DRIVER QUALIFICATION FILE CHECKLIST

Every motor carrier must have a driver qualification (DQ) file for each regularly employed driver. The file must include the following:

A. ____ 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.

B. ____ Inquiry to Previous Employers -3- year (49 CFR 391.23(a)(2) & (c), and 391.53). This investigation must be made within 30 days of the date that his/her employment begins. Investigations shall include information concerning out-of-service violations, misuse of controlled substance or alcohol and accident history.

C. ____ Inquiry to State Agencies – 3 years (49 CFR 391.23(a) (1) & (b) – (new hire MVR). The drivers driving record (MVR) for the preceding three years.

D. ____ Driver's Road Examination and Certificate (49 CFR 391.31). 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.

E. ____ Medical Examiner's Certificate (49CFR 391.43). A non CDL driver must be issued a Medical Examiner's Certificate, which must be carried at all times and be renewed every two years or as required by the medical examiner. A CDL driver must comply with Part 383.71 which requires a valid medical certification to be submitted to the drivers' license division.

F. ____ Annual MVR and Review of Driving Record (49 CFR 391.25). At least once every 12 months a motor carrier must obtain and review the driving record of each driver.

G. ____ Annual Driver's List of Violations and Certification (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.

Additional required documentation, which **may** be maintained in the DQ file:

H. ____ Alcohol and Controlled Substance Test Results (49 CFR 382.401). (These records must be maintained in a confidential and secure location with controlled access.)

I. ____ Inquiries for Alcohol and Controlled Substances information from previous CDL employers for 3 years (49 CFR 382.413).

This investigation must be made within 30 days of the date that his/her employment begins. Provide previous employers with a written consent for release of information. Investigations shall include verified positive tests, refusals to be tested, and successful completion of DOT return-to-duty requirements. (Investigations shall include requirements of CFR Part 40.25)

Employment Application

_____
Company Name

_____
Address

_____
City, State, ZIP

_____
Phone number

Position Applying for:_____ Date of Application: _____

Name: _____ Social Security No.: _____
Last *First* *Middle*

Current Address: _____
Street *City*

_____ Phone: _____ Birth Date?_____
State *Zip Code*

Previous Addresses: (3 Years)

_____ Dates: From _____
Street *City* *State & Zip Code*
To _____

_____ Dates: From _____
Street *City* *State & Zip Code*
To _____

_____ Dates: From _____
Street *City* *State & Zip Code*
To _____

Use backside of sheet for additional addresses

Driver's License information: List all licenses held within the previous 3 years

License number_____ Class _____ State _____ Exp. Date _____

License number_____ Class _____ State _____ Exp. Date _____

License number_____ Class _____ State _____ Exp. Date _____

Have you ever had any driver's license denied, suspended, revoked, or canceled by any state agency?
YES ☐ NO ☐ If yes, give state of issuance and explanation of the circumstances _____

Use backside of sheet if additional space is needed

Driving Experience

Types Of Equipment (Truck, tractor/trailer, tank, etc.)	Dates To	Dates From	Approx. mileage driven (total)

List all traffic violations convictions for the previous 3 years (write NONE, if none)

Date	Location	Violation	Commercial Vehicle
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐

List all accidents for the previous 3 years (write NONE, if none)

Date	Nature of Accident	Fatalities	Injuries

Employment History

List all employment for the previous 3 years, all driving jobs for the previous 10 years, including any gaps between employers.

