deadline will begin when the prospective employer receives your Safety Performance History information.

If you do not arrange to pick up or receive the requested information within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider you to have waived your request to review the information.

The prospective employer cannot change the information received. If you have issue with any of the information sent to the prospective employer you must address it with your previous employer who sent the information.

### Your Right To Request Corrections

If you believe the information provided by a previous employer contains incorrect information, you can request that your previous employer makes corrections to the information. To do this, you must send a written request for corrections to the previous employer who provided the information.

Effective October 30, 2004, your previous employer will respond to your request by doing one of two things within 15 days:

1. Make the correction -

If your previous employer agrees that the information they provided contains errors, they will correct the errors and forward the information to your prospective employer.

If your previous employer corrects the information as you requested and forwards the information to the prospective employer, the previous employer will also retain the corrected information as part of your Safety Performance History folder. Your previous employer will



provide the corrected information to subsequent prospective employers when requests for this information are received.

2. Notify you that no correction will be made -

If your previous employer does not agree that the information they provided contains errors, they will notify you of this. The notification will indicate that your previous employer does not agree to correct the data.

### Your Right To Rebut Information

You have the right to rebut, meaning outright contest, the information provided by a previous employer. If you wish to rebut information provided by a previous employer you must send a written rebuttal to the previous employer with instructions to include the rebuttal with your Safety Performance History information. By doing this, you will have a record on file that you contest the information. Whenever your Safety Performance History information is requested, the previous employer will be required to include your rebuttal with the information they provide. Here's a closer look at what responsibilities your previous employer would have should they receive a rebuttal from you.

Effective October 30, 2004, within five (5) business days of receiving your rebuttal, your previous employer must:

1. Forward a copy of the rebuttal to your prospective motor carrier employer; and
2. Append the rebuttal to your Safety Performance History information, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

You may submit a rebuttal initially without a request for corrections, or subsequent to a request for corrections.

### Contacting FMCSA

You can report failures of previous employers to correct information or to include your rebuttal as part of the Safety Performance History information to the Federal Motor Carrier Safety Administration (FMCSA). The procedures for filing a complaint with FMCSA are specified in Part 386.12 of the Federal Motor Carrier Safety Regulations. You may also access FMCSA's information line at 1-800-832-5660 for assistance.

# RECEIPT OF DRIVER'S RIGHTS



PURPLE/FORM NO.  
**SPH**  
**1**

Have each driver-applicant sign this form before you accept his/her employment application.

Employers who are regulated by the Federal Motor Carrier Safety Administration (FMCSA) must expressly notify an applicant, who has been employed by a Department of Transportation-regulated employer during the preceding three years, that the applicant has certain rights regarding the investigative information that will be provided by his/her previous employer(s). After providing the driver-applicant with a written copy of these rights, use this form to obtain his/her signature and retain the top copy of this 2-part form. Give the bottom copy to the applicant. By regulation you must inform the driver of his/her rights **before** accepting the driver's application for employment.

## DRIVER REVIEW AND RECEIPT

- I acknowledge that \_\_\_\_\_ has provided me with written instructions regarding my rights as defined in **Part 391.23(i)-(j)** of the Federal Motor Carrier Safety Regulations. I have reviewed these materials which include information on the following:
- Right to Review Information** – I have the right to review the information provided by my previous DOT-regulated employer(s).
  - Right to Request Corrections** – I have the right to request corrections to information that my previous DOT-regulated employer(s) provides, which I believe contains errors.
  - Right to Rebut Information** – I have the right to rebut the information provided by my previous DOT-regulated employer(s).

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Authorized Motor Carrier Representative Signature

\_\_\_\_\_  
Date

**Top Copy - Employer    Bottom Copy - Applicant**

**SPH 1 - RECEIPT OF DRIVER'S RIGHTS**

Retain for 3 years after the driver leaves your employment

**CDL - DRIVER QUALIFICATION FILE  
CHECKLIST 382; 383; 391**

1. \_\_\_\_\_ **Driver's Application for Employment** **49 CFR 391.21**  
A person will not be allowed to drive a commercial motor vehicle unless he/she has completed and signed an application for employment.
  2. \_\_\_\_\_ **Inquiry to Previous Employers - 10 years** **49 CFR 383.35(b)**  
An investigation of the driver's employment record during the preceding 10 years. This investigation must be made within 30 days of the date his/her employment begins.
  3. \_\_\_\_\_ **Inquiry to State Agencies - 3 Years** **49 CFR 391.23(a)(1)&(b)**  
The driver's driving record for the preceding three years. this investigation must be made within 30 days of the date his/her employment begins.
  4. \_\_\_\_\_ **Annual Review of Driving Record** **49 CFR 391.25**  
At least once every 12 months, a motor carrier must review the driving record of each driver. A note stating the results of this review shall be included in the driver's qualification file.
  5. \_\_\_\_\_ **Annual Driver's Certification of Violations** **49 CFR 391.27**  
At least once every 12 months, a motor carrier must require each driver that it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances during the previous 12 months.
  6. \_\_\_\_\_ **Driver's Road Test and Certificate (or equivalent)** **49 CFR 391.31&33**  
A person must not be allowed to drive a commercial motor vehicle until he/she has successfully completed a road test and has been issued a certificate, or a copy of the license or certificate which the motor carrier accepted as equivalent to the driver's road test pursuant to section 391.33.
  7. \_\_\_\_\_ **Medical Examiner's Certificate** **49 CFR 391.45**  
The driver must pass a medical examination conducted by a licensed healthcare professional. A driver must be issued a Medical Examiner's certificate, which must be carried at all times, and must be renewed every two years.
  8. \_\_\_\_\_ **Policy & Training Receipt** **49 CFR 382.601(d)**
- FOLLOWING ITEMS TO BE KEPT IN SEPARATE FOLDER**
9. \_\_\_\_\_ **CDL - Pre-employment drug test** **49 CFR 382.301(a)**
  10. \_\_\_\_\_ **CDL - Prior employer drug results** **49 CFR 382.413**

