APPLICATION FOR CDL EMPLOYMENT

10813 Hwy 257 Spur Greeley, CO 80634

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

TO BE READ AND SIGNED BY APPLICANT

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

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

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

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

_____ _____

APPLICANT'S SIGNATURE DATE

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

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

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

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

_____ _____

Employee signature **Date**

_____

Employee's Name-Printed

DRIVER APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

Address _____ Number of Years? _____
(STREET) (CITY) (STATE & ZIP CODE)

Date of Birth _____ Social Security NO. _____

Telephone Number _____ E-Mail Address _____

PREVIOUS THREE YEARS RESIDENCY

_____ # YEARS _____
(STREET) (CITY) (STATE & ZIP CODE)

_____ # YEARS _____
(STREET) (CITY) (STATE & ZIP CODE)

_____ # YEARS _____
(STREET) CITY) (STATE & ZIP CODE)

_____ # YEARS _____
(STREET) CITY) (STATE & ZIP CODE)

_____ # YEARS _____
(STREET) CITY) (STATE & ZIP CODE)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Can you provide proof of age? _____ Do you have the legal right to work in the US _____

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

Dates: From _____ To _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

_____

If yes, explain if you wish.

_____

_____

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LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	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 the answer to either A. or B. is yes, explain details _____

_____

Number of years you've held a Commercial Drivers License (CDL)? Enter N/A if None _____

If less than one year can you provide training certificate for Entry Level Driver Training? _____

List states operated in for the past five years: _____

_____

Which safe driving awards do you hold and from whom? _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ECT.)	DATES / APPROX TIME FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES
PICKUP & TRAILERS			
STRAIGHT TRUCK			
TRACTOR & SEMI-TRAILER			
TRACTOR & TWO TRAILERS			

EXPERIENCE AND QUALIFICATION - OTHER

Show any trucking, transportation, or other experience that may help in your work for this company.

_____

_____

List any courses and training which may help you as a driver for this company.

_____

_____

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

_____

_____

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ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) Write None if none

DATES	NATURE OF ACCIDENT (head-on, rear-end, rollover, etc.)	NUMBER FATALITIES	NUMBER INJURIES	HAZARDOUS MATERIAL SPILLS
				YES ☐ NO ☐
				YES ☐ NO ☐
				YES ☐ NO ☐
				YES ☐ NO ☐

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) Write None if none

DATE CONVICTED (month/year)	VIOLATION (reckless/careless driving, unsafe lane changes, following too close, etc.)	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, revocation, suspension, points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

Enter the Highest grade completed: (1-8) _____ High School: (9-12) _____ College: (1-4) _____

Last School Attended: _____

Name of School Street Address, City, State ZIP

TO BE READ AND SIGNED BY APPLICANT

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.

_____ _____

APPLICANT'S SIGNATURE Date

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

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EMPLOYMENT RECORD

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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

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

PREVIOUS EMPLOYER: (LIST PREVIOUS EMPLOYERS STARTING WITH MOST RECENT)

COMPANY NAME _____ SUPERVISOR _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ _____

REASONS FOR LEAVING _____

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

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

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

PREVIOUS EMPLOYER:

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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 Pubic 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 49 CFR 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant Name (Printed): _____

Applicant Signature: _____ Date: _____

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Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

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

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

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

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

2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION, OR CANCELLATION:** Section 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to:
   1) your employing motor carrier, and
   2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License Number _____ State _____ Exp. Date _____

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

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes:

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DRIVER STATEMENT OF ON-DUTY HOURS

(For Newly Hired Drivers or Intermittent Use Drivers)

INSTRUCTIONS: Motor carriers, when using a driver for the first time or intermittently, must obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to the beginning work for the carrier, as required by Section 395.8(j)(2) of the Federal Motor Carrier Safety Regulations.

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

This form should be completed on the day the driver is scheduled to begin driving an commercial motor vehicle, and must be kept on file for at least 6 months.

Driver Name (Print) _____ Drivers License # _____

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								TOTAL HOURS
HOURS WORKED								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relived fiom work at

_____ On _____

Month / Day / Year

_____ _____

Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, and performing any compensated work for any non-motor carrier entity.

(Check One)

Are you currently working for another employer? ☐ Yes ☐ No

At this time do you intend to work for another employer while still employed by this company? ☐ Yes ☐ No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

_____ _____

Driver's Signature Date

_____ _____

Witness - Company Representative Date

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REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYERS

By signing below, I acknowledge and authorize the release of the following information for the purpose of investigation to HR Department of Bedrock LLC and/or On-Demand Concrete as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor carrier Safety Regulations. I fully understand and do hereby give my consent to obtain the information required by 49 CFR 382.413. You are released from any and all liability that may result from furnishing such information.

Printed Name: _____

SSN: last 4 digits _____ **Date:** _____ **Signature:** _____

PREVIOUS EMPLOYER INFORMATION:

Company Name: _____ DOT Number: _____

Address: _____
Street City State Zip

Telephone #: _____ Facsimile #: _____ email: _____

Designated employee representative: _____

Completed by: _____ Title: _____ Date: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER – REQUIRED BY FMCSR § 391.23 AND § 40.25

Accident History

The applicant named above was employed by us. Yes ☐ No ☐

Position Held: _____ From (mm/yyyy): _____ To (mm/yyyy): _____

Did he/she drive motor vehicles for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Trailer ☐ Bus ☐

Cargo Tank ☐ Doubles/Triples ☐ Other (specify) _____

Reason for leaving? Resignation ☐ Discharge ☐ Lay-Off ☐ Military Duty ☐ Other _____

If there is no safety performance history to report, check here ☐, sign below and return.

