



# **DRIVER QUALIFICATION FILE TEMPLATE**

**A DIY PRINTABLE FILE FOR YOUR  
DRIVER QUALIFICATION RECORDS**

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# WELCOME!

Congratulations! By purchasing this template, you are one step closer to completing the DOT compliance section of driver qualification. Inside this template you will find checklists, instructions, forms, and templates to create a driver qualification file.

The Federal regulations regarding the qualification of drivers and documents regarding the process can be found in Federal Regulations 49 CFR 391.51 or on the FMCSA website. Please note that some documents will require maintenance and ongoing updates. A handy checklist has been provided to give you guidance in this area.

If at any point you wish someone else would take this off your hands, our Transportation Advisors are here for you! We offer a full driver qualification file service. As a bonus, we even included a coupon if you decide to upgrade to this service.

We hope to partner with you and your business as you grow. Please do not hesitate to contact us. We ♥ to help!

Expires: 12/31/24

**\$20 off**

**Driver Qualification  
File**

Valid only with coupon code.  
Cannot be combined with any other offer.  
Limit 1 coupon per customer.

CODE: GETDQ20OFF

Expires: 12/31/24

**\$10 off**

**Compliance Add-on  
Package**

Valid only with coupon code.  
Limit 1 coupon per customer.  
Cannot be combined with any  
other offer.

CODE: COMPKG10OFF

# GETTING STARTED

Tips and tricks on how to best use this template



## CHECK EACH PAGE FOR INSTRUCTIONS

Pay close attention to instructions in **red**. These are instructions we have added to help you. Don't worry! If you print the page our instructions will not be visible.



## EASILY MAINTAIN FILES

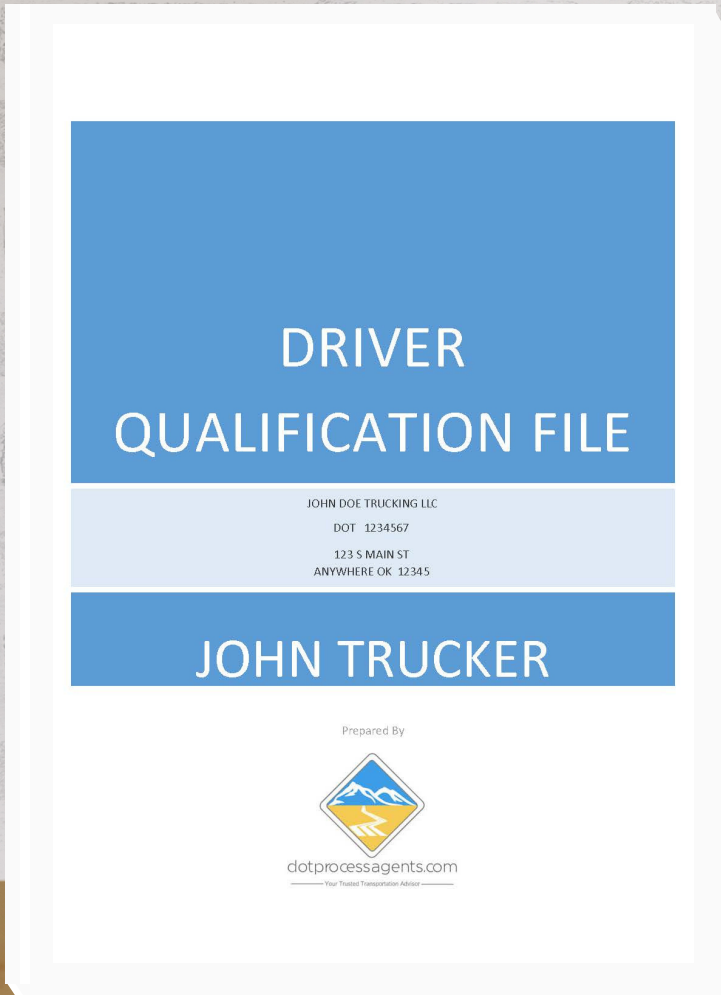
To easily maintain your files print the forms and place them in a binder for each driver. We've included a template for printable binder tabs using AVERY Print-On Dividers (11515).