**EMPLOYEE AGREEMENT AND CONSENT TO  
DRUG AND/OR ALCOHOL TESTING**

I hereby agree, upon a request made under the drug/alcohol testing policy of (the Company) \_\_\_\_\_, to submit to a drug and/or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to penalties up to and including immediate termination. I further authorize and give full permission to have the Company and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company.

I will hold harmless the Company, its agents and physicians, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test. I will further hold harmless the Company, its agents and physicians, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name - Printed

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date

## HOURS OF SERVICE RECORD FOR FIRST TIME OR INTERMITTENT DRIVERS

Instructions: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediate preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name (Print) \_\_\_\_\_  
First
Middle
Last

| DAY | TOTAL TIME ON DUTY |
|-----|--------------------|
| 1   | _____              |
| 2   | _____              |
| 3   | _____              |
| 4   | _____              |
| 5   | _____              |
| 6   | _____              |
| 7   | _____              |

\_\_\_\_\_

TOTAL \_\_\_\_\_

I hereby certify that the information contained herein is true to the best of my knowledge and belief, and that my last period of release from duty was from

\_\_\_\_\_ to \_\_\_\_\_  
(Hour/Date)
(Hour/Date)

Signature \_\_\_\_\_ DATE \_\_\_\_\_

# Company Name Here

## **No Pet Policy Acknowledgement and Employee Commitment**

The number 1 cause of Vehicle Accidents is Driver Distraction and having a pet on board can lead to such an occurrence. It may also lead to a dirty cab interior as well as a negative road side inspection interaction with DOT Inspectors/Law Enforcement Authority's.

For these reasons it is management's decision that no pets be carried/transported on company owned equipment at any time.

Anyone found in violation of this policy will be subject to disciplinary action up to and including termination.

I, the undersigned, certify that I have read and understand >>>'s No Pet Policy outlined above. I understand that my failure to honor the terms of the agreement will be subject for grounds that may lead to the termination of my employment.

Employee Name (print) \_\_\_\_\_

Employee Name (sign) \_\_\_\_\_

Date Signed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

# Company Name Here

## **Seat Belt Usage Policy Acknowledgement and Employee Commitment**

Section 392.16 A commercial motor vehicle which has a seat belt assembly installed at the driver's seat shall not be driven unless the driver has properly restrained himself/herself with the seat belt assembly

The company requires the use of seatbelts while driving any company vehicle & or vehicle under company control. Our seatbelt policy is in accord with federal regulations that require the use of seatbelts while driving any commercial motor vehicle.

I, the undersigned, certify that I have read and understand >>>'s Seat Belt Usage Policy outlined above. I understand that my failure to honor the terms of the agreement will be grounds for the termination of my employment.

Employee Name (print) \_\_\_\_\_

Employee Name (sign) \_\_\_\_\_

Date Signed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

# **Company Name Here**

## **Hand-Held Communications Device Policy Acknowledgement and Employee Commitment**

FMCSR 392.80 – You may not manually enter text into or read text from an electronic device while driving a CMV. This includes e-mailing, text messaging, using the internet, pressing more than one button to start or end a phone call or any other form of text retrieval or entry for communication purposes.

FMCSR 392.82 – You are prohibited from using a hand-held cell phone while driving a CMV. This includes talking on a phone while holding it in your hand (including push-to-talk), pressing more than a single button to dial or answer a cell phone, or leaving your normal, seated driving position to reach for a cell phone.

The Federal Motor Carrier Safety Administration has implemented a strict policy that prohibits the use of hand-held communications devices. In response to this regulation, >>> has implemented the following policies:

1. Hand-held Cell phone use while operating a company vehicle is expressly prohibited. This prohibition includes the use of the following:
  - Cell Phones
  - PDA's
  - Texting
  - iPad's
  - Qualcomm or similar devices
2. If you are required to make or receive a call, find a safe location (not the shoulder of the roadway) and park your vehicle before using a communication device.
3. If you receive an incoming call while driving, allow it to go to voice mail. Check the message after finding a safe place to stop your vehicle and park.
4. If making an emergency call to 911 or other authorities, find a safe location to park your vehicle prior to using the phone.

Although not prohibited by federal regulations, the use of blue-tooth devices can still be distracting and should be used with caution and only when absolutely necessary.