Accidents: Complete the following for any accidents included on your accident register that involved the applicant or check here ☐ if there is no accident register data for this person.

Date	Location	No. of Injuries	No. of Fatalities	HazMat Spill

Please provide information concerning any other accidents involving the applicant that were reported to government agencies, insurers or retained under company policy. _____

Drug and Alcohol History

If the driver was **not** subject to Dept of Transportation testing requirements while employed by you, please check here ☐

Driver was subject to DOT testing requirements from _____ to _____.

	Yes	No
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	☐	☐
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substance?	☐	☐
3. Has this person refused to submit to a post-accident random, reasonable suspicion, or follow-up alcohol or controlled substance test?	☐	☐
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?	☐	☐
5. If this person violated a 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.	☐	☐
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 a refusal to be tested?	☐	☐

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years. Indicate their contact information below

Company Name/Address _____ Tel. # _____

New employer name/address _____ Tel. # _____

New employer designated employee representative: _____ DOT # _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYERS

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Printed Name: _____

SSN: last 4 digits _____ **Date:** _____ **Signature:** _____

PREVIOUS EMPLOYER INFORMATION:

Company Name: _____ DOT Number: _____

Address: _____
Street City State Zip

Telephone #: _____ Facsimile #: _____ email: _____

Designated employee representative: _____

Completed by: _____ Title: _____ Date: _____

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2. Has this person tested positive or adulterated or substituted a test specimen for controlled substance?	☐	☐
3. Has this person refused to submit to a post-accident random, reasonable suspicion, or follow-up alcohol or controlled substance test?	☐	☐
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?	☐	☐
5. If this person violated a 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.	☐	☐
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Driver was subject to DOT testing requirements from _____ to _____.

	Yes	No
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	☐	☐
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substance?	☐	☐
3. Has this person refused to submit to a post-accident random, reasonable suspicion, or follow-up alcohol or controlled substance test?	☐	☐
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?	☐	☐
5. If this person violated a 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.	☐	☐
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 a refusal to be tested?	☐	☐

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years. Indicate their contact information below

Company Name/Address _____ Tel. # _____

New employer name/address _____ Tel. # _____

New employer designated employee representative: _____ DOT # _____

Previous Pre-Employment Employee Alcohol and Drug Test Statement

Section 40.25(j) as the employer, you must also ask the employee whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he/she had a positive test or a refusal to test, you must not use the employee to perform safety sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (ref. Section 40.25(b)(5) and (e))

Prospective Employee Name: _____ Drivers License #: _____

The prospective employee is required by Section 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain. Safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

   Check one: ☐ Yes ☐ No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

   Check one: ☐ Yes ☐ No

I certify that the information provided on this document is true and correct.

_____ _____

PROSPECTIVE EMPLOYEE SIGNATURE Date

_____ _____

WITNESSED BY (SIGNATURE) Date

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DR 2559 (10/07/16)
COLORADO DEPARTMENT OF REVENUE
Division Of Motor Vehicles
Driver Control Section, Room 164
PO Box 173350
Lakewood, CO 80217-3350
www.colorado.gov/revenue

Search Fee $9.00
Certified fee (additional) $1.00

Permission for Release of Individual Records

Driver's License offices provide only personal driving record information.
Records and/or other requests are available only at 1881 Pierce St., Lakewood, CO

Pursuant to §24-72-204 (7)(b)(XIII), C.R.S.

I *(please print)* _____ hereby authorize the release of personal information as contained in records maintained by the Colorado Department of Revenue, Division of Motor Vehicles, to the requestor identified below pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§24-72-204, §42-1-206 (1)(b)(I), §42-3-125 C.R.S.).

Driver's Date of Birth _____ Driver's License Number _____

Signature _____ Date _____

OR

I *(please print)* _____ am the parent or legal guardian

of *(please print)* _____ and hereby authorize the release of personal information contained in records maintained by the Colorado Department of Revenue, Division of Motor Vehicles, to the requestor identified below pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§24-72-204, §42-1- (1)(b)(I), §42-3-125 C.R.S.).

Driver's Date of Birth _____ Driver's License Number _____

Signature _____ Date _____

Release Records to (name) _____ Driver's License Number _____ State _____

Company (if applicable) _____

Address _____

City _____ State _____ ZIP Code _____

Under penalty of perjury, I attest that I shall not obtain, resell, transfer, or use the information in any manner prohibited by law. I understand that motor vehicle or driver records that are obtained, resold, or transferred for purposes prohibited by law may subject me to civil penalties under federal and state law. All of the information provided is true and accurate to the best of my knowledge.

Signature of Requestor _____ Date _____

If your check is returned for insufficient funds or a closed account, you may not be issued or renew any type of driver's license or identification card until the original check is redeemed and an administrative and short check fee are paid.

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

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

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

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

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

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

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

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

AUTHORIZATION

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

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

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

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

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

Date: _____ _____

Signature

_____

Name (Please Print)

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

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

LAST UPDATED 04/06/2021