

Motor Carrier's
MEDICAL EXAMINER NATIONAL REGISTRY VERIFICATION

MOTOR CARRIER INSTRUCTIONS: For each Medical Examiner's Certificate issued to a commercial motor vehicle driver, the motor carrier must verify that the medical examiner who signed the driver's medical card is listed on the National Registry. This requirement is prescribed in §391.23 and §391.51.

§391.23 Investigation and inquiries. (m)(l) The motor carrier must obtain an original or copy of the medical examiner's certificate issued in accordance with §391.43, and any medical variance on which the certification is based, and, beginning on or after May 21, 2014, verify the driver was certified by a medical examiner listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate, and place the records in the driver qualification file, before allowing the driver to operate a CMV.

§391.51 General requirements for driver qualification files. (b)(9)(i) For drivers not required to have a CDL, a note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §391.23(m)(1). **(b)(9)(ii)** Through June 21, 2021, for drivers required to have a CDL, a note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §391.23(m)(2).

RETENTION: This form is to be kept in the driver's qualification file for 3 years.

MOTOR CARRIER VERIFICATION: The following medical examiner has been verified as being listed on the National Registry of Certified Medical Examiners (NRCME) as of the date of issuance of the medical examiner's certificate for the named driver.

Driver's Name: _____ Driver's Identification Number: _____
(e.g., driver's license, employee ID)

Expiration Date of Medical Certificate:-----

Medical Examiner's Name:-----

National Registry Number:-----

Motor Carrier:-----

Location:_____

Verified By:_____ Date: -----
Motor Carrier Representative Signature

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

Company **TCO Transport, LLC**

Address **5860 N. Canton Center Rd Suite 165**

City **Canton** State **MI** Zip _____

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 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 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.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for -----

Name _____ Social Security No. _____
First Middle

List your addresses of residency for the past 3 years.

Current Address	----- Street _____ City _____	Phone _____	How Long? _____ yr. mo.
Previous Addresses	State _____ Zip Code _____		How Long? _____ yr. mo.
	Street _____ City _____ State & Zip Code _____		How Long? _____ yr. mo.
	Street _____ City _____ State & Zip Code _____		How Long? _____ yr. mo.
	Street _____ City _____ State & Zip Code _____		How Long? _____ yr. mo.

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

Date of Birth / / Can you provide proof of age? _____
 (Required for Commercial Drivers)

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

Dates: From _____ To _____ Position -----

Reason for leaving -----

Who referred you? ----- Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
 (Answer only if a job requirement)

Can you perform, with or without reasonable accommodation, the essential functions of the job [as described in the attached job description]? YES NO

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.
 (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER		DATE	
NAME		FROM MO.	YR.
ADDRESS		TO MO.	YR.
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

Driver licenses or permits held in the past 3 years	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 _____
8. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____
- _____
- _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO(M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH-SCHOOLBUS <input type="checkbox"/> YES <input type="checkbox"/> NO				
MOTORCOACH-SCHOOLBUS <input type="checkbox"/> YES <input type="checkbox"/> NO				
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS : _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____

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.

Signature: _____

Date: _____

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON		PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSR ^s t WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON		PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSR ^s t WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON		PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSR ^s t WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON		PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSR ^s t WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON		PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSR ^s t WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

tThe Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

MI-W4

EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE

(Rev. 11-19)

STATE OF MICHIGAN - DEPARTMENT OF TREASURY

This certificate is for Michigan income tax withholding purposes only. You must file a revised form within 10 days if your exemptions decrease or your residency status

changes from nonresident to resident Read instructions below before completing this form

Issued under P.A. 281 of 1967.