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	
City, State, ZIP			Telephone:
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES ☐ NO ☐ Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES ☐ NO ☐			
Employer:	Period of Employment		Supervisor:

Address:	From:	To:	
City, State, ZIP			Telephone:
Title and Duties:			
Reason for Leaving:			

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES ☐ NO ☐

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES ☐ NO ☐

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	
City, State, ZIP			Telephone:
Title and Duties:			
Reason for Leaving:			

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES ☐ NO ☐

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES ☐ NO ☐

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	
City, State, ZIP			Telephone:
Title and Duties:			
Reason for Leaving:			

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES ☐ NO ☐

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES ☐ NO ☐

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	
City, State, ZIP			Telephone:
Title and Duties:			
Reason for Leaving:			

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES ☐ NO ☐

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES ☐ NO ☐

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	
City, State, ZIP			Telephone:
Title and Duties:			
Reason for Leaving:			

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES ☐ NO ☐

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES ☐ NO ☐

(Use additional sheet if needed)

For Driver applicants of commercial motor vehicles that require a Commercial Driver's License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a prospective driver employee, you will have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

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

Certification

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

_____ _____

Applicant's Signature ***Date Signed***

Previous Employer Driver Inquiry

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, _____ _____ - _____ - _____
FIRST M.I. LAST SOCIAL SECURITY NUMBER
Do hereby authorize my:

Previous Employer: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip: _____ E-mail: _____

To release all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability, which may result from furnishing such information to the prospective employer listed below:

Perspective Employer: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip: _____ E-mail: _____

In compliance with Part 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail or letter.

_____ _____
APPLICANT'S SIGNATURE DATE

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

1. The applicant named above was employed by us from (m/y) _____ to (m/y) _____
2. What kind(s) of work did the applicant do? _____
3. Did the applicant drive a motor vehicle for your? Straight Truck Tractor Semi-trailer Bus Passenger Vehicle Other
4. Was the applicant a safe and efficient driver? _____
5. Was the applicant involved in any accidents? If so, include dates (d/m/y), and brief explanation:
   _____
   _____
6. Was the driver ever placed out-of-service for hours of service violations? Yes No
   Explanation: _____
   _____
7. Did the applicant misuse alcohol or use a controlled substance? _____
8. Was the applicant's general conduct satisfactory? _____
9. Reason for leaving your employ: Discharged Laid Off Resigned
10. Remarks: _____
    _____

Print Name: _____ Position: _____

Signature: _____ Date: _____

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49 CFR Part 391.23.

Drug and Alcohol Previous Employer Inquiry

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, _____ _____ - _____ - _____
FIRST M.I. LAST SOCIAL SECURITY NUMBER
Do hereby authorize my:

Previous Employer: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip: _____ E-mail: _____

To release all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability, which may result from furnishing such information to the prospective employer listed below:

Perspective Employer: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip: _____ E-mail: _____

In compliance with Part 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail or letter.

_____ _____
APPLICANT'S SIGNATURE DATE

This information is being requested in compliance with CFR 40.25(g) and 391.23(c)(1).

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by your company, please check here. Reason not subject: _____

The applicant named above was employed by us from (m/y) _____ to (m/y) _____ and was subject to Department of Transportation drug and alcohol requirements.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?
   Yes Date _____ No

2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
   Yes Date _____ No

3. Has this person refused to submit to a post-accident, random, reasonable suspicion, follow-up alcohol or controlled substance test?
   Yes Date _____ No

4. Has this person committed any other violation of Subpart B of Part 382, or Part 40?
   Yes Date _____ No

5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.
   Yes Date _____ No

6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?
   Yes Date _____ No

7. In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to application date.

DRIVER'S ROAD TEST EXAMINATION

Driver's Name:_____ Phone:_____

Driver's Address:_____

City:_____ State: _____ Zip: _____

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

Rating of Experience

_____ The pre-trip inspection. (As required by Sec. 392.7)

_____ Coupling and uncoupling of combination units, if the equipment he or 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 the vehicle.

_____ Other, Explain:_____

_____

Type of equipment used in giving test: _____

_____

_____ _____

Date Examiner's Signature

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

Remarks _____

_____

CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.33(e)(f)(g)

CERTIFICATION OF ROAD TEST

Driver's Name_____

Social Security Number _____

Operator's or Chauffeur's License Number _____

State _____

Type of Power Unit _____

Type of Trailer(s) _____

If passenger carrier, type of bus _____

This is to certify that the above named driver was given a road test under my supervision on _____, 20___, consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skills to operate safely the type of commercial motor vehicle listed above.

