

Driver Qualification (DQ) File Packet

Company: _____

Address: _____

Phone: () ____ - ____

Preface

The material contained in this document is the property of the Motor Carrier named above.

Using this document or part thereof signifies your acceptance to be bound by Company Terms of Use.

DOT Compliance is the responsibility of the Motor Carrier and Company assumes no responsibility for any inconsistencies with DOT / FMSCA Regulations and shall not be liable for any consequence brought upon Motor Carrier by using any material listed in this document.

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Driver Qualification (DQ) File Checklist

Driver Name: _____

Hire Date: ____/____/____

DQ File Complete Date: ____/____/____

Address: _____

Phone: (____) ____-____

Requirement	Date Complete
Driver Specific Employment Application	____/____/____
Employment History	____/____/____
Current Address Verified	____/____/____
Current Phone Number Verified	____/____/____
Employment Application Signed	____/____/____
Copy of CDL w/ Endorsements	____/____/____
Fair Credit Reporting Act Disclosure Form	____/____/____
Certificate of Compliance	____/____/____
Certificate of Violations	____/____/____
Statement of On Duty Hours	____/____/____
Previous Employer Inquiry	____/____/____
Request for Driving Record Check	____/____/____
Signed I-9 / W-2	____/____/____
Annual Certificate of Violations (COV)	____/____/____
Request for Pre-Employment Drug Testing	____/____/____
Valid Physical Exam - Pre-Employment	____/____/____
HAZMAT Certifications	____/____/____
Green Card	____/____/____
Signed Receipt of Drivers Handbook	____/____/____
* For Drivers	
Performance Test	____/____/____
Written Test	____/____/____
Received HOS Driver Visor Card	____/____/____

Fair Credit Reporting Act Disclosure Statement

.....

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes.

These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

.....

Applicant's Signature

____/____/____
Date

Print Name

____-____-____
S.S.N.

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS:

.....

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 placards.

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 placards.

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:

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 licenses 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 that state.

NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION: Sections 391.5 (b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations required 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 your employing motor carrier, and 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	Exp. Date

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

_____	____/____/____
Applicant's Signature	Date

Print Name

Record of Violations - Driver's Certification

.....

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

Date of

Conviction Offense

____/____/____

____/____/____

____/____/____

Location

Type of motor 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

Driver's Signature

____/____/____

Motor carrier: _____

Address: _____

Reviewd by:

Signature

Title

This form is the response of each state agency to the annual review of driving record inquiry as per sec. 391.25 (a).

Drivers Statement of On-Duty Hours

(To be completed upon hire)

Instructions:

Motor Carriers using a driver for the first time shall obtain from the driver an assigned statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier.

Rule 395.8(j) (2) Federal Motor Carrier Safety Regulations.

Note:

Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (print)

Social Security Number

Driver's License:

State

Number

Class

Endorsements

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Totals
Date								
On Duty								
Driving								

I hereby certify that the information given above is current to the best of my knowledge and belief, and that I was last relieved from work at:

_____ A.M. / P.M. on _____
Day Month Year

Driver's Signature

____/____/____
Date

Previous Employer Inquiry

Applicant Name: _____		SSN: _____ - _____ - _____
Hereby authorizes that:		
Previous Employer: _____		
Address: _____		Phone: (____) _____ - _____
City/State/Zip: _____		Fax: (____) _____ - _____
May release and forward information requested by this document to:		
Company: _____		
Applicant Signature: _____		Date: ____/____/____

1. Employment Verification

The above referenced applicant has completed an application for employment with Company listed above for a CDL position. The applicant states that he/she was employed as a _____ by your company from _____ to _____.

2. DOT Alcohol and Drug Violations

Previous employer must supply the following information regarding the above named individual during the past two years while employed to perform DOT covered safety sensitive functions:

Alcohol tests with a result of 0.01 or higher alcohol concentration? Yes ____ No ____

Verified Positive Drug Tests? Yes ____ No ____

Refusals to be tested

(including verified adulterated or substituted drug test results? Yes ____ No ____

Other violations of DOT agency drug and alcohol testing regulations? Yes ____ No ____

With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return to duty requirements (including follow-up testing).

Please identify the SAP you referred the employee to if he/she had an alcohol test of 0.01 or higher, a verified positive controlled substance test, or refused testing.

Contact Person: _____ Phone: (____) _____ - _____

Address: _____

Signature: _____ Date: ____/____/____

3. Driver Contact Information (please include information from previous employers.)

The FMCSA requires the previous employer to provide specific contact information in case the driver/applicant wishes to request a correction or rebut any information you provide. Please provide the following information so that the driver/applicant may submit a correction or rebuttal if needed.