## REUSE AGAIN AND AGAIN!

You have access to your download link for 7 days. Be sure to save a blank copy of the template to use again and again for each new driver!





# PRINTABLES FOR ORGANIZATION

The following pages contain printable templates that have been created to help organize your driver qualification file.

You will find a cover page, divider pages, as well as a comprehensive checklist.

# DRIVER QUALIFICATION FILE

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**49 CFR 391.21  
Employment Application**

**A carrier must have the driver's employment application on file prior to their driving.**

**The application must be retained for the life of employment and three years after termination of employment.**



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**49 CFR 391.23**  
**Inquiry to Previous Employers:**  
**Safety Performance History Records Request**

**Must be in file within 30 days of employment.**

**The information must be retained for the life of employment  
and three years after termination of employment.**

Inquiry to  
Previous Employers



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**49 CFR 391.31  
Road Test Certificate**

**A carrier must have proof of a driver's road test certificate, issued in the last three years or copy of current commercial drivers license prior to their driving.**

**The certificate must be retained for the life of employment and three years after termination of employment.**

**All CDL drivers with less than one year experience must provide a entry-level driver training certificate.**

Road Test  
Certificate



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## **49 CFR 391.23 Driving Record**

An inquiry must be made, within 30 days of hire, to each State where the driver held or holds a motor vehicle operator's license or permit during the preceding 3 years to obtain that driver's motor vehicle record.

A copy of the motor vehicle record(s) obtained must be placed in the driver qualification file within 30 days of hire. If no motor vehicle record is received from the State a good faith effort must be documented.

The original record must be retained for the life of employment and three years after termination of employment.

The driving record must be requested and reviewed annually. The annual record must be kept for 3 years from the date of execution.



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**49 CFR 391.21  
Medical Examiner's Certificate**

The carrier must retain a copy of the medical examiner's certificate or CDLIS motor vehicle record, containing this information for CDL drivers. An exam must be conducted by a medical examiner once every 24 months.

A note must be included in the file to verify that the medical examiner is listed on the National Registry.

The certificate must be retained for three years from the date of execution.




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# CHECKLIST FOR QUALIFICATION OF NEW DRIVERS

ACCORDING TO SECTION 391.51(A)

The following checklist will help you ensure that each driver qualification file is complete. Use the guide provided to determine the length each record should be maintained.

| Drivers Name  |   | Date of Qualification   |                   |                 |
|---|---|---|-------------------|-----------------|
|  | Form  | Must Retain Document For  | Date of Execution | Expiration Date |
| <b>Initial Documents</b>  |   |   |                   |                 |
|   | <b>Driver's Application for Employment (Form Included)</b><br>A driver must not drive a CMV unless an application for employment is completed and signed.   | Life of employment + 3 years after termination                                |                   |                 |
|   | <b>Driver's Road Test Certificate or CDL</b><br>A person must not drive a commercial motor vehicle until they have successfully completed a road test and have been issued a certificate.   | Life of employment + 3 years after termination                                |                   |                 |
|   | <b>Inquiry to Previous Employers for Safety Performance History Records Request (Form Included)</b><br>Motor Carriers must request the driver's employment record during the preceding three years. This investigation must be completed within 30 days of the date employment begins. Carrier must retain a record of the request and all response documentation.  | Life of employment + 3 years after termination                                |                   |                 |
|   | <b>Safety Performance History Records: Driver Correction or Rebuttal (if applicable)</b><br>Motor carriers must maintain if a driver documents that information in the history is inaccurate.   | Life of employment + 3 years after termination                                |                   |                 |
|   | <b>Inquiry To State Agencies for 3-Year Driving Record</b><br>Motor carriers must contact State agencies for the driver's MVR for the past three years. MVR must be kept in the driver's personnel file, and updated annually.  | Life of employment + 3 years after termination                                |                   |                 |
|   | <b>Pre-Employment Drug and Alcohol Documents</b><br>Motor carriers must investigate a potential driver through previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application, in a safety-sensitive function that required alcohol and controlled substance testing. As of January 6, 2023, employers must use the Drug and Alcohol Clearinghouse (pre-employment query) to comply with the requirements of this section with respect to FMCSA-regulated employers. | See Controlled Substances and Alcohol chapter for recordkeeping requirements. |                   |                 |