<p>3. Type or Print Your First Name, Middle Initial and Last Name</p> <p>Home Address (No., Street, P.O. Box or Rural Route)</p> <p>City or Town State ZIP Code</p>	<p>1. Social Security Number 2. Date of Birth</p> <p>4. Driver's License Number or State ID</p> <p>5. Are you a new employee?</p> <p><input type="checkbox"/> Yes If Yes, enter date of hire. </p> <p><input type="checkbox"/> No</p>
<p>6. Enter the number of personal and dependent exemptions you are claiming</p> <p>7. Additional amount you want deducted from each pay (if employer agrees)</p> <p>7. \$.00</p>	
<p>8. I claim exemption from withholding because (does not apply to nonresident members of flow-through entities - see instructions):</p> <p>a. <input checked="" type="checkbox"/> A Michigan income tax liability is not expected this year.</p> <p>b. <input checked="" type="checkbox"/> Wages are exempt from withholding. Explain: _____</p> <p>c. <input checked="" type="checkbox"/> Permanent home (domicile) is located in the following Renaissance Zone: _____</p>	
<p>EMPLOYEE:</p> <p>If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records.</p>	<p><i>Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I anticipate that I will not incur a Michigan income tax liability for this year.</i></p> <p>Employee's Signature Date</p>
<p>INSTRUCTIONS TO EMPLOYER:</p> <p>Employers must report all new hires to the State of Michigan. Keep a copy of this certificate with your records. If the employee claims 10 or more personal and dependent exemptions or claims a status exempting the employee from withholding, you must file their original MI-W4 form with the Michigan Department of Treasury. Mail to: New Hire Operations Center, P.O. Box 85010; Lansing, MI 48908-5010.</p>	<p>Employer: Complete lines 10 and 11 before sending to the Michigan Department of Treasury.</p> <p>10. Employer's Name, Address, Phone No. and Name of Contact Person</p> <p>11. Federal Employer Identification Number</p>

INSTRUCTIONS TO EMPLOYEE

You must submit a Michigan withholding exemption certificate (form MI-W4) to your employer on or before the date that employment begins. If you fail or refuse to submit this certificate, your employer must withhold tax from your compensation without allowance for any exemptions. Your employer is required to notify the Michigan Department of Treasury if you have claimed 10 or more personal and dependent exemptions or claimed a status which exempts you from withholding.

You MUST file a new MI-W4 within 10 days if your residency status changes or if your exemptions decrease because: a) your spouse, for whom you have been claiming an exemption, is divorced or legally separated from you or claims his/her own exemption(s) on a separate certificate, or b) a dependent must be dropped for federal purposes.

Line 5: If you check "Yes," enter your date of hire (mo/day/year).

Line 6: Personal and dependent exemptions. The total number of exemptions you claim on the MI-W4 may not exceed the number of exemptions you are entitled to claim when you file your Michigan individual income tax return.

If you are married and you and your spouse are both employed, you both may not claim the same exemptions with each of your employers.

If you hold more than one job, you may not claim the same exemptions with more than one employer. If you claim the same exemptions at more than one job, your tax will be under withheld.

Line 7: You may designate additional withholding if you expect to owe more than the amount withheld.

Line 8: You may claim exemption from Michigan income tax withholding ONLY if you do not anticipate a Michigan income tax liability for the current year because all of the following exist: a) your employment is less than full time, b) your personal and dependent exemption allowance exceeds your annual compensation, c) you claimed exemption from federal withholding, d) you did not incur a Michigan income tax liability for the previous year. You may also claim exemption if your permanent home (domicile) is located in a Renaissance Zone, you are a non-resident spouse of military personnel stationed in Michigan, or you are a member of a Native American tribe that has a tax agreement with the State of Michigan and whose principal place of residence is within the designated agreement area. Members of flow-through entities may not claim exemption from nonresident flow-through withholding. For more information on Renaissance Zones call (517) 636-4486. Full-time students that do not satisfy all of the above requirements cannot claim exempt status.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
 Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation <i>(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)</i>					
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)
Address (Street Number and Name)		Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][]J-[D-1]	Employee's E-mail Address			Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident {Alien Registration Number/USCIS Number}:	
<input type="checkbox"/> 4. An alien authorized to work until {expiration date, if applicable, mm/dd/yyyy}: Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/IJSC/S Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: OR</p> <p>2. Form I-94 Admission Number: _____ OR</p> <p>3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee _____ Today's Date (mm/dd/yyyy) _____

