

# DRIVER QUALIFICATION PACKET

Provided Compliments of:



# SUGGESTED DRIVER QUALIFICATION PACKET

Occasionally, Great West Casualty Company is asked for assistance by customers when they are looking to add new drivers in compliance with the Federal Motor Carrier Safety Regulations (FMCSR). Though we must leave your employment practices to your best judgment, we understand your desire for guidance relating to driver qualifications. Therefore, we have prepared the following list of driver qualifications documents that are required by the FMCSRs. It should be noted that this packet is not meant as an all-inclusive list of required items; consult Federal Motor Carrier Safety Regulations (FMCSRs) Parts 40, 382, 391. The documents contained herein conform with FMCSR requirements as of July 2013. You should always consult with your own legal counsel when developing standards that will best fit the needs of your company and ensure that the documents continue to conform with said regulations.

- ◆ **DRIVER HIRING & QUALIFICATION RECORDS CHECKLIST:** 30(017) (*Revised 9/04*) Form is used to document driver file requirements per FMCSR 391 and renewal dates for these items.
- ◆ **RECORDS RETENTION – FMCSR**
- ◆ **MEDICAL EXAMINER’S CERTIFICATE:** 30(005) Wallet size certificate indicating physical qualification of driver and date of expiration.
- ◆ **CERTIFICATION OF QUALIFICATION:** 30(021) Includes two cards: Certificate of Driver Qualification and Certificate of Road Test.
- ◆ **MINIMUM DRIVER QUALIFICATION INFORMATION:** 31(001) (*Revised 7/13*) Required by FMCSR 391.21. This document is suitable for independent owner/operators or company employees/drivers. NOW includes *Driver’s Rights* under 391.23
- ◆ **DRIVER’S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23**
- ◆ **DRIVER APPLICANT AND ALCOHOL PRE-EMPLOYMENT STATEMENT:** 30(001a) Form used to document an applicant applying for a safety sensitive function, as required per CFR 40.25(j).
- ◆ **CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/ CONSENT FORM:** 30(043) As required by FMCSR § 382.301.
- ◆ **DRIVER “INVESTIGATION HISTORY” FILE CHECKLIST** 30(041) FMCSR requires this form to be filed in a secure location, with limited access.
- ◆ **REQUEST FOR DRIVER’S SAFETY PERFORMANCE HISTORY:** 30(042) As required by FMCSR 391.21 for past employment investigation
- ◆ **SEVEN-DAY PRIOR LOG FORM:** 31(030) Use this form to recap prior seven days (total on duty hours) per FMCSR 395.3.
- ◆ **I-9 FORM:** (I-9) (New Version – Expires 3/31/2016) Form to verify employment eligibility as required by Department of Homeland Security and U.S. Citizenship and Immigration Services. (Instructions on back of form)
- ◆ **DRIVER PERFORMANCE EVALUATION {Road Test}** 30(008) (*Revised 9/04*) Should be used to summarize the evaluator’s thoughts on driver performance, including skills performed particularly well, those needing improvement and why.
- ◆ **CERTIFICATION OF ROAD TEST** 30(008a) As required per FMCSR Subpart D 391.31.
- ◆ **VIOLATION AND REVIEW RECORD:** 30(002) Allows review of driver’s record as required by FMCSR 391.25 and 391.27.