|  | Form  | Must Retain Document For       | Date of Execution | Expiration Date |
|---|---|--------------------------------|-------------------|-----------------|
| <b>Ongoing Updates</b>  |   |                                |                   |                 |
|   | <p><b>Annual Inquiry to State Agencies for Driving Record</b></p> <p>Motor carriers must contact State agencies annually for an updated copy of each driver's motor MVR.</p>  | 3 years from date of execution |                   |                 |
|   | <p><b>Annual Review of Driving Record (Form Included)</b></p> <p>The motor carrier must annually request and review the driver's MVR to determine whether the driver still meets the minimum requirements for safe driving, and to confirm they are not disqualified.</p>   | 3 years from date of execution |                   |                 |
|   | <p><b>Medical Examination Certificate</b></p> <p>All commercial drivers are required to pass a physical exam conducted by a licensed medical examiner at least once every 24 months. The carrier must retain a copy of this certificate. For CDL drivers; the carrier must retain a copy of the CDLIS motor vehicle record, which contains the examination information.</p> | 3 years from date of execution |                   |                 |
|   | <p><b>Employer note verifying that medical examiner is listed on National Registry of Certified Medical Examiners (Form Included)</b></p> <p>A note must be included in the driver's qualification file to verify that the medical examiner is listed on the National Registry of Certified Medical Examiners.</p>  | 3 years from date of execution |                   |                 |

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| ✓   | Form  | Must Retain Document For                       | Date of Execution | Expiration Date |
|---|---|--|-------------------|-----------------|
| <b>Applicable Documents</b>   |   |  |                   |                 |
| The following additional documents are only required for certain types of drivers, or in specific situations. |   |  |                   |                 |
|   | <p><b>Longer Combination Vehicle (LCV) Driver Training Certificate</b></p> <p>A driver must not operate an LCV unless the driver can produce an LCV Driver Training Certificate or an LCV Driver Training Certificate of Grandfathering.</p>  | Life of employment + 3 years after termination |                   |                 |
|   | <p><b>Multiple-Employer Drivers</b></p> <p>Multiple-employer driver means a driver, who in any period of 7 consecutive days, is employed or used as a driver by more than one motor carrier.</p>  | Life of employment + 3 years after termination |                   |                 |
|   | <p><b>Skill Performance Evaluation Certificate</b></p> <p>Drivers with physical impairments which affect their ability to safely operate CMVs according to their medical examiners, or with missing limbs (e.g., a hand or finger, an arm, foot or leg), are required to obtain SPE certificates.</p> | 3 years from date of execution                 |                   |                 |

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# DRIVER FORMS

The following pages contain the various forms that your driver will need to complete.

Be sure to reference the checklist on pages 12-14 to determine how long you should keep the document in the driver qualification file. Also reference the checklist to see which documents should be completed on an ongoing basis





# EMPLOYMENT APPLICATION

**Company Name:**

**Address:**

**City, State Zip:**

**Phone Number:**

**Email:**

*An Equal Opportunity Employer*

Please give complete answers to ALL questions - Incomplete answers will only slow, or stall the application.

| Applicant Information* |  |                    |  |                              |  |
|------------------------|--|--------------------|--|------------------------------|--|
| <b>First Name</b>      |  | <b>Middle Name</b> |  | <b>Last Name</b>             |  |
| <b>Phone</b>           |  | <b>Email</b>       |  |                              |  |
| <b>Date of Birth</b>   |  | <b>SSN</b>         |  | <b>Position Applying For</b> |  |