I, the undersigned, certify that I have read and understand >>>'s Hand-Held Communications Device Policy outlined above. I understand that my failure to honor the terms of the agreement will be grounds for the termination of my employment.

Employee Name (print) \_\_\_\_\_

Employee Name (sign) \_\_\_\_\_

Date Signed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_





SafeWay, LLC  
 100 Hanover Dr.  
 Versailles, KY 40383  
 MC# 702386 USDOT# 1983516  
 Ph. 859-963-3019  
 Fx. 888-343-7329

**Independent Contractor (Owner Operator)  
 Vehicle Lease Agreement  
 With  
 Exclusive Broker Contract**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tractor#: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model#: \_\_\_\_\_

VIN#: \_\_\_\_\_ Driver License#/State: \_\_\_\_\_

Name Registered to (if not your own): \_\_\_\_\_  
 Please provide copy of registration.

➤ Please read the following and initial after every paragraph

***Agreement:***

The following agreement made this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_, between \_\_\_\_\_ (hereinafter "Independent Contractor") and SafeWay, LLC. The Independent Contractor agrees to an exclusive Broker Contract with the right to use the operating authority of SafeWay, LLC under the following terms, conditions and company policies listed below.

***Initial*** \_\_\_\_\_

***Licensing/Qualifications:***

The above named Independent Contractor must

- A) Possess a valid class Commercial Drivers License (CDL) in good standing with two years of verifiable experience and an acceptable driving record,
- B) Submit to, and pass a drug screen at our current facility and be subject to **SafeWay, LLC's** random drug-screening consortium as required by Federal regulations for the entire term of this lease agreement:
- C) Possess a valid DOT physical and card to verify.
- D) Comply with all DOT requirements and regulations.

***Initial*** \_\_\_\_\_

***Compensation:***

**SafeWay, LLC** agrees to compensate the Independent Contractor at \_\_\_\_\_ cents per mile for any shipment less Independent Contractor's contribution for vehicle and cargo insurance at a rate of \_\_\_\_\_ cents per mile for a Net Payment to the Independent Contractor of \_\_\_\_\_ cents per mile.

***Initial*** \_\_\_\_\_

**SafeWay, LLC** shall advance vehicle liability and cargo insurance and charge Independent Contractor a prorated amount at the per mile rate as stated above. The Independent Contractor is responsible for bobtail insurance. Highway use and fuel taxes, fuel tax reporting, IFTA and Hut stickers are provided and reported by **Safeway, LLC**.

Truck registration is the responsibility of the Independent Contractor. All tolls, fuel, and truck maintenance will be reimbursed upon receipt of records which **SafeWay, LLC** deems appropriate. Lumber/Loading-unloading fees, as advanced by the Independent Contractor and approved by **SafeWay, LLC** will be reimbursed upon presentation of records which **SafeWay, LLC** deems appropriate.

***Initial*** \_\_\_\_\_

***Billing Paperwork:***

All paperwork for each week must be turned in to **SafeWay, LLC** office no later than 9 AM on **Monday** of the following week.

The following paperwork **must be turned in weekly by Independent Contractor to SafeWay, LLC:**

- \*All signed copies of lading;
- \*Logs;
- \*Vehicle Condition Reports;
- \*Copies of a maintenance or repairs done to your vehicle.

If paperwork is not complete, settlement will be held until all paperwork has been received.

*Initial* \_\_\_\_\_

***Fuel/Ton Mileage Tax Reporting:***

SafeWay, LLC must receive the proper records with each load to report Fuel/Ton Mileage Tax, otherwise, Settlements/Payments will be held until these records are received.

*Initial* \_\_\_\_\_

***Loading/Unloading/Layovers:***

Loads that require unloading will be the responsibility of the above named Independent Contractor. SafeWay, LLC will not be responsible for payments of any driver unloading or layover fees, unless paid by customer and agreed upon prior to dispatch.

*Initial* \_\_\_\_\_

***Safety/Maintenance records/VCR's:***

The above named Independent Contractor must maintain special care to promote and maintain safety at all times during driving, loading, unloading and all other facets of truck operations. Unsafe practices by Independent Contractor will result in termination of this lease agreement. Vehicle Condition Reports (VCR's) must be filled out completely at the end of each trip and turned in. If a mechanic has done any repairs or maintenance, the bottom of the VCR must be signed by mechanic and Independent Contractor and any repairs noted. For any roadside DOT inspections, the DOT inspection form must be returned to the office within 24 hours. If Independent Contractor is unable to do so it must be mailed. VCR's must be turned in weekly. All vehicles must be properly maintained, and must pass inspection as provided by DOT regulations.

*Initial* \_\_\_\_\_

***Routing/Dispatch:***

SafeWay, LLC will dispatch the Independent Contractor for brokered freight. Dispatch of brokered freight loads shall be at the sole discretion of SafeWay, LLC. All Independent Contractors have the option to refuse any or all loads offered.

***Initial*** \_\_\_\_\_

***Cargo damage , Shortage/Overages:***

Any damages to cargo before loading or unloading must be noted on the bill of lading and signed by the loading/unloading facility. Independent Contractor will be held responsible for up to \$5000.00 of any cargo claim or accident that SafeWay, LLC determines preventable if the damage is not noted and acknowledged in writing to SafeWay, LLC. All Independent Contractors are required to have a minimum of two load bars for use in all vanloads.

