

AFD

Advanced Freight Dynamics LLC

PO BOX 3628 Conroe TX 77305
Phone # (281) 651-5462 Fax # (936) 755-3419
Afd-web.com

DRIVER APPLICATION FOR EMPLOYMENT

Applicants Name _____ Date of Application _____

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, or any other status protected by State or Federal Law.

TO BE READ AND SIGNED BY APPLICANT

I authorize Advanced Freight Dynamics LLC, to make such investigations and inquiries of my personal, 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 past employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I understand and agree that this application does not constitute a contract of employment. I further understand that if employed by Advanced Freight Dynamics LLC, my employment will be at-will, and can be terminated with or without cause or notice by either myself or Advanced Freight Dynamics LLC. I also understand and agree that no representative of the company has any authority to enter into an agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized representative of the company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that I am required to abide by the Rules and Regulations of Advanced Freight Dynamics LLC.

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

Review information provided by previous employers;

Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to Advanced Freight Dynamics LLC.

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 _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ FLEET ASSIGNMENT _____

(If rejected, summary report of reasons should be placed in file)

FOR Advanced Freight Dynamics LLC BY: _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____
BECAME OWNER/OPERATOR DISMISSED VOLUNTARILY QUIT OTHER

TERMINATION REPORT PLACED IN FILE SAFETY DIRECTOR'S SIGNATURE _____

DRIVER APPLICANT TO COMPLETE

(Answer all questions - please print)

Position(s) Applied for _____

Full Name: _____ Social Security No.: _____

Last First Middle or Maiden

List your addresses of residency for the past three years:

Current Address: _____

Street City _____ Phone Number _____ How Long _____

State Zip Code _____ yr. / mo.

Previous Address: _____ How Long _____

Street City State Zip Code _____ yr. / mo.

Previous Address: _____ How Long _____

Street City State Zip Code _____ yr. / mo.

If hired, you will be required to provide proof of your legal right to work in the United States of America.

Can you provide proof that you are over 18 years of age? (Circle One) YES / NO Date of Birth (Required for Commercial Drivers) _____

CDL No.: _____ Class _____ State _____ Endorsements _____

Hazardous Material (HAZMAT) Endorsement? (Circle One) YES / NO TWIC? (Circle One) YES / NO

Have you ever applied to this company before? If yes, when? _____

Have you worked for this company before? _____ Division? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been convicted of a felony? _____ Have you ever been convicted of driving under the influence of alcohol? _____

If yes, please explain fully on a separate piece of paper. Conviction of a crime is not an automatic bar to employment; all circumstances will be considered. By company policy any person convicted of driving under the influence of alcohol will not be considered for employment for a position involving operating a vehicle owned or leased by Advanced Freight Dynamics LLC.

Have you ever tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied and was not hired during the past three (3) years? (Circle One) YES / NO

Can you perform the essential functions of the job with or without reasonable accommodation? If no, please describe the functions that cannot be performed below.

Have you ever been discharged from employment or had a lease agreement cancelled? (Circle One) YES / NO

Have you ever resigned after official notice that your work or conduct was unsatisfactory? (Circle One) YES / NO

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

WORK HISTORY

Federal Regulations require all driver applicants to provide the following information on all employers for which he/she has worked during the preceding three (3) years. Additionally, applicants must provide an additional seven (7) years information on those employers for whom the applicant operated a Commercial Motor Vehicle. TOTAL 10 YEAR WORK HISTORY.

Most Recent Employer:

NAME: _____
Dates of Employment: Start: _____ End: _____
Contact Name: _____ Contact Number: _____
Fax #: _____ or Email: _____
Address/City/State/Zip: _____
Position Held: _____ Salary/Wage \$ _____ PER _____
SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____
REASON FOR LEAVING: _____

EMPLOYER INFORMATION

NAME: _____
Dates of Employment: Start: _____ End: _____
Contact Name: _____ Contact Number: _____
Fax #: _____ or Email: _____
Address/City/State/Zip: _____
Position Held: _____ Salary/Wage \$ _____ PER _____
SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____
REASON FOR LEAVING: _____

EMPLOYER INFORMATION

NAME: _____
Dates of Employment: Start: _____ End: _____
Contact Name: _____ Contact Number: _____
Fax #: _____ or Email: _____
Address/City/State/Zip: _____
Position Held: _____ Salary/Wage \$ _____ PER _____
SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____
REASON FOR LEAVING: _____

EMPLOYER INFORMATION

NAME: _____
Dates of Employment: Start: _____ End: _____
Contact Name: _____ Contact Number: _____
Fax #: _____ or Email: _____
Address/City/State/Zip: _____
Position Held: _____ Salary/Wage \$ _____ PER _____
SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____
REASON FOR LEAVING: _____

EMPLOYER INFORMATION

NAME: _____
Dates of Employment: Start: _____ End: _____
Contact Name: _____ Contact Number: _____
Fax #: _____ or Email: _____
Address/City/State/Zip: _____
Position Held: _____ Salary/Wage \$ _____ PER _____
SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____
REASON FOR LEAVING: _____