**Have you ever been known by any other name? \***

- Yes
- No

**If yes, please list name**

| Address *             |  |              |  |            |  |
|-----------------------|--|--------------|--|------------|--|
| <b>Street Address</b> |  |              |  |            |  |
| <b>City</b>           |  | <b>State</b> |  | <b>Zip</b> |  |

**Have you been at this address 3 years or more? \***

- Yes
- No

**If no, please list prior 3 year addresses here and please be complete**

**If hired, can you furnish proof you are eligible to work in the U.S.? \***

- Yes
- No



### License Information

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

**License Class \***      **License Number \***      **State of Issue \***

**CDL Endorsements \***

- None
- Tanker
- Doubles/Triples
- Hazmat
- X Endorsement
- TWIC

**Have you held a license in any other state in the last 3 years? \***

- Yes
- No

**If yes, please list any licenses held in other states for the previous 3 years, including license numbers if you can.**

| Driving Experience                |   |           |         |                         |
|-----------------------------------|---|-----------|---------|-------------------------|
|                                   | Type of Equipment (Van, Tank, Flat, Etc...) | Date From | Date To | Approx # of Total Miles |
| <b>Straight Truck</b>             |   |           |         |                         |
| <b>Tractor &amp; Semi-Trailer</b> |   |           |         |                         |
| <b>Tractor &amp; 2 Trailers</b>   |   |           |         |                         |
| <b>Tractor &amp; Tanker</b>       |   |           |         |                         |
| <b>Other</b>                      |   |           |         |                         |

**Have you ever been denied a license, permit, or privilege to operate a motor vehicle? \***

- Yes
- No

**If yes, explain**



**Has any license, permit, or privilege ever been suspended or revoked? \***

Yes

No

**If yes, explain**

### EMPLOYMENT HISTORY

ALL drivers must list any employer for whom they have been employed in the previous 3 years. Additionally CDL drivers must list any employer for whom they have operated a CMV in the last 7 years for a total of 10 years previous employment.

| Please list current, or most recent employment first. |  |                         |                             |                 |  |
|---|--|-------------------------|-----------------------------|-----------------|--|
| <b>Employer Name *</b>                                |  |                         |                             |                 |  |
| <b>Employer Email</b>                                 |  | <b>Employer phone *</b> |                             |                 |  |
| <b>Employer Address *</b>                             |  |                         |                             |                 |  |
| <b>City</b>   |  | <b>State / Province</b> |                             | <b>Zip Code</b> |  |
| <b>Position Held *</b>                                |  | <b>From MO/YR*</b>      | <b>Reason for leaving *</b> |                 |  |
|   |  | <b>To MO/YR*</b>        |                             |                 |  |

**Is this your current employer? \***

Yes

No

**May we contact this employer at this time? \***

Yes

No

**While employed here, were you subject to the Federal Motor Carrier Safety Regulations? \***

Yes

No

**Was the job designated as a safety-sensitive function in any Department of Transportation regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? \***

Yes

No



| SECOND MOST RECENT PREVIOUS EMPLOYER |  |             |                      |          |  |
|--------------------------------------|--|-------------|----------------------|----------|--|
| Employer Name *                      |  |             |                      |          |  |
| Employer Email                       |  |             | Employer phone *     |          |  |
| Employer Address *                   |  |             |                      |          |  |
| City                                 |  |             | State / Province     | Zip Code |  |
| Position Held *                      |  | From MO/YR* | Reason for leaving * |          |  |
|                                      |  | To MO/YR*   |                      |          |  |

**While employed here, were you subject to the Federal Motor Carrier Safety Regulations? \***

- Yes
- No

**Was the job designated as a safety-sensitive function in any Department of Transportation regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? \***

- Yes
- No

| THIRD MOST RECENT PREVIOUS EMPLOYER |  |             |                      |          |  |
|-------------------------------------|--|-------------|----------------------|----------|--|
| Employer Name *                     |  |             |                      |          |  |
| Employer Email                      |  |             | Employer phone *     |          |  |
| Employer Address *                  |  |             |                      |          |  |
| City                                |  |             | State / Province     | Zip Code |  |
| Position Held *                     |  | From MO/YR* | Reason for leaving * |          |  |
|                                     |  | To MO/YR*   |                      |          |  |