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct

Signature of Preparer or Translator _____		Today's Date (mm/dd/yyyy) _____		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town		State ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form 1-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents." j

Last Name (Family Name)

First Name (Given Name)

U. 1. Citizenship/Immigration Status

Employee Info from Section 1

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name)	City or Town	State ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.			Document Number	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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DRIVER STATEMENT OF ON-DUTY HOURS AND LOG USAGE (For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers, when using a driver for the first time, 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 beginning work for the carrier, as required by section 395.8U(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.

To help determine if an electronic logging device (ELD) is required under section 395.8(a)(1), the driver must indicate how often he/she needed to use logs in the past 30 consecutive days.

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

Driver Name (Print) _____

ID No. _____

DAY	1 <small>(yesterday)</small>	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

Were you required to use a record of duty status (driver's log) on 8 or more days within the past 30 *consecutive* days? **D** Yes **D** No

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

Time
Day
Month
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 of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, 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

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	ID NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box - None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____ Date _____

Signature _____ Title _____

Printed Name _____

Motor Carrier Name _____ Motor Carrier Address _____

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

REQUEST FOR CHECK OF DRIVING RECORD

NOTE: This form may only be used in states that do not require a specific form.

CAUTION: When using a third party to request background information on applicants or existing employees - such as motor vehicle records, information from previous employers, criminal records, or credit history - you are subject to the Fair Credit Reporting Act (FCRA) and State consumer reporting laws. Under FCRA, the third-party vendor is considered a consumer reporting agency (CRA) and the employee background information is a consumer report. Before you can obtain a consumer report from a CRA, you must provide applicants and employees with a disclosure stating that your company may obtain such a report for employment purposes, and you must have authorization from the applicant or employee to conduct the check. You must also provide a copy of the Federal Trade Commission's notice called "A Summary of Your Rights Under the Fair Credit Reporting Act." The notice, disclosure, and authorization are not included in this file, and some state laws have additional requirements. Consult with your CRA on the need and use of such documents.

I hereby authorize you to release the following information to TCO Transport, LLC
(Employer)
for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Driver's Signature) (Date)

I also hereby certify that this report request and the above driver's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title **XXX**, Section 300002(a)).

(Signature of Requester) (Date)

TO: _____

DEAR SIR/MADAM:

D The following named person has made application with our company for the position of _____
----- - In accordance with Section 391.23, Federal Department of Transportation Regulations,
please furnish the undersigned with the applicant's driving record for the past three years.

D The following named person is employed with our company in the position of _____
----- - In accordance with Section 391.25, Federal Department of Transportation Regulations,
please furnish the undersigned with the employee's driving record for the past year.

NAME OF **DRIVER**-----

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER **ADDRESS**-----
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

(Name of Company) (Typed Name)

(Address) (Title)

(City) (State) (Signature)

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 intrastate, interstate, or foreign commerce and operates a vehicle weighing or rated at 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 or rated at 10,001 pounds or more, can transport more than 15 people (or more than 8 people when there is direct compensation), 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:** Sections 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, suspension, cancellation, or disqualification of your driver's license or driving privilege. 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 your employing motor carrier. The notification must be in writing.
- 3) **COL 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 COL within 30 days.

The following license is the only one I possess:

Driver's License No. _____ 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:

(This form is not required for DOT compliance.)

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 ~~TCO Transport, LLC~~ ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

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

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

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

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

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

AUTHORIZATION

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

I authorize _____ ("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 2/11/2016

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or 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 or 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. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: _____ ID Number: _____
(print)

The prospective employee is required by Sec. 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: _____ Date: _____
(signature)

PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY

Pursuant to a request for Previous Employee Safety Performance History, Dated _____, this response is being provided to the Prospective Employer noted below in compliance with the Department of Transportation regulations, §391.23(g)(1) and §40.321(b).