## DRIVER QUALIFICATION RECORDS CHECKLIST

DRIVER'S NAME: \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_

Initials of Records Administrator	FORM OR PROCESS	Initials of Person Verifying
_____	<b>1. MINIMUM DRIVER QUALIFICATION INFORMATION</b> a) Driver's Rights (to be given to the applicant prior to driver application) b) Driver Applicant Drug and Alcohol Pre-employment Statement c) Controlled Substance & Alcohol Testing Information Acknowledgement/ Consent Form d) Request for Driver's Safety Performance History	_____
_____	<b>2. MOTOR VEHICLE RECORD (MVR)</b> State: _____ Date obtained: _____ (All licenses held by the driver in the last 3-year must be investigated.)	_____
_____	<b>3. MEDICAL EXAMINER'S CERTIFICATE</b> PHYSICAL EXAMINATION "LONG FORM" should be placed in a Confidential' file. a) Fully completed and signed by driver & Examiner (with M.E. phone & license #'s) _____ b) Blood pressure meets minimum requirements _____ c) Drug test completed _____ Date received _____	_____
_____	<b>4. WAIVER OF PHYSICAL DISQUALIFICATION OR SKILL PERFORMANCE EVALUATION (SPE) CERTIFICATE (If required)</b>	_____
_____	<b>5. DRIVER PERFORMANCE EVALUATION [Road Test]</b> (Fully completed & signed by Examiner.)	_____
_____	<b>6. RECEIPT FOR ISSUANCE OF FMCSR BOOK</b>	_____
_____	<b>7. RECEIPT FOR DRIVER'S MANUAL/POLICIES (If applicable)</b>	_____
_____	<b>8. CERTIFICATE FOR COMPLETION OF ORIENTATION (If applicable)</b>	_____
_____	<b>9. SEVEN DAY PRIOR HOURS STATEMENT OR COPIES OF LOG SHEETS</b> (To be placed with log files.)	_____
_____	<b>10. COPY OF DRIVER'S LICENSE (Note:</b> a) Expiration date: _____ b) Class: _____ c) Endorsements: _____	_____
_____	<b>11. IMMIGRATION I-9 FORM (Fully completed &amp; signed)</b>	_____
_____	<b>12. W-4 IRS FORM (fully completed &amp; signed)</b>	_____
_____	<b>13. ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS &amp; ANNUAL REVIEW OF DRIVING RECORD (MVR)</b> (Must be completed at least once every 12 months from the date of hire.)	_____
_____	<b>14. OTHER DOCUMENTS:</b> _____	_____
_____	<b>15. NOTIFY YOUR GREAT WEST AGENT PRIOR TO MAKING THE HIRING DECISION</b>	_____

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# RECORD RETENTION – FMCSR

## **Part 382 - Controlled Substances & Alcohol Use and Testing**

- 5 years
  - Positive Drug/Alcohol results
  - Documentation of Refusals
  - Driver evaluations and referrals
  - Copy of annual summary
- 2 years
  - Records relating to collection (Chain of Custody )
- 1 year
  - Negative Test Results
- Indefinite
  - Training records
    - Supervisors

## **Part 383 – Commercial Driver's License Standards; Requirements & Penalties**

- Notification of convictions – 3 years
- Notification of suspensions

## **Part 387 – Minimum Levels of Financial Responsibility for Motor Carriers**

- Form MCS90 or MCS82

## **Part 390 – Federal Motor Carrier Safety Regulations; General**

- Accident Register 3 years from date of accident
- Accident report
- Waivers – 3 years

## **Part 391 – Qualifications of Drivers & Longer Combination Vehicle (LCV) Driver Instructions**

- Driver Qualification File –Length of employment + 3 years
- Documents that may be removed after 3 years
- Medical Examiners Certificate
- Annual Reviews with Annual MVR
- Certification of Violations

## **Part 395 – Hours Of Service Of Drivers**

- Record of Duty Status and all supporting documents – 6 months from date of receipt

## **Part 396 – Inspection, Repair, And Maintenance**

- Maintenance files – 1 year and 6 months after vehicle leaves
- Roadside inspections – 1 year
- DVIR – 3 months
- Periodic inspections – 14 months
- Certification of Annual Inspector
- Certification of Brake Inspector

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**MEDICAL EXAMINER'S CERTIFICATE**

I certify I have examined \_\_\_\_\_ in accordance with Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- Wearing corrective lenses
- Wearing a hearing aid
- Accompanied by a Skill Performance Evaluation Certificate (SPE)
- Driving within an exempt intra-city zone - 49 CFR 391.62
- Qualified by operation of 49 CFR 391.64
- Accompanied by a \_\_\_\_\_ waiver/exemption