**While employed here, were you subject to the Federal Motor Carrier Safety Regulations? \***

- Yes
- No



**Was the job designated as a safety-sensitive function in any Department of Transportation regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? \***

- Yes
- No

**If you need additional space for previous employment , please attach a separate page and include ALL information previously asked for.**

**Accident/Traffic Conviction History**

**Have you had any accidents in the last 3 years? \***

- Yes
- No

| Accident Record          |  |              |            |                       |
|--------------------------|--|--------------|------------|-----------------------|
| Date (most recent first) | Nature of Accident (head-on, rear-end, etc...) | # Fatalities | # Injuries | Chemical Spills (Y/N) |
|                          |  |              |            |                       |
|                          |  |              |            |                       |
|                          |  |              |            |                       |

**List any additional accidents here (be sure to include all the above information)**

**Have you had any traffic convictions or forfeitures in the last 3 years (other than parking violations)? \***

- Yes
- No

| Traffic Convictions      |           |                    |         |
|--------------------------|-----------|--------------------|---------|
| Date (most recent first) | Violation | State of Violation | Penalty |
|                          |           |                    |         |
|                          |           |                    |         |
|                          |           |                    |         |

**List any additional traffic convictions here (be sure to include all the above information)**



## Additional Information

### EDUCATION

**Name & City/State of High School**

**Did you graduate/equivalent?**

Yes

No

**Name & City/State of College**

**Did you graduate?**

Yes

No

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. 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 resend 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.

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

|                          |  |      |  |
|--------------------------|--|------|--|
| Applicant Signature      |  | Date |  |
| Applicant Name (printed) |  |      |  |



## ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the driver's motor vehicle record and other information described in 49 CFR 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

---

DRIVER NAME: LAST, FIRST, MI

SOCIAL SECURITY NUMBER

DATE OF EMPLOYMENT

---

HOME TERMINAL (CITY AND STATE)

DRIVER'S LICENSE NUMBER

STATE

EXPIRATION DATE

I have reviewed the driving record of the above named driver in accordance with 49 CFR 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

Actions taken with driver:

---

MOTOR CARRIER NAME

MOTOR CARRIER ADDRESS

---

REVIEWER PRINTED NAME

REVIEWER SIGNATURE

TITLE

DATE OF REVIEW



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## EMPLOYER FORMS

The following pages contain the various forms that will require action by you as the employer.

Keep in mind that if you are an owner/operator, you will be completing both the driver and employer forms.

Be sure to reference the checklist on pages 12-14 to determine how long you should keep the document in the driver qualification file. Also reference the checklist to see which documents should be completed on an ongoing basis



**PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3**

|   |   |
|---|---|
| <b>PART 3:</b>  | <b>TO BE COMPLETED BY CURRENT/PREVIOUS EMPLOYER</b> |
| <b>DRUG AND ALCOHOL HISTORY</b>   |   |
| <p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p> <ol style="list-style-type: none"> <li>1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>4. Has this person committed other violations of Subpart B of Part 382, or Part 40?<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>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.<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>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?<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></li> </ol> <p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p> |   |

|   |  |
|---|--|
| <b>PART 4a:</b>   | <b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b> |
| <p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p> |  |

|  |  |
|--|--|
| <b>PART 4b:</b>  | <b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b> |
| <p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p> |  |

**INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

- PAGE 1 PART 1:** Prospective Employee
  - Complete the information required in this section
  - Sign and date
  - Submit to the Prospective Employer
- PAGE 2 PART 4a:** Prospective Employer
  - Complete the information
  - Send to Previous Employer
- PAGE 1 PART 2:** Previous Employer
  - Complete the information required in this section
  - Sign and date
  - Turn form over to complete SIDE 2 SECTION 3

- PAGE 2 PART 3:** Previous Employer
  - Complete the information required in this section
  - Sign and date
  - Return to Prospective Employer
- PAGE 2 PART 4b:** Prospective Employer
  - Record receipt of the information
  - Retain the form



**U.S. DEPARTMENT OF TRANSPORTATION  
MOTOR CARRIER SAFETY PROGRAM  
INQUIRY TO STATE AGENCY FOR  
DRIVER'S RECORD  
391.23**

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

\_\_\_\_\_  
(Driver's Operator's Lic. No.)