Any shortage and overages must also be noted on the bill of lading (at the time of loading or when finished unloading) signed by the loading and unloading facility. Whenever possible when signing for a load Independent Contractor shall use the letters "SL&C (shipper load and count)". If the bill of lading states: " Shipper load and driver count" Independent Contractor will be responsible for the count when it reaches its destination. Independent Contractor must note date and time when signing for any loads.

***Initial*** \_\_\_\_\_

***Logs/Violations:***

Independent Contractor shall maintain Logbooks in strict compliance of the Federal Motor Carrier Safety Regulations, Part 395, entitled "Hours of Service of Drivers". Company policies for completion of logbooks are as follows:

- \*Toll receipts must match within ½ hour each way;
- \*Logged speed limits will not exceed 63 MPH unless speed limits on routes traveled exceed that speed;
- \*Loading/ Unloading and meal breaks can be logged as "off duty" (authorization letter with authority pack)

Procedures for logbook violations are as follows:

- \*Written notification produced by Log Checker program-First violation;
- \*Written notification & verbal warning-Second violation;

\*Possible termination of lease agreement-Four or more of the same violation.

*Initial* \_\_\_\_\_

***Traffic Violations:***

Independent Contractor will be responsible for all traffic citations, including but not be limited to: speeding, reckless driving, overweight on axles. Please note: These violations could lead to possible termination of this lease, at the option of **SafeWay, LLC**.

*Initial* \_\_\_\_\_

***Lease Agreement Fee:***

A fee of \$100 per month will be paid to **SafeWay, LLC** by the Independent Contractor in order to maintain this Lease Agreement.

*Initial* \_\_\_\_\_

***Accident reporting:***

The Independent Contractor will be required to purchase and keep in his truck a disposable camera for use whenever involved in any accident. The Independent Contractor shall use the following procedure when reporting any accidents:

- \*Check for injuries; Call 911 if any ambulance is needed;
- \*Do not move vehicle unless directed by police;
- \*Take photos of any angle of accident scene;
- \*Get name, address & phone numbers of all available witnesses;
- \*Call the **SafeWay, LLC** office (as soon as possible) to report your status, as a drug and alcohol screening may be required. Never admit any fault at the scene of an accident.

*Initial* \_\_\_\_\_

***Communication:***

The Independent Contractor will be required to phone into the **SafeWay, LLC's** office daily status when on a trip unless directed not to. This is for communication purposes only.

*Initial* \_\_\_\_\_

***Termination:***

**SafeWay, LLC** reserves the right to terminate this lease agreement at any time if any of the above agreed upon conditions have not been met. Reasons for termination include but are not limited to continued log violations, unsafe driving practices, traffic violations, unavailability for dispatch and late deliveries/pickups. Upon termination of this lease agreement the Independent Contractor must return copies of authorities, bond and any other pertaining paperwork. The Independent Contractor will be responsible for any insurance cancellation charges that result from Independent Contractor act or omission or failure to comply with any provision of this Lease Agreement. In any action or proceeding brought by **SafeWay, LLC** against the Independent Contractor to enforce this Lease Agreement or to collect damages resulting from its noncompliance, **SafeWay, LLC** shall be entitled to reasonable attorneys fees, even if no lawsuit has been commenced, and court costs if a lawsuit has been commenced.

***Initial*** \_\_\_\_\_

***Exclusivity:***

**SafeWay, LLC** shall be the exclusive Broker for the Independent Contractor during the period of this lease.

***Initial*** \_\_\_\_\_

As a company policy, **SafeWay, LLC** does not recommend Independent Contractors to have passengers during any freight transportation brokered by **SafeWay, LLC**, and **SafeWay, LLC** will not be responsible for any injury to or damage incurred by passengers that accompany the Independent Contractor during any such transportation.

***Initial*** \_\_\_\_\_

*I have read and understand the above lease agreement with **SafeWay, LLC**. I understand that I am an Independent Contractor and not an employee of **SafeWay, LLC**. I also understand as an Independent Contractor, I am fully responsible for payment of all Self-Employment Tax, State and Federal Income Tax and Workers Compensation Insurance.*

***Initial*** \_\_\_\_\_

I have initialed acknowledgment after each paragraph and I agree to comply with all the terms and conditions stated within. I understand that any non-compliance with the above lease agreement will result in termination of this agreement.

**Initial** \_\_\_\_\_

\_\_\_\_\_  
**Independent Contractor Signature**

**Date:**

\_\_\_\_\_  
**SafeWay, LLC Signature**

**Date:**

Please provide a copy of Driver License and Bobtail Insurance.

COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF WORKERS' CLAIMS  
PREVENTION PARK  
657 TO BE ANNOUNCED AVE  
FRANKFORT, KY 40601

EMPLOYEE'S NOTICE OF REJECTION OF WORKERS' COMPENSATION ACT

**EMPLOYER/BROKER DATA:**

FEDERAL ID# 27-1689832

SAFEWAY, LLC  
100 HANOVER DRIVE  
VERSAILLES, KY 40383

NATURE OF BUSINESS: TRANSPORTATION BROKERING # OF EMPLOYEES: 0

BUSINESS STRUCTURE:  CORPORATION  PARTNERSHIP  PROPRIETORSHIP  
 LIMITED LIABILITY COMPANY

**EMPLOYEE (INDEPENDENT CONTRACTOR) DATA:**

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

OCCUPATION \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_

IS EMPLOYEE AN OFFICER OF CORPORATION?  YES  NO

DOES HE/SHE OWN INTEREST IN BUSINESS?  YES  NO

**EMPLOYER'S WORKERS COMPENSATION INSURANCE DATA:**

NAME OF CARRIER \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ EFFECTIVE DATE OF POLICY \_\_\_\_\_

READ CAREFULLY BEFORE SIGNING: REJECTION NOTICE

\_\_\_\_\_, DO HEREBY REJECT COVERAGE OF THE KENTUCKY  
WORKERS COMPENSATION ACT [KRS CHAPTER 342], INCLUDING INCOME PAYMENTS AND  
MEDICAL BENEFITS I MIGHT OTHERWISE BE ENTITLED TO RECEIVE BY REASON OF BEING  
INJURED AT WORK OR CONTRACTING A DISEASE DUE TO MY EMPLOYMENT. I MAKE THIS  
REJECTION VOLUNTARILY AND UNDERSTAND THAT MY EMPLOYER MAY NOT REQUIRE ME TO  
SIGN THIS NOTICE AS A CONDITION OF OBTAINING OR MAINTAINING A JOB.



I HEREBY CERTIFY THAT I HAVE FILED THE ORIGINAL OF THIS FORM WITH MY EMPLOYER ON THIS DATE.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME BY \_\_\_\_\_  
EMPLOYEE

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

EMPLOYER'S ACKNOWLEDGEMENT OF RECEIPT AND FILING

I, \_\_\_\_\_, HEREBY ACKNOWLEDGE THAT THE ABOVE-MENTIONED EMPLOYEE FILED THIS NOTICE OF REJECTION WITH HIS/HER EMPLOYER ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, AND THAT THE ORIGINAL OF THE IS FORM WAS MAILED TO THE DEPARTMENT OF WORKERS CLAIMS ON THIS DATE.

BY: \_\_\_\_\_  
EMPLOYER TITLE DATE

**MEDICAL EXAMINER'S CERTIFICATE**

I certify that I have examined

\_\_\_\_\_

In accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41 - 39) 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 within an exempt intracity zone (49 CFR 391.62)         |
| <input type="checkbox"/> wearing a 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 by 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  |
| Medical Examiner's Name (Print)                              | <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor<br><input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse |       |
| Medical Examiner's License or Certificate No./ Issuing State |  |       |
| Signature of Driver  | Driver's License No.   | State |
| Address of Driver  |  |       |
| Medical Certificate Expiration Date                          |  |       |

**MEDICAL EXAMINER'S CERTIFICATE**

I certify that I have examined  
Christopher Redinger

In accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41 - 39)  
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 within an exempt intracity zone (49 CFR 391.62)            |
| <input type="checkbox"/> wearing a hearing aid                      | <input type="checkbox"/> accompanied by a Skill Performance Evaluation<br>Certificate (SPE) |
| <input type="checkbox"/> accompanied by a _____<br>waiver/exemption | <input type="checkbox"/> qualified by 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        |
| Medical Examiner's Name (Print)                              | <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor<br><input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse |             |
| Medical Examiner's License or Certificate No./ Issuing State |  |             |
| Signature of Driver  | Driver's License No.   | State<br>CT |
| Address of Driver<br>149 Bissell Street Manchester, CT 06002 |  |             |
| Medical Certificate Expiration Date                          |  |             |



## TESTING (Medical Examiner completes Section 3 through 7)

**3. Vision** Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least The use of corrective lenses should be noted on the Medical Examiner's Certificate.

**INSTRUCTIONS:** When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20-feet as normal. Report visual acuity as a ratio with 20. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. Monocular drivers are not qualified.

**Numerical readings must be provided.**

| ACTIVITY  | UNCORRECTED | CORRECTED | HORIZONTAL FIELD OF VISION |
|-----------|-------------|-----------|----------------------------|
| Right Eye | 20/         | 20/       | Right Eye °                |
| Left Eye  | 20/         | 20/       | Left Eye °                 |
| Both Eyes | 20/         | 20/       | °                          |

Complete next line only if vision testing is done by an ophthalmologist or optometrist

---

Date of Examination
Name of Ophthalmologist or Optometrist (print)
Tel. No.
License No./State of Issue
License No./State of Issue

**4. HEARING Standard:** a) Must first perceive forced whispered voice  $\geq 5$  ft., with or without hearing aid, or b) average hearing loss in better ear  $\leq 40$  dB

Check if hearing aid used for tests.  Check if hearing aid required to meet standard.