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

Signature of Medical Examiner		Telephone	Date	
Medical Examiner's Name (print)	<input type="checkbox"/> MD <input type="checkbox"/> Physician Asst. <input type="checkbox"/> DO <input type="checkbox"/> Adv. Practice Nurse <input type="checkbox"/> Chiropractor <input type="checkbox"/> Other Practitioner			
Medical Examiner's License or Certificate No./Issuing State	National Registry No.			
Signature of Driver	CDL <input type="checkbox"/> Yes <input type="checkbox"/> No	Intrastate Only <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License #	State
Address of Driver		Medical Certificate Expiration Date		

**CERTIFICATE OF QUALIFICATION FOR DRIVER IN LEASE OR INTERCHANGE SERVICE**

(NAME OF DRIVER) \_\_\_\_\_ (SS NO) \_\_\_\_\_  
 (SIGNATURE OF DRIVER) \_\_\_\_\_

I certify that the above named driver, as defined in Sec. 391.1 is regularly driving a vehicle operated by the below named carrier and is full qualified under Part 391 Federal Motor Carrier Safety Regulations. Their current medical examiner's certificate expires on

Date \_\_\_\_\_  
 This certificate expires: \_\_\_\_\_  
 (DATE NO LATER THAN EXPIRATION DATE OF MEDICAL CERTIFICATE)  
 Issued by \_\_\_\_\_ Issued on \_\_\_\_\_  
 (NAME OF CARRIER) (DATE)  
 \_\_\_\_\_ (ADDRESS)  
 \_\_\_\_\_ (SIGNATURE)

**CERTIFICATION OF ROAD TEST**

Driver's Name \_\_\_\_\_  
 (Soc. Sec. No.) (Operator's or Chauffeur's License No.) (state)  
 Type of \_\_\_\_\_ Type of \_\_\_\_\_  
 Power Unit \_\_\_\_\_ Trailer(s) \_\_\_\_\_  
 If passenger carrier, type of Bus \_\_\_\_\_

This is to certify that the above named driver was given a road test under my supervision on \_\_\_\_\_, 20\_\_ consisting of approximately \_\_\_\_\_ miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

\_\_\_\_\_  
 (Signature of Examiner) (Title)

(Organization and address of Examiner)

(CUT ALONG LINE - BOTTOM COPIES FOR DRIVER TO KEEP IN WALLET)

**MEDICAL EXAMINER'S CERTIFICATE**

I certify I have examined \_\_\_\_\_ in accordance with Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- Wearing corrective lenses
- Wearing a hearing aid
- Accompanied by a Skill Performance Evaluation Certificate (SPE)
- Driving within an exempt intra-city zone - 49 CFR 391.62
- Qualified by operation of 49 CFR 391.64
- Accompanied by a \_\_\_\_\_ waiver/exemption

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

Signature of Medical Examiner		Telephone	Date	
Medical Examiner's Name (print)	<input type="checkbox"/> MD <input type="checkbox"/> Physician Asst. <input type="checkbox"/> DO <input type="checkbox"/> Adv. Practice Nurse <input type="checkbox"/> Chiropractor <input type="checkbox"/> Other Practitioner			
Medical Examiner's License or Certificate No./Issuing State	National Registry No.			
Signature of Driver	CDL <input type="checkbox"/> Yes <input type="checkbox"/> No	Intrastate Only <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License #	State
Address of Driver		Medical Certificate Expiration Date		

**CERTIFICATE OF QUALIFICATION FOR DRIVER IN LEASE OR INTERCHANGE SERVICE**

(NAME OF DRIVER) \_\_\_\_\_ (SS NO) \_\_\_\_\_  
 (SIGNATURE OF DRIVER) \_\_\_\_\_

I certify that the above named driver, as defined in Sec. 391.1 is regularly driving a vehicle operated by the below named carrier and is full qualified under Part 391 Federal Motor Carrier Safety Regulations. Their current medical examiner's certificate expires on