\_\_\_\_\_  
(Driver's Social Sec. No.)

Dear \_\_\_\_\_,

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

\_\_\_\_\_  
Signature of individual making inquiry

\_\_\_\_\_  
(printed) Name of person making inquiry

\_\_\_\_\_  
Title of person making inquiry

\_\_\_\_\_  
Motor Carrier Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

# VERIFICATION OF MEDICAL EXAMINER

NATIONAL REGISTRY NUMBER:

CERTIFICATION DATE:

Prepared By



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# MISC FORMS

The following pages contain miscellaneous forms that you may find useful.

In the event your driver does not have a CDL or a road test certificate, we have provided a test and certificate that you can administer to them.

If you use a third party to run any background checks, you will need to inform the driver of their rights under the FCRA.



DRIVER'S ROAD TEST EXAMINATION

Driver's Name \_\_\_\_\_ Phone \_\_\_\_\_

Driver's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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 Performance:

- \_\_\_\_\_ The pretrip 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 \_\_\_\_\_ 20 \_\_\_\_ 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 391.31\(e\)\(f\)\(g\)](#))

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 \_\_\_\_\_ consisting of approximately \_\_\_\_\_ miles of driving.

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

EXAMINER FIRST & LAST NAME

SIGNATURE OF EXAMINER

DATE

BUSINESS NAME AND ADDRESS OF ORGANIZATION



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*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

| <b>TYPE OF BUSINESS:</b>  | <b>CONTACT:</b>  |
|---|--|
| <p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>  | <p>a. Consumer Financial Protection Bureau<br/>1700 G Street, N.W.<br/>Washington, DC 20552</p> <p>b. Federal Trade Commission<br/>Consumer Response Center<br/>600 Pennsylvania Avenue, N.W.<br/>Washington, DC 20580<br/>(877) 382-4357</p>  |
| <p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p> | <p>a. Office of the Comptroller of the Currency<br/>Customer Assistance Group<br/>1301 McKinney Street, Suite 3450<br/>Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center<br/>P.O. Box 1200<br/>Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center<br/>1100 Walnut Street, Box #11<br/>Kansas City, MO 64106</p> <p>d. National Credit Union Administration<br/>Office of Consumer Financial Protection (OCFP)<br/>Division of Consumer Compliance Policy and Outreach<br/>1775 Duke Street<br/>Alexandria, VA 22314</p> |
| <p>3. Air carriers</p>  | <p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings<br/>Aviation Consumer Protection Division<br/>Department of Transportation<br/>1200 New Jersey Avenue, S.E.<br/>Washington, DC 20590</p>   |
| <p>4. Creditors Subject to the Surface Transportation Board</p>   | <p>Office of Proceedings, Surface Transportation Board<br/>Department of Transportation<br/>395 E Street, S.W.<br/>Washington, DC 20423</p>  |
| <p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>   | <p>Nearest Packers and Stockyards Administration area supervisor</p>   |
| <p>6. Small Business Investment Companies</p>   | <p>Associate Deputy Administrator for Capital Access<br/>United States Small Business Administration<br/>409 Third Street, S.W., Suite 8200<br/>Washington, DC 20416</p>   |
| <p>7. Brokers and Dealers</p>   | <p>Securities and Exchange Commission<br/>100 F Street, N.E.<br/>Washington, DC 20549</p>  |
| <p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>   | <p>Farm Credit Administration<br/>1501 Farm Credit Drive<br/>McLean, VA 22102-5090</p>   |
| <p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>  | <p>Federal Trade Commission<br/>Consumer Response Center<br/>600 Pennsylvania Avenue, N.W.<br/>Washington, DC 20580<br/>(877) 382-4357</p>   |

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