Contact Person: _____ Phone: (____) _____ - _____

Address: _____

Please provide response within 30 days of this request. Thank you for your cooperation.

Previous Employer Inquiry

Applicant Name: _____	SSN: _____ - _____ - _____
Hereby authorizes that:	
Previous Employer: _____	
Address: _____	Phone: (____) _____ - _____
City/State/Zip: _____	Fax: (____) _____ - _____
May release and forward information requested by this document to:	
Company: _____	
Applicant Signature: _____	Date: ____/____/____

1. Employment Verification

The above referenced applicant has completed an application for employment with Company listed above for a CDL position. The applicant states that he/she was employed as a _____ by your company from _____ to _____.

2. Commercial Motor Vehicle Accident Information

Please list all accidents involving applicant that occurred during the past 3 years. To be completed by former employer.

Date: ____/____/____	Vehicle Type: _____	Location: _____
Cited: Yes ____ No ____	Injuries: Yes ____ No ____	Fatalities: Yes ____ No ____
Hazardous Materials Involved: Yes ____ No ____	Quantity: _____	
Unreported Accident: Yes ____ No ____	Preventable: Yes ____ No ____	

Date: ____/____/____	Vehicle Type: _____	Location: _____
Cited: Yes ____ No ____	Injuries: Yes ____ No ____	Fatalities: Yes ____ No ____
Hazardous Materials Involved: Yes ____ No ____	Quantity: _____	
Unreported Accident: Yes ____ No ____	Preventable: Yes ____ No ____	

3. Driver Contact Information (please include information from previous employers.)

The FMCSA requires the previous employer to provide specific contact information in case the driver/applicant wishes to request a correction or rebut any information you provide. Please provide the following information so that the driver/applicant may submit a correction or rebuttal if needed.

Contact Person: _____	Phone: (____) _____ - _____
Address: _____	
Why did this employee leave your company? _____	
Would you rehire this person? Yes ____ No ____	Explain: _____

Please provide response to this request within 300days. Thank you.

Annual Certificate of Violations (COV)

Review of Driving Record

Driver Name: _____

License No.: _____

State: _____

Annual Certificate of Violations

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

☐ Violations are listed below.

☐ I have had no violations.

Date of Conviction	Offense	Location	Motor Vehicle Type

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

Date of Certification: ____/____/____

Driver Signature: _____

Date: ____/____/____

Reviewed by: _____
Print

Title: _____

Annual Review of Driving Record

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

Reviewer: _____

Date: ____/____/____



Employment Eligibility Verification

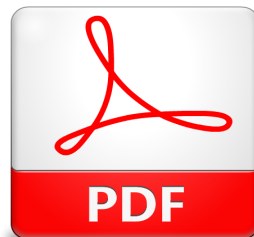
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

Form I-9 is not part of this document.

Click the link below to access the complete USCIS I-9 Form



[Form USCIS I-9](#)

.....

By completing and signing this form I give permission to company name and its insurance agent to obtain and review a copy of my driver license (MVR) record both now and in the future.

First Name MI Last Name

Address	City	State	Zip
---------	------	-------	-----

____/____/____ _____ _____
Date of Birth Driver License Number State

_____/_____/_____
Signature Date

Motor Carrier: _____

Authorized Contact: _____

Print	Title
Signature	Date
Phone: (____)____-____	Fax: (____)____-____

Request for Pre-Employment Drug Testing

.....

I hereby consent to submit to a drug test as shall be determined by _____
_____ (Company) in the selection process of applicants for
employment, for the purpose of determining the drug content thereof.

I hereby release the Company, its employees, agents and contractors from any and all liability
whatsoever arising from this request for a specimen, from the testing of the specimen and from
the decisions made concerning my application of employment based upon the results of the
specimen analysis.

I further agree to and hereby authorize the release of the results of said tests to Windsor Com-
pany.

I understand that it is the current use of illegal drugs, the use of prescription drugs in a manner
other than prescribed, or a positive test for alcohol shall prohibit me from being employed at
Company.

I further agree that a reproduced copy of this pre-employment consent and release form shall
have the same force and effect as the original.

I have read the foregoing and fully understand its contents. I acknowledge that my signing of
this consent and release is a voluntary act on my part and that I have not been coerced into sign-
ing this document by anyone.

Name (Print): _____ SSN #: _____

Signature: _____ Date: _____

Witness (Printed Name): _____

Witness Signature: _____ Date: _____

CDL Drivers Employment Application

Motor Carrier: _____

Address: _____

Information required on this form complies with U.S. Department of Transportation Regulations 49CFR§391.21. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, sexual orientation, national origin, age, marital status, or non-job related disability.