_____
(Signature of Examiner)

_____
(Title)

_____
(Organization and Address of Examiner)

ANNUAL VIOLATION AND REVIEW RECORD

Driver's Name:

_____

(PLEASE PRINT OR TYPE)

I. CERTIFICATION OF VIOLATIONS (Part 391.27)

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	Offense	Location	Type 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'S NAME) (MOTOR CARRIER'S ADDRESS)

_____

(REVIEWED BY SIGNATURE) (TITLE)

II. ANNUAL REVIEW OF DRIVING RECORD (Part 391.25)

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past 12 months. I considered any evidence that the driver has violated applicable provisions of the FMCSR's and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operations of motor vehicles and gave great weight to violations such as: speeding, reckless driving, and operations while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the 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 commercial motor vehicle pursuant to Part 391.15

_____

(MOTOR CARRIER'S NAME) (MOTOR CARRIER'S ADDRESS)

_____

(REVIEWED BY SIGNATURE) (TITLE) (DATE)

REQUEST FOR MVR

This form shall be used by persons making requests for a driving record (**MVR** -Motor Vehicle Record) under Utah Code Ann. § 53-3-104 or a commercial motor vehicle driver record (**CDL - MVR**) under Utah Code Ann. § 53-3-420. The form shall be completed by any requester who required written consent of the person to whom the information pertains. An MVR shall be released by the division only to qualifying requesters pursuant to 'permissible uses' articulated in the federal Driver Privacy Protection Act (**DPPA**) and a CDL-MVR shall be released by the division only to qualifying requesters pursuant the definitions listed in § 384.225 of the Federal Motor Carrier Safety Administration (**FMCSA**).

PERSON REQUESTING THE MVR

Please type or print all information.

Name of Requester _____ Daytime telephone _____

Name of Company (if applicable) _____ Date of Request _____

Mailing Address _____
Street City/State ZIP

Certification Statement: I certify under penalty of law that I am entitled to personal information from the requested driver record. I am aware that there are criminal and civil penalties for knowingly obtaining, disclosing, or using the personal information for a purpose not permitted under DPPA (18 U.S.C. §§ 2721-2724).

_____
(Signature of person requesting driving record)

□ Fee of $6.00 enclosed.

PERSON TO WHOM THE MVR PERTAINS

The requester listed above requests access to driver record(s), including personal information as defined in 18 U.S.C. §§ 2721-2724, concerning the following person:

Name _____ _____ _____ _____
Last (First) (Middle) (Date of Birth)

Driver License Number _____ Address (if available) _____

DRIVER PRIVACY PROTECTION ACT PERMISSIBLE USES

□ 01 For use by any government agency, including any court or law enforcement agency, in carrying out its functions.

□ 9a For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under chapter 313 of title 49.

□ 9b Motor Carrier or Prospective Motor Carrier - After notification to a driver, all information on that driver's, or prospective driver's CDL MVR. **(Person to whom the CDL MVR pertains must complete the approval below.)**

□ 13 For use by any requester, if the requester demonstrates it has obtained the written consent of the individual to whom the information pertains. **(Person to whom the MVR pertains must complete the approval below.)**

□ 14 For any other use specifically authorized under the law of the State that holds the record, if such use is related to the operation of a motor vehicle or public safety.

APPROVAL OF THE PERSON TO WHOM THE MVR OR CDL-MVR PERTAINS

I am the individual to whom the MVR or CDL-MVR pertains and I grant permission for the above requester to receive a copy of my Utah driver license record (MVR) □ ____ (initials) or full commercial driver record (CDL-MVR) □ ____ (initials) from the Utah Driver License Division.

_____
Driver's Signature

Subscribed and sworn to me this ____day of _____, 20___

In the county of _____, State of _____

Notary Signature_____

Notary expires:_____

Notary Public Seal or Stamp

DLD USE ONLY
Date received

DLD employee

DLD60b
Rev. 9-16