Corrected Copy, Replaces Response Dated: _____

TO BE COMPLETED BY THE PREVIOUS EMPLOYER DRIVER IDENTIFICATION

Name of Previous Employee: _____ DOT Regulated Driver
Social Security No.: _____ Date of Birth: _____ Non-DOT Regulated Driver
Employed from _____ to _____ as _____

PREVIOUS EMPLOYER INFORMATION

Company Name: _____ Phone Number: _____
Contact Name: _____ Email: _____
Street: _____
City, State, Zip: _____

PROSPECTIVE EMPLOYER INFORMATION

Company Name: _____ THIS FORM WAS (check appropriate box)
Address: _____ Mailed, Date: _____
Street: _____ Faxed, Date: _____
City, State, Zip: _____ Emailed, Date: _____
Phone Number: _____ Email: _____ Relayed by Phone, Date: _____
Name of Person Contacted: _____

SAFETY PERFORMANCE HISTORY

There is no safety performance history to report.
Driver operated a: Straight Truck Tractor-Semitrailer Bus Cargo Tank Doubles/Triples Other (Specify) _____
 Driver did not operate a commercial motor vehicle.
Reason for leaving employ: Discharged Resignation Lay Off Military Duty

ACCIDENTS:

Date	Location	No. of Injuries	No. of Fatalities	Hazmat/Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

No accident register data for this driver.
 Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (§391.23(d)(2)(ii)).

DRUG/ALCOHOL TESTING:

Prospective employer did not provide signed release from driver (§40.321(b)). Therefore, drug/alcohol information cannot be provided.
Under DOT drug and alcohol testing requirements for the past 3 years from the request date shown above:

	Yes	No	
1. Was this person employed in a safety-sensitive function that required alcohol and controlled substances testing specified by 49 CFR Part 40? (if NO, skip this section.)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: • An alcohol test with a result of 0.04 or higher alcohol concentration. • A controlled substances test result of positive, adulterated, or substituted. • A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test. • Alcohol use while performing or within 4 hours before performing safety-sensitive functions. • Alcohol use after an accident, in violation of §382.303. • Controlled substances use while on duty, except as allowed under §382.213.	<input type="checkbox"/>	<input type="checkbox"/>	
3. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here <input type="checkbox"/> .	<input type="checkbox"/>	<input type="checkbox"/>	N/A <input type="checkbox"/>
4. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In providing this information, any DOT drug or alcohol testing information obtained from previous employers in the 3 years prior to the request date shown above is included.

Any other remarks: _____

Signature: _____
Title: _____ Date: _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Remove Ply 3 and adjacent carbon, complete SECTION Sa on Ply 3, and send Ply 1 and 2 to current / previous employer. Upon receipt of completed form, complete SECTION Sb and retain.

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
 First, M.I., Last _____ Social Security Number _____
 _____ hereby authorize: _____
 _____ Date of Birth _____
 Previous Employer: _____ Email: _____
 Street: _____ Telephone: _____
 City, State, Zip: _____ Fax No.: _____

to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
 (date of employment application)

To:
 Prospective Employer: TCO Transport, LLC
 Attention: Jessica Gerbert Telephone: (734)928-2120
 Street: 5860 N. Canton Center Rd Suite 165
 City, State, Zip: _____

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: _____
 Prospective employer's confidential email address: _____

 Applicant's Signature _____ Date _____

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

EMPLOYMENT VERIFICATION

The applicant named above was or is employed or used by us. Yes No

Employed as (job title) _____ from (m/y) _____ to (m/y) _____

Did he/she drive a motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus
 Cargo Tank Doubles/Triples Other (Specify) _____

Completed by: _____
 Company: _____
 Street: _____
 City, State, Zip: _____ Telephone: _____
 Signature: _____ Date: _____

Complete Sections 3 and 4 on SIDE 2 before returning.

SECTION 3

TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

Check here D if there is no accident register data for this driver and skip to Section 4. Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown on SIDE 1.