**INSTRUCTIONS:** To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500 Hz, -10dB for 1,000 Hz, -8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

**Numerical readings must be recorded.**

| a) Record distance from individual at which forced whispered voice can first be heard. | Right Ear |  |         | Left Ear |         |          |          |
|--|-----------|--|---------|----------|---------|----------|----------|
|  | Right Ear | 1000 Hz  | 2000 Hz | Left Ear | 1000 Hz | 2000 Hz  |          |
| Feet   | Feet      | b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951) |         |          |         | Feet     | Feet     |
| Feet   | Feet      |  |         |          |         | Average: | Average: |

**5. BLOOD PRESSURE / PULSE RATE Numerical readings must be recorded.**

| Blood Pressure | Systolic | Diastolic |
|----------------|----------|-----------|
|----------------|----------|-----------|

Driver qualified if  $\leq 160/90$  on initial exam.

| Pulse Rate | <input type="checkbox"/> Regular<br><input type="checkbox"/> Irregular |
|------------|--|
|------------|--|

*Medical examiner should take at least 2 readings to confirm blood pressure.*

On initial exam

If 161-180 and/or 104, qualify 3 mos. only.

If > 180 and/or 104, not qualified until reduced to < 181/105. Then qualify for 3 mos. only.

### GUIDELINES FOR BLOOD PRESSURE EVALUATION

Within 3 months

If  $\leq 160$  and/or 90, qualify for 1 yr. Document Rx control the 3rd month.

If  $\leq 160$  and/or 90, qualify for 6 mos. Document Rx control the 3rd month.

Certify

Annually if acceptable BP is maintained.

Biannually

**6. LABORATORY AND OTHER TEST FINDINGS Numerical readings must be recorded.**

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Other Testing (Describe and record)

|                | SP. GR. | PROTEIN | BLOOD | SUGAR |
|----------------|---------|---------|-------|-------|
| URINE SPECIMEN |         |         |       |       |

**7. PHYSICAL EXAMINATION** Height: \_\_\_\_\_ (in.) Weight: \_\_\_\_\_ (lbs.)

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled. If the condition does not disqualify a driver, the medical examiner may consider deferring it as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any condition that might affect the safe operation of a commercial motor vehicle. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for.

See *Instructions to the Medical Examiner* for guidance.

| BODY SYSTEM   | CHECK FOR:   | YES | NO | BODY SYSTEM   | CHECK FOR:  | YES | NO |
|---|--|-----|----|---|---|-----|----|
| 1. General Appearance                                 | Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.   |     |    | 7. Abdomen and Viscera  | Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.  |     |    |
| 2. Eyes   | Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, aphakia, glaucoma, macular degeneration.                         |     |    | 8. Vascular System  | Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.   |     |    |
| 3. Ears   | Middle ear disease, occlusion of external canal, perforated eardrums.  |     |    | 9. Genito-urinary System  | Hernias.  |     |    |
| 4. Mouth and Throat                                   | Irremediable deformities likely to interfere with breathing or swallowing.   |     |    | 10. Extremities - Limb impaired. Driver may be subject to SPE certificate if otherwise qualified. | Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly. |     |    |
| 5. Heart  | Murmurs, extra sounds, enlarged heart, pacemaker.  |     |    | 11. Spine, other musculoskeletal.   | Previous surgery, deformities, limitation of motion, tenderness.  |     |    |
| 6. Lungs and chest, not including breast examination. | Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or xray of chest. |     |    | 12. Neurological  | Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.   |     |    |

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note certification status here.** See *Instructions to the Medical Examiner* for guidance.

Meets standards in 49 CFR 391.41; qualifies for 2 year certificate

Does not meet standards

Meets standards, but periodic evaluation required

Due to \_\_\_\_\_ driver qualified only for:

3 months  1 year

6 months  other

Temporarily disqualified due to (condition or medication): \_\_\_\_\_

Return to medical examiner's office for follow up on \_\_\_\_\_

**If meets standards, complete a Medical Examiner's Certificate according to 49 CFR 391.43(h). Driver must carry certificate when operating a commercial vehicle.**

Wearing corrective lenses

Wearing hearing aid

Accompanied by a \_\_\_\_\_ waiver/exemption

Skill Performance Evaluation (SPE) Certificate

Driving within an exempt intracity zone

Qualified by operation of 49 CFR 391.64

Medical Examiner's Signature \_\_\_\_\_

Driving Examiner's Name (print) \_\_\_\_\_

Qualified by operation of 49 CFR 391.64 \_\_\_\_\_

Telephone Number \_\_\_\_\_

## Instructions to the Medical Examiner

The medical examiner should review these instructions before performing the physical examination. Answer each question yes or no where appropriate.

The medical examiner should be aware of the rigorous physical demands and mental and emotional responsibilities placed on the driver of a commercial motor vehicle.

In the interest of public safety, the medical examiner is required to certify that the driver does not have any physical, mental, or organic defect of such a nature as to affect the driver's ability to operate safely a commercial motor vehicle.

**General Information.** The purpose of this history and physical examination is to detect the presence of physical, mental or organic defects of such a character and extent as to affect the applicant's ability to operate a motor vehicle safely. The examination should be made carefully and at least as complete as indicated by the attached form. History of certain defects may be cause for rejection or indicate the need for making certain laboratory tests or a further, and more stringent, examination. Defects may be recorded which do not, because of their character or degree, indicate the certification of physical fitness should be denied. However, these defects should be discussed with the applicant, and he should be advised to take the necessary steps to ensure correction, particularly of those which, if neglected, might lead to a condition likely to affect his ability to drive safely.