Date \_\_\_\_\_  
 This certificate expires: \_\_\_\_\_  
 (DATE NO LATER THAN EXPIRATION DATE OF MEDICAL CERTIFICATE)  
 Issued by \_\_\_\_\_ Issued on \_\_\_\_\_  
 (NAME OF CARRIER) (DATE)  
 \_\_\_\_\_ (ADDRESS)  
 \_\_\_\_\_ (SIGNATURE)

**CERTIFICATION OF ROAD TEST**

Driver's Name \_\_\_\_\_  
 (Soc. Sec. No.) (Operator's or Chauffeur's License No.) (state)  
 Type of \_\_\_\_\_ Type of \_\_\_\_\_  
 Power Unit \_\_\_\_\_ Trailer(s) \_\_\_\_\_  
 If passenger carrier, type of Bus \_\_\_\_\_

This is to certify that the above named driver was given a road test under my supervision on \_\_\_\_\_, 20\_\_ consisting of approximately \_\_\_\_\_ miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

\_\_\_\_\_  
 (Signature of Examiner) (Title)

(Organization and address of Examiner)

# MINIMUM DRIVER QUALIFICATION INFORMATION

Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*The purpose of this document is to determine whether or not the driver is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.*

## Instructions to Driver

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Date \_\_\_\_\_ Position applying for; Check One:  Contractor  Driver  Contractor's Driver

Name \_\_\_\_\_  
(First) (Middle) (Last)

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Emergency Phone Number (\_\_\_\_\_) \_\_\_\_\_

Age\* \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

Physical Exam Expiration Date: \_\_\_\_\_

### Current & Three Years Previous Addresses:

\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Have you worked for this company before?  Yes  No

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

## Education History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4



# Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List states operated in, for the last five years: \_\_\_\_\_

List special courses/training competed (PTD/DDC, Haz Mat, etc.): \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

**Accident Record for past three years (attach sheet if more space is needed)**

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

**Traffic Convictions and Forfeitures for the last three years (other than parking violations)**

Date	Location	Charge	Penalty

**Driver's License (list each driver's license held in the past three years)**

State	License #	Type	Endorsements	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?.. YES  NO
  - B. Has any license, permit or privilege ever been suspended or revoked? ..... YES  NO
  - C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?..... YES  NO
  - D. Have you ever been convicted of a felony\*?..... YES  NO
- If the answers to A, B, C or D is "YES", give details \_\_\_\_\_

\* Disclosure of this information does not automatically exclude the driver from consideration



## To Be Read and Signed by Driver

*It is agreed and understood that any misrepresentation given on this document shall be considered an act of dishonesty.*

*It is agreed and understood that the motor carrier or his agents may investigate my background to ascertain any and all information of concern to commercial driving record, whether same is of record or not, And I release the employers and persons named herein from all liability for any damages on account of their furnishing such information.*

*It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.*

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

**Driver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Remarks (For office use only)**

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## **DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23**

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and,
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all 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 specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

# DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

*CFR Part 40.25(j) requires the employer to ask any driver applicant, 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 rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, employers must not use the employee, if hired, to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. (See CFR 40.25(b)(5) and (e)).*

Applicant Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(Please Print)

Since you are applying to perform safety-sensitive functions for our company, we are required by CFR Part 40.25(j), to ask 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? Yes  No
2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements? Yes  No

My signature below certifies that the information provided is true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with \_\_\_\_\_ (Motor Carrier), commercial motor vehicle (CMV) driver applicants, who will perform safety-sensitive functions, must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

Post-Accident – Section 382.303	Random– Section 382.305	Reasonable-Suspicion – Section 382.307
Return to Duty – Section 382.309		Follow-up – Section 382.311

A driver who tests positive for a controlled substance(s) and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a driver from returning to a safety-sensitive position for any motor carrier until and unless the driver completes the Substance Abuse Professionals (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40, Subpart O.