Date of Application: ____/____/____ Position(s) Applied For: _____

Name: _____ SSN: _____
Last First M.I.

Address: _____ Phone: (____)____-____

CDL Number / State of Issuance _____

Email _____

Addresses For Past 3 Years:

Do you have the legal right to work in the United States?

Yes ____ No ____

Address - City - State - Zip Code	How Long?

Only U.S. Citizens or aliens who have the legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity?

Have you ever been convicted of a felony?

Yes ____ No ____

Note: A conviction will not necessarily disqualify you from Employment. If "YES", complete the "Felony Conviction" form which can be obtained from your potential on-site employer.

Are you over 18 years of age?

Yes ____ No ____

Date of Birth: ____/____/____
Required for drivers

Can you provide proof?

Yes ____ No ____

Important: Emergency Contacts - In case of emergency, notify:

Name	Telephone Number	Relationship
Name	Telephone Number	Relationship

CDL Drivers Employment Application (Cont.)

Education Data:

School	Address & Phone Number	Number of Years Attended	Degree	Major Course of Study

Skills: List any job-related skills, qualifications, education or information that supports your application and further qualifies you for the position you are applying for:

In order to permit a check of your work and educational records, should we be aware of any changes of name or assumed name that you previously used? Yes ___ No ___

If Yes, identify name(s) used and relevant dates: _____

Have you worked for this company before? Yes ___ No ___

Where? _____ Dates: From: _____ To _____

Position: _____ Rate of Pay: \$ _____ / Per _____

Reason for leaving: _____

Have you ever applied here before? Yes ___ No ___ If Yes, When? _____

Are you employed now? Yes ___ No ___ If No, when were you last employed? _____

Who referred you? _____ Rate of Pay Expected: \$ _____

Have you ever been dismissed or forced to resign from any employment? Yes ___ No ___

If Yes, please explain: _____

May we contact your present employer? Yes ___ No ___

If No, explain: _____

Are you a Military Veteran? Yes ___ No ___ If Yes, what branch? _____

Service Dates: _____ To _____. Date of Discharge: _____

Do you have transportation to work? Yes ___ No ___ Will you work overtime? Yes ___ No ___

List any shifts you will not work: _____

Are you on a layoff or subject to a recall? Yes ___ No ___

If Yes, explain: _____

If Yes, explain: _____

Name	Address & Phone	Occupation

Employer: Must List __ Years With No Gaps!	Date:
Name:	Start Date: End Date:
Address:	Position Held
City: State: Zip:	Salary/Wage: \$ Per _____
Contact Person & Phone Number	Reason for Leaving
Were you subject to the FMCSR while employed at this company?	Yes ____ No ____
Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40?	Yes ____ No ____

CDL Drivers Employment Application (Cont.)

Employer: Must List __ Years With No Gaps!	Date:
Name:	Start Date: End Date:
Address:	Position Held
City: State: Zip:	Salary/Wage: \$ Per _____
Contact Person & Phone Number	Reason for Leaving
Were you subject to the FMCSR while employed at this company?	Yes ____ No ____
Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40?	Yes ____ No ____

Employer: Must List __ Years With No Gaps!	Date:
Name:	Start Date: End Date:
Address:	Position Held
City: State: Zip:	Salary/Wage: \$ Per _____
Contact Person & Phone Number	Reason for Leaving
Were you subject to the FMCSR while employed at this company?	Yes ____ No ____
Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40?	Yes ____ No ____

Employer: Must List __ Years With No Gaps!	Date:
Name:	Start Date: End Date:
Address:	Position Held
City: State: Zip:	Salary/Wage: \$ Per _____
Contact Person & Phone Number	Reason for Leaving
Were you subject to the FMCSR while employed at this company?	Yes ____ No ____
Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40?	Yes ____ No ____

CDL Drivers Employment Application (Cont.)

Employer: Must List __ Years With No Gaps!	Date:
Name:	Start Date: End Date:
Address:	Position Held
City: State: Zip:	Salary/Wage: \$ Per _____
Contact Person & Phone Number	Reason for Leaving
Were you subject to the FMCSR while employed at this company?	Yes ____ No ____
Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40?	Yes ____ No ____

Employer: Must List __ Years With No Gaps!	Date:
Name:	Start Date: End Date:
Address:	Position Held
City: State: Zip:	Salary/Wage: \$ Per _____
Contact Person & Phone Number	Reason for Leaving
Were you subject to the FMCSR while employed at this company?	Yes ____ No ____
Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40?	Yes ____ No ____

- Includes vehicles having a GVWR of 26,001 lbs. or more; vehicles designed to transport fifteen (15) or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placards.
- The Federal Motor Carrier Safety Regulations (FMCSR) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more; (2) is designed or used to transport nine (9) or more passengers; or (3) is of any size and is used to transport hazardous materials in a quantity requiring placards.