**General appearance and development:** Note marked overweight. Note any posture defect, perceptible limp, tremor, or other defects that might be caused by alcoholism, thyroid intoxication, or other illnesses. The Federal Motor Carrier Safety Regulations provide that no driver shall use a narcotic or other habit-forming drug.

**Head-eyes:** When other than the Snellen chart is used, the results of such test must be expressed in values comparable to the standard Snellen test. If the applicant wears corrective lenses, these should be worn while applicant's visual acuity is being tested. If appropriate, indicate on the Medical Examiner's Certificate by checking the box, "Qualified only when wearing corrective lenses." In recording distance vision use 20 feet as normal. Report all vision as a fraction with 20 as numerator and the smallest type read at 20 feet as denominator. Note ptosis, discharge, visual fields, ocular muscle imbalance, color blindness, corneal scar, exophthalmos, or strabismus, uncorrected by corrective lenses. Monocular drivers are not qualified to operate commercial motor vehicles under existing Federal Motor Carrier Safety Regulations.

If the driver habitually wears contact lenses, or intends to do so while driving, there should be sufficient evidence to indicate that he has good tolerance and is well adapted to their use. The use of contact lenses should be noted on the record.

**Ears:** Note evidence of mastoid or middle ear disease, discharge, symptoms of aura vertigo, or Meniere's Syndrome. When recording hearing, record distance from patient at which a forced whispered voice can first be heard. If audiometer is used to test hearing, record decibel loss at 500 Hz, 1,000 Hz, and 2,000 Hz.

**Throat:** Note evidence of disease, irremediable deformities of the throat likely to interfere with eating or breathing, or any laryngeal condition which could interfere with the safe operation of a motor vehicle.

**Throat-heart:** Stethoscopic examination is required. Note murmurs and arrhythmia's, and any past or present history of cardiovascular disease, of a variety known to be accompanied by syncope, dyspnea, collapse, enlarged heart, or congestive heart failures. Electrocardiogram is required when findings so indicate.

**Blood pressure:** Record with either spring or mercury column type of sphygmomanometer. If the blood pressure is consistently above 160/90mm. Hg.,

**Lungs:** If any lung disease is detected, state whether active or arrested; if arrested your opinion as to how long it has been quiescent.

**Gastrointestinal system:** Note any diseases of the gastrointestinal system.

**Abdomen:** Note wounds, injuries, scars, or weakness of muscles of abdominal walls sufficient to interfere with normal function. Any hernia should be noted if present.

**Abnormal masses:** If present, note location, if tender, and whether or not applicant knows how long they have been present. If the diagnosis suggests that condition might interfere with the control and safe operation of a motor vehicle, more stringent tests must be made before the applicant can be certified.

**Tenderness:** When noted, state where most pronounced, and suspected cause. If the diagnosis suggests that the condition might interfere with the control and safe operation of a motor vehicle, more stringent tests must be made before the applicant can be certified.

**Genito-urinary:** Urinalysis is required. Acute infections of the genito-urinary tract, as defined by local and state public health laws, indications from urinalysis of uncontrolled diabetes, symptomatic albuminuria in the urine or other findings indicative of health conditions likely to interfere with the control and safe operation of a motor vehicle, will disqualify an applicant from operating a motor vehicle.

**Neurological:** If positive Romberg is reported, indicate degrees of impairment. Papillary reflexes should be reported for both light and accommodation. Knee jerks are to be reported absent only when not obtainable upon reinforcement and as increased when foot is actually lifted from the floor following a light blow on the patella, sensory vibratory and positional abnormalities should be noted.

**Extremities:** Carefully examine upper and lower extremities. Record the loss or impairment of leg, foot, toe, arm, hand, or fingers. Note any and all deformities, the presence of atrophy, semiparalyses or paralysis, or varicose veins. If a hand or finger deformity exists, determine whether sufficient grasp is present to enable the driver to secure and maintain a grip on the steering wheel. If a leg deformity exists, determine whether sufficient mobility and strength exist to enable the driver to operate pedals properly. Particular attention should be given to and record should be made of, any impairment or structural defect which may interfere with the driver's ability to operate a motor vehicle safely.

**Spine:** Note deformities, limitation of motion, or any history of pain, injuries, or disease, past or presently experienced in the cervical or lumbar spine region. If findings so dictate, radiological and other examinations should be used to diagnose congenital or acquired defects; or spondylolisthesis and scoliosis.

**Recto-genital studies:** Diseases or conditions causing discomfort should be evaluated carefully to determine the extent to which the condition might be handicapping while lifting, pulling, or during periods of prolonged driving that might be necessary as part of the driver's duties.