Table with columns: Date, Location, No. of Injuries, No. of Fatalities, Hazmat Spill. Row 1: 1. Row 2: 2.

3. Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

SECTION 4:

TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

Check here D and return if applicant was not subject to DOT testing requirements under 49 CFR Part 40 while employed by you. Applicant was subject to DOT testing requirements from _____ to _____

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1.

Within the past 3 years from the application date shown on SIDE 1: YES NO

- 1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: [] []
- An alcohol test with a result of 0.04 or higher alcohol concentration.
- A controlled substances test result of positive, adulterated, or substituted.
- A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test.
- Alcohol use while performing or within 4 hours before performing safety-sensitive functions.
- Alcohol use after an accident, in violation of §382.303.
- Controlled substances use while on duty, except as allowed under §382.213. N/A
2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program or completed such a program, check here: [] [] [] prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began
3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested? [] [] []

SECTION 5a

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) D Faxed to previous employer [] Mailed D Emailed D Other

By: _____ Date: _____

Subsequent attempts to contact previous employer (§391.23(c)(1)):

SECTION b:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from:

Recorded by: _____ Method: B Fax D Mail D Email D Telephone Other

Date:

CHECKLIST FOR QUALIFICATION OF NEW DRIVERS

NAME OF DRIVER: _____ ID NO.: _____

ADDRESS: _____
(Number and Street) (City) (State) (Zip Code)

INSTRUCTIONS TO CARRIER: The following checklist is intended to help the motor carrier obtain all of the documents required by the Federal Motor Carrier Safety Regulations. Record the information to acknowledge receipt of the documents. Alcohol and controlled substance and safety performance history information must be maintained in a confidential file.

	Date Request Forwarded	Date Document Returned	Document Approved Date	Signature
1. Driver's Application for Employment (691)	_____	_____	_____	_____
2. Request for Check of Driving Record (732 or 506540) (List state agencies written to)	_____	_____	_____	_____
3. Medical Examiner's Certificate (26521 or 47379) <small>NOTE: 26521 cannot be used after April 20, 2016</small>	_____	_____	_____	_____
4. Medical Examiner National Registry Verification (27033 or 27034)	_____	_____	_____	_____
5. Record and Certification of Road Test (13-F)	_____	_____	_____	_____
*6. Certification of Compliance with Driver License Requirements (1617)	_____	_____	_____	_____
7. Driver's Statement of On-Duty Hours (3687 or 3688) <small>(retain for 6 months with hours-of-service documents)</small>	_____	_____	_____	_____
8. Entry-Level Driver Training Certificate (664-FS-A2) <small>(if using an Entry-Level Driver)</small>	_____	_____	_____	_____
9. Longer Combination Vehicles Driver Certification <small>(if using the driver to operate Longer Combination Vehicles)</small>	_____	_____	_____	_____
*10. Employment Eligibility Verification 1-9 (30129) OTHER DOCUMENTS	_____	_____	_____	_____
11. _____	_____	_____	_____	_____

ALCOHOL AND CONTROLLED SUBSTANCES TESTING

(NOTE: THESE DOCUMENTS MUST BE MAINTAINED IN A SECURE LOCATION WITH CONTROLLED ACCESS)

1. Pre-employment test - controlled substances (Employer copy of Chain of Custody Form and Test Result)	_____	_____	_____	_____
2. Certificate of receipt - company drug and alcohol policy (6793)	_____	_____	_____	_____
3. Previous Pre-Employment Employee Alcohol and Drug Test Statement (6801 or 6802) OTHER DOCUMENTS	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

SAFETY PERFORMANCE HISTORY

(NOTE: THESE DOCUMENTS MUST BE MAINTAINED IN A SECURE LOCATION WITH CONTROLLED ACCESS)

1. Safety Performance History Records Request (9620 or 9652)	_____	_____	_____	_____
2. OTHER DOCUMENTS	_____	_____	_____	_____

*Not required by DOT. May be retained in personnel file.