CDL Drivers Employment Application (Cont.)

Accident Record For Past 3 Years or More (Attach Sheets As Necessary)

Accident Date	Details	Fatalities	Injuries

Traffic Convictions and Forfeitures For The Past 3 Years (Other Than Parking Violations)

Location	Date	Charge	Penalty

Experience and Qualifications - Driver

License Number	State	Type / Endorsements	Expiration Date

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

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

If answer to A or B is Yes, Explain: _____

Driving Experience

Class of Equipment	Type of Equip Van, Tank, etc.	Date From	Date To	Approx. Number of Miles
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailer				
Other _____				

CDL Drivers Employment Application (Cont.)

List States Operated In For Past Five (5) Years: _____

Show Special Courses or Training That Will Help You As A Driver: _____

Which Safe Operating Awards Do You Hold And From Whom? _____

Show trucking, transportation or any experience that may help your work at this company: _____

List courses and training other than shown elsewhere in this application: _____

List any other special equipment or technical materials you can work with: _____

Notice To Applicant

This Employer complies with the Americans with Disabilities Act of 1990. During the interview process you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination. All information will be kept confidential and in separate files.

Applicants accepted for employment should clearly understand that while we make an effort to provide steady, continuous work, we have no employment contracts and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc., and of course, employees may elect to leave of their own accord to seek other employment.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to random blood tests and/or urinalysis screening for drug or alcohol use.

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of my background and all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from any liability as a result of such contact and release all such persons or companies or corporations supplying information from all liability for all damages on account of supplying such information. I understand that misrepresentations, omissions or facts or incomplete information requested in this application may remove me from further consideration for employment or, if employed by Employer, may result in termination of my employment. I agree to furnish such additional information and complete such examinations as may be required to complete this application.

CDL Drivers Employment Application (Cont.)

Applicant's Statement (Cont.)

In consideration of my employment, I agree to conform to the rules and regulations of the Employer. I understand that my employment with the Employer is for no specific term, and that my employment, compensation, and benefits can be terminated, with or without cause, and with or without notice, at any time, for any reason, at the option of the Employer or Employee.

I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Employee Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between the Employer or Employee.

The contents of any Employee Handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice.

I also understand that no manager, supervisor, or company representative(s) other than the Employer Directors, has any authority to enter into any employment agreement for any specified time period, or to make any oral or written agreement contrary to the foregoing.

I understand all notices to applicants above, and I agree to submit to testing for drug or alcohol use in accordance with the Employer's policies.

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

I authorize you to make such investigations and inquiries of 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.

Applicant Acceptance:

Print Name

Applicants Signature

____/____/____
Date

This application will remain active for ____ days. Any applicant wishing to be considered for employment beyond this time should reapply.

Note: This Employer is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, sexual orientation, religion, national origin, disability, veteran or marital status, or condition protected by applicant's federal or state statutes, except where a bona fide occupational qualification exists. Your opportunity for employment with the Employer depends solely upon your qualifications.

CDL Drivers Employment Application (Cont.)

Process Record - For Internal Use Only

Date of review: ____/____/____

Applicant Hired: _____

Applicant Rejected: _____

If rejected, list reasons: _____

Date Employed: ____/____/____

Department: _____ Classification: _____

This section to be filled in by Responsible Officer or Company Representative:

Process	Superior	Good	Fair	Below Average	Poor	Written Record On File
Application						
Interview						
Past Employment						
Written Exam						
Road Test						
Criminal and Traffic Convictions						

_____/____/____
Signature of Interviewing Officer Date

Termination of Employment

Termination Date: ____/____/____

Department Released From: _____

Reason:

Dismissed: ____ Voluntary Quit: ____ Other: _____

____ Termination Report placed in Employee File ____ Copy given to Administration

_____/____/____
Signature of Direct Supervisor Date

Certificate of Driver's Road Test

Driver's Name: _____ Phone: _____

Driver's Address: _____

City State Zip Code

Driver's SSN: _____ License #: _____ State: _____

The road test shall be given by the Motor Carrier or a person designated by them. However, a driver who is a Motor Carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the Motor Carrier intends to assign. The original copy of this document shall be placed in the Driver's Qualification File; a copy of this document shall also be given to the person examined in accordance with 49 CFR 391.31(e)(f)(g).