EMPLOYER INFORMATION

NAME: _____
Dates of Employment: Start: _____ End: _____
Contact Name: _____ Contact Number: _____
Fax #: _____ or Email: _____
Address/City/State/Zip: _____
Position Held: _____ Salary/Wage \$ _____ PER _____
SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____
REASON FOR LEAVING: _____

EMPLOYER INFORMATION

NAME: _____
Dates of Employment: Start: _____ End: _____
Contact Name: _____ Contact Number: _____
Fax #: _____ or Email: _____
Address/City/State/Zip: _____
Position Held: _____ Salary/Wage \$ _____ PER _____
SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____
REASON FOR LEAVING: _____

Military Service Information:

Branch: _____ Dates: From _____ To _____

Education Information:

Education Institution _____ Location: _____ Course _____ Graduate Yes/No
Education Institution _____ Location: _____ Course _____ Graduate Yes/No
Education Institution _____ Location: _____ Course _____ Graduate Yes/No

DRIVER LICENSES	STATE	LICENSE NUMBER	CDL TYPE & ENDORCEMENTS		EXPIRATION
ACCIDENTS	DATES (LAST THREE YEARS) (LIST MOST RESENT FIRST)		NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ECT)	FATALITIES	INJURIES

1. Have you been denied a license, permit or a privilege to operate a motor vehicle? (Circle One) YES / NO
2. Has any license, permit or privilege been suspended or revoked? (Circle One) YES / NO

IF THE ANSWER TO EITHER 1 OR 2 IS YES, GIVE DETAILS _____

Have you been disqualified from operating a Commercial Motor Vehicle (CMV) in any of the following circumstances?

CIRCUMSTANCES:	YES	NO
Driving a CMV when your Blood Alcohol Concentration (BAC) was 0.04 or greater?		
Driving under the influence of alcohol, as prescribed by State Law?		
Refusal to undergo such alcohol testing as required any State or Jurisdiction?		
Driving a CMV while under the influence of a controlled substance?		
For the transportation, possession or unlawful use of a controlled substance while on duty as a driver of a commercial Motor vehicle?		
Because you left the scene of an accident while you were operating a commercial motor vehicle?		
Because of a felony involving the use of a commercial motor vehicle?		

How long have you operated the following?

Straight Trucks _____ Oil field Winch Trucks _____ Tractor and Full Trailers _____

Length of time you have transported:

Tractor and Semi-Trailers _____ Tractor and Twins _____
 Pickups/Gooseneck _____

General Freight _____ Perishables _____ L TL Freight _____ Machinery & Heavy
 Cargo _____ Hazardous Materials _____ Other (Specify) _____ List all States in which you have operated in the
 last five- (5) years: _____ List any courses or training that will help you as a driver:
 _____ What Safe Driving awards do you hold and from whom?

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any trucking, transportation or other experience that may help in your work for Palletized Trucking Inc. _____

List courses and training not shown elsewhere in this application _____

List any equipment or technical materials you can work with (other than those already shown) _____

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

This certifies 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)

 (Signature)



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should **ONLY** be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.

2. Deliver, mail or FAX the completed form to:

**Texas Department of Public Safety
Motor Carrier Bureau, MSC #0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019 / Facsimile: 512-424-5310**

<input type="checkbox"/>	Check here if CDL Holder is requesting results on self
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_____ _____
Print Name of CDL Holder Phone Number

Print full Address, City, State and Zip of CDL Holder

Driver License Number of CDL Holder _____ State _____ Date of Birth _____

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law to

_____ (281) 651-5462
Print Motor Carrier's Name Phone Number

Print full Address, City, State and Zip of Motor Carrier

Signature of Driver

Date

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address: <http://www.txdps.state.tx.us/forms/index.htm>.

TEXAS DPS



APPLICATION FOR COPY OF DRIVER RECORD

MAIL TO: Texas Department of Public Safety, Box 149008, Austin, TX 78714-9008

DO NOT MAIL CASH. Mail check or money order payable to: Texas Department of Public Safety

Any questions regarding the information on this form should be directed to the Contact Center at 512-424-2600. Allow 2-3 weeks for delivery.

Check Type of Record Desired

FEE

<input type="checkbox"/> 1. Name - DOB - License Status - Latest Address.	\$ 4.00
<input type="checkbox"/> 2. Name - DOB - License Status - 3 Year Record only lists Crashes/Moving Violations.	\$ 6.00
<input type="checkbox"/> 2A. CERTIFIED version of #2. This Record is Not acceptable for a Defensive Driving Course (DDC).	\$ 10.00
<input type="checkbox"/> 3. Name - DOB - License Status - Record of ALL Crashes/Violations. Furnished to Licensee Only.	\$ 7.00
<input type="checkbox"/> 3A. CERTIFIED version of #3. Furnished to Licensee Only and is Acceptable for DDC.	\$ 10.00
<input type="checkbox"/> 4. Abstract Record - Certified abstract of completed driver record.	\$ 20.00
<input type="checkbox"/> Other: (Original Application, DWLI, etc.)	\$ <u> </u> 1.00 (If Required)