**Laboratory and other special findings:** Urinalysis is required, as well as such other tests as the medical history or findings upon physical examination may indicate are necessary. A serological test is required if the applicant has a history of luetic infection or present physical findings indicate the

**Diabetes:** If insulin is necessary to control a diabetic condition, the driver is not qualified to operate a motor vehicle. If mild diabetes is noted at the time of examination, and it is stabilized by used of a hypoglycemic drug and a diet that can be obtained while the driver is on duty, it should not be considered disqualifying. However, the driver must remain under adequate medical supervision.

**Controlled substance testing:** If a test for controlled substances is performed as part of the medical examination, the medical examiner is to check the box next to the statement, "Controlled substance test performed" on the medical examination form. If a test for controlled substance is not performed, the medical the medical examiner is to check the box next to the statement "Controlled substance test not performed." If a controlled substances test is performed under the requirements of Subpart H of this part, then the medical examiner must also check the box next to the statement, "in accordance with Subpart H" and must obtain information that the results of such test were negative prior to certifying that the driver is otherwise medically qualified. If a controlled substance test is performed, but not in accordance with Subpart H, the medical examiner must also check the box next to the statement, "not in accordance with Subpart H," and ensure that the results of the test were negative prior to certifying that the driver is otherwise medically qualified. The medical examiner must date and sign his findings upon completion of the examination. A licensed ophthalmologist or optometrist may perform examinations pertaining to visual acuity, field of vision and ability to recognize colors. If the medical examiner finds that the person he examined is physically qualified to drive a motor vehicle, he shall complete the Medical Examiner's Certificate and furnish one copy to the person examined and one copy to the motor carrier employer.

# POLICY STATEMENT OF CARRYING PASSENGERS

---

## PASSENGERS

Unless specifically authorized in writing to do so by the carrier, no driver shall transport any person or permit any person to be transported in any company commercial motor vehicle. No written authorization, however, shall be necessary for the transportation of...

1. Employees or other persons assigned to a commercial motor vehicle by the carrier.

I hereby acknowledge that I have read this policy and am aware of its content and meaning.

---

Driver's signature

Date

---

Witness signature

Date



# REQUEST INFORMATION FROM PREVIOUS EMPLOYER

DRIVER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

DRIVER'S CDL #: \_\_\_\_\_

MAIL TO FORMER EMPLOYER: \_\_\_\_\_

REQUESTED BY PROSPECTIVE EMPLOYER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Employment History

THE ABOVE REFERENCED INDIVIDUAL STATES THAT HE/SHE WAS EMPLOYED BY YOU AS A COMMERCIAL MOTOR VEHICLE DRIVER \_\_\_\_\_ TRUCK DRIVER \_\_\_\_\_ BUS DRIVER \_\_\_\_\_ OTHER \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_. WILL YOU PLEASE REPLY TO THE INQUIRY BELOW RESPECTING THIS APPLICANT. YOUR REPLY WILL BE HELD IN STRICT CONFIDENCE AND WILL IN NO WAY INVOLVE YOU IN ANY RESPONSIBILITY. FOR YOUR CONVENIENCE IN REPLYING BY RETURN MAIL, WE HAVE ENCLOSED A STAMPED SELF-ADDRESSED ENVELOPE.

NAME OF CARRIER OFFICIAL: \_\_\_\_\_

SIGNATURE OF CARRIER OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

1. Is the employment record with your company correct as stated? \_\_\_\_\_
2. What kind(s) of work did the applicant do? \_\_\_\_\_
3. Did the applicant drive motor vehicles for you? \_\_\_\_\_ Passenger car \_\_\_\_\_ Straight truck \_\_\_\_\_ Bus \_\_\_\_\_  
Tractor-Semi-trailer \_\_\_\_\_ Other(specify) \_\_\_\_\_
4. Was the applicant a safe and efficient driver? \_\_\_\_\_
5. Give the dates of vehicle accidents in which he/she was involved. \_\_\_\_\_
6. Reason for leaving employment: Discharged \_\_\_\_\_ Laid off \_\_\_\_\_ Resigned \_\_\_\_\_
7. Was the applicant's general conduct satisfactory? \_\_\_\_\_
8. Is the applicant competent for the position sought? \_\_\_\_\_
9. Did the applicant drink any alcoholic beverages while on duty? \_\_\_\_\_

### Alcohol & Drug History

- |   | Yes | No  |
|---|-----|-----|
| 1. Has the above named driver had an alcohol test with a result of 0.04 alcohol concentration or greater? | [ ] | [ ] |
| 2. Has the above named driver verified positive for a controlled substances test result?                  | [ ] | [ ] |
| 3. Has the above named driver refused a required test for alcohol or drugs during the past 12 months?     | [ ] | [ ] |

If the answer to any of the above is yes, please identify the Substance Abuse Professional that administered treatment as required by the U.S. Department of Transportation.

\_\_\_\_\_ or [ ] check here if it is unknown if the driver received treatment.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

### Authorization to Release

I, \_\_\_\_\_, do hereby authorize \_\_\_\_\_ to contact my previous employer(s) in accordance with current US DOT rules and regulations as set forth in 49 CFR 382.413 in order to obtain the following information for the preceding two years:  
I fully understand the above, and do hereby give my consent to obtain the information required by 49 CFR 382.413.

\_\_\_\_\_  
Driver's signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Witness's Signature \_\_\_\_\_ Date \_\_\_\_\_