Rating of Performance	Description
_____	_____
_____	The Pre-Trip Inspection (As required by Sec. 392.7)
_____	Coupling and uncoupling of combination units, if the equipment he/she may drive includes combination units.
_____	Placing the equipment in operation
_____	Use of vehicle's controls and emergency equipment
_____	Operating the vehicle in traffic and while passing other vehicles
_____	Turning the vehicle
_____	Braking, and slowing the vehicle by means other than braking
_____	Backing, and parking of the vehicle
_____	Interim and Post Trip Inspections
_____	Other - Explain: _____
_____	_____

Type of equipment used in giving test: _____

Number of miles driven during the course of the test: _____ Miles

Print Name of Examiner & Company Association Title

Signature of Examiner _____ Date Completed ____/____/____

Employee Handbook

Company Policy and Procedures

Employee Handbook is not part of this document.

Click the link below to access the complete Employee Handbook



[Employee Handbook](#)

HOURS-OF-SERVICE (HOS) REGULATIONS - COMPARISON

PROVISION	PRIOR RULE	CURRENT RULE
Limitations on minimum "34-hour restarts"	None.	(1) Must include two periods from 1 a.m. to 5 a.m., home terminal time. (2) May only be used once per week, 168 hours, measured from the beginning of the previous restart.
Rest breaks	None except as limited by other rule provisions.	May drive only if 8 hours or less have passed since end of driver's last off-duty or sleeper berth period of at least 30 minutes. Does not apply to drivers using either of the short-haul exceptions in 395.1(e). [49 CFR 397.5 mandatory "in attendance" time for hazardous materials may be included in break if no other duties performed]
On-duty time	Includes any time in CMV except sleeper berth.	Does not include any time resting in a parked vehicle (also applies to passenger-carrying drivers). In a moving property-carrying CMV, does not include up to 2 hours in passenger seat immediately before or after 8 consecutive hours in sleeper berth.
Penalties	"Egregious" hours of service violations not specifically defined.	Driving (or allowing a driver to drive) more than 3 hours beyond the driving-time limit may be considered an egregious violation and subject to the maximum civil penalties. Also applies to passenger-carrying drivers.
Oilfield exemption	"Waiting time" for certain drivers at oilfields (which is off-duty but does extend 14-hour duty period) must be recorded and available to FMCSA, but no method or details are specified for the recordkeeping.	"Waiting time" for certain drivers at oilfields must be shown on logbook or electronic equivalent as off-duty and identified by annotations in "remarks" or a separate line added to "grid."

SUMMARY OF HOURS-OF-SERVICE (HOS) REGULATIONS

The following table summarizes the HOS regulations for property-carrying and passenger-carrying drivers.

PROPERTY-CARRYING DRIVERS

11-Hour Driving Limit

May drive a maximum of 11 hours after 10 consecutive hours off duty.

14-Hour Limit

May not drive beyond the 14th consecutive hour after coming on duty, following 10 consecutive hours off duty. Off-duty time does not extend the 14-hour period.

Rest Breaks

May drive only if 8 hours or less have passed since end of driver's last off-duty or sleeper berth period of at least 30 minutes. Does not apply to drivers using either of the short-haul exceptions in 395.1(e). [49 CFR 397.5 mandatory "in attendance" time may be included in break if no other duties performed]

60/70-Hour Limit

May not drive after 60/70 hours on duty in 7/8 consecutive days. A driver may restart a 7/8 consecutive day period after taking 34 or more consecutive hours off duty. Must include two periods from 1 a.m. to 5 a.m. home terminal time, and may only be used once per week, or 168 hours, measured from the beginning of the previous restart.

Sleeper Berth Provision

Drivers using the sleeper berth provision must take at least 8 consecutive hours in the sleeper berth, plus a separate 2 consecutive hours either in the sleeper berth, off duty, or any combination of the two.

PASSENGER-CARRYING DRIVERS

10-Hour Driving Limit

May drive a maximum of 10 hours after 8 consecutive hours off duty.

15-Hour Limit

May not drive after having been on duty for 15 hours, following 8 consecutive hours off duty. Off-duty time is not included in the 15-hour period.

60/70-Hour Limit

May not drive after 60/70 hours on duty in 7/8 consecutive days.

Sleeper Berth Provision

Drivers using a sleeper berth must take at least 8 hours in the sleeper berth, and may split the sleeper berth time into two periods provided neither is less than 2 hours.

For more information visit www.fmcsa.dot.gov/hos

CMV drivers should always use safe driving practices - Scan this QR code with your smart phone when you are not driving to learn more about Hours of Service regulations.



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



Note: See 49 CFR 395.1 (h) for State of Alaska HOS Regulations.