Mail Driver Record To: (Please Print or Type)

Requestor's Last Name: _____ Requestor's First Name: _____
 Street Address: P.O. Box 131628 Texas Driver License Number: _____
 City: Conroe State: TX Zip Code: 77302 Daytime Telephone Number (include area code): 281-661-5462

If requesting on behalf of a business, organization, or other entity, please include the following:

Name of business, organization, entity, etc.: Advanced Freight Dynamics LLC
 Your Title or Affiliation with above: Operator/Instructor
 Type of business, organization, etc. (i.e., insurance provider, towing company, private investigation, firm, etc.): Trucking Company

Information Requested On:

Texas Driver License Number: _____ Date of Birth: _____ Suffix (SR., JR., etc.): _____
 Last Name: _____
 First Name: _____
 Middle Name/Maiden Name: _____

Individual's Written Consent For ONE TIME Release to Above Requestor

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)

I, _____, hereby certify that I granted access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.) to Advanced Freight Dynamics LLC

Signature of License/ID Card Holder or Parent/Legal Guardian Date

State and Federal Law Requires Requestors to Agree to the Following:

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Section 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or redisclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a \$25,000 fine.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor Date

If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Advanced Freight Dynamics LLC ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Advanced Freight Dynamics LLC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date:

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

AFD

Advanced Freight Dynamics LLC

From: Judy Lozoya Phone: 281-651-5462 Return Fax: 936-755-3419 Email: Judy@afd-web.com

Request for Information from Previous Employer

To (Prior Employer): _____ Date: _____

Contact/Fax/Email: _____

Applicant Name <input type="text"/>	SS # <input type="text"/>
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I authorize Advanced Freight Dynamics LLC to make such investigations of my employment / lease and personal history and other related matters as may be necessary in arriving at a contract decision. I hereby release all employers and other persons from any liability in responding to inquiries and releasing information in connection with my application to provide Independent Contractor Services. In the event of a contract, I understand that false or misleading information given by me may result in the termination of my contract. In compliance with 49CFR 40.25(g) and 391.23(h), I authorize release of this information to Advanced Freight Dynamics LLC for the purpose of entering into an Independent Contractor Agreement or Employment.

Signature <input type="text"/>	Date <input type="text"/>
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Employment/Lease Dates: _____ to _____ & _____ to _____ & _____ to _____

Eligible for Re-Hire Yes No Upon Review

Type of Work:	Equipment Operated		Experience/Areas Driven	Commodities Hauled
<input type="checkbox"/> Company Driver	<input type="checkbox"/> Tanker	<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Local	<input type="checkbox"/> Hazmat
<input type="checkbox"/> Owner Operator	<input type="checkbox"/> Reefer	<input type="checkbox"/> Double Trailer	<input type="checkbox"/> Regional	<input type="checkbox"/> General
<input type="checkbox"/> Driver for O/O	<input type="checkbox"/> Dry Van	<input type="checkbox"/> Dump Trailer	<input type="checkbox"/> Mountain	<input type="checkbox"/> Refrigerated
<input type="checkbox"/> Trainee	<input type="checkbox"/> Container	<input type="checkbox"/> End/Belly Dump	<input type="checkbox"/> Over the road	<input type="checkbox"/> Oversized Loads
<input type="checkbox"/> Non-Driver	<input type="checkbox"/> Straight	<input type="checkbox"/> Flat Bed	<input type="checkbox"/> Driver Trainer/Instructor	<input type="checkbox"/> Household Goods
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Did the driver have any accidents in the past 3 years? NO YES, Explain below:

Dates	Preventable?	DOT Reportable?	Description
___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Reason for leaving	Work Record	
<input type="checkbox"/> Resigned with Notice	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Company Policy Violation _____
<input type="checkbox"/> Resigned W/out Notice	<input type="checkbox"/> Above Average	<input type="checkbox"/> Late Pickup/Delivery _____
<input type="checkbox"/> No Show	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Excessive Complaints _____
<input type="checkbox"/> Quit Under Dispatch	<input type="checkbox"/> Log Violations	<input type="checkbox"/> Insubordination _____
<input type="checkbox"/> Terminated/Disqualified	<input type="checkbox"/> Unauthorized Use	<input type="checkbox"/> Personal Contact Required Below:
<input type="checkbox"/> Other _____	<input type="checkbox"/> Tardiness/Absenteeism	Name: _____ Phone: _____

If the driver was not subject to FMCSR alcohol and controlled substance testing requirements while employed by this employer, please check here _____.

1. Has this person had an alcohol test with a 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 substance? 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 FMCSR that pertain to alcohol and controlled substance testing? Yes No

Completed by: (Signature) _____ Date: _____
 Print Name: _____ Title: _____

j...r

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: _____
 Signature Date
 Printed Name Title

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.