The following is a referral list of Substance Abuse Professionals: (to be completed by Carrier)

<b>NAME</b>			
<b>ADDRESS</b>			
<b>PHONE #</b>			

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I, \_\_\_\_\_, have read the above controlled substances and alcohol testing requirements  
(Print Name)  
and understand them. I acknowledge receipt of the referral list of Substance Abuse Professionals.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employer's Representative)

\_\_\_\_\_  
(Date)

Original to be retained on file - Copy to Driver Applicant

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# DRIVER "INVESTIGATION HISTORY" FILE CHECKLIST

The Federal Motor Carrier Safety Regulations require motor carriers to maintain the Driver Investigation History File in a secure location with access to the files limited to those individuals with a need to know basis.

Driver's Name: \_\_\_\_\_

Initials of Records Administrator	FORM OR PROCESS	Initials of Person verifying
_____	1. Written notification of driver's due process rights signed by the driver.	_____
_____	2. Written consent form signed by the driver to obtain previous employment verifications, safety information, and alcohol & controlled substance history.	_____
_____	3. Past employment verifications. (At least the previous three-year period. Additional verifications are recommended.)	_____
_____	4. Documentation of good-faith efforts to obtain required information.	_____
_____	5. Verification from previous employers of violations of alcohol and/or controlled substance prohibitions within the previous three-year period.	_____
_____	6. Verification of the driver's failure to complete rehabilitation program, if required.	_____
_____	7. Verification follow-up testing was completed after rehabilitation, if required.	_____
_____	8. Verification of alcohol tests .04 or higher.	_____
_____	9. Verification of positive drug tests, if required.	_____
_____	10. Verification of refusals to be tested.	_____
_____	11. Records of requests and responses to prospective employers.	_____
_____	12. Reports to the Federal Motor Carrier Safety Administration pertaining to previous employers failure to respond to requests for information.	_____
_____	13. Copies of responses to drivers about requests to correct information.	_____

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## Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Confidential Fax #: \_\_\_\_\_

*Driver to Complete This Section*

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382, 383 and 391 Subpart G, within the past three years, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I understand should I refuse to provide the written consent requested, the prospective motor carrier employer shall not permit me to operate a commercial motor vehicle for that motor carrier per FMCSA 391.23(f).

I \_\_\_\_\_, hereby authorize this company to release all records of employment, including assessments

Print Name

of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I worked for this company from the dates of \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
SSN or ID Number

\_\_\_\_\_  
D.O.B.

\_\_\_\_\_  
Today's Date

**SECTION I – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION**

Please provide the following drug and alcohol information, as required by FMCSR Part 391.23(e) and 40.25.

If no drug and alcohol information is available on above-named applicant, check here.

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| 1. Within the previous three (3) years, has the driver had violated any of the alcohol and controlled substance prohibitions under FMCSR 382, Subpart B, or 49 CFR 40?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If the answer to number one is "yes", did the driver fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to FMCSR 382.605, or 45 CFR 40, Subpart O?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If the answer to number two is "yes", if the driver successfully completed the SAP rehabilitation referral and remained in your employment, did the driver have any of the following testing violations subsequent to the completion of the rehabilitation program described above? | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Any alcohol test with a result of 0.04 or higher alcohol concentration?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Any verified positive drug test?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) Any refusals to be tested (including verified adulterated or substituted drug test results)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ. *  | <input type="checkbox"/> | <input type="checkbox"/> |

\* If this information is not available from the previous employer, you as a prospective employer must get this information from the driver.

**SECTION II – Past Employer to Complete >> ACCIDENT INFORMATION**

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here.

Date	Location (please give city/town or most near address)	Any Vehicles Towed?	Har/Mar Spill	# of Fatalities	# of Injured

**SECTION III – Past Employer to Complete >> WORK HISTORY INFORMATION**

Please provide the following information on the above-name driver/applicant;

He/She was employed for you as a: \_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

- > If employed as a driver, what type of equipment did he/she operate?  
 Straight Trucks       Tractor/Trailer  Doubles       Triples       Other

Explain: \_\_\_\_\_

Type of trailer(s) pulled: \_\_\_\_\_

Was he /she a: Company Driver? Yes  No       Contractor? Yes  No   
 Contractor's Driver? Yes  No       Other? Yes  No

General area traveled: \_\_\_\_\_ Commodities transport: \_\_\_\_\_

- > While under your employment was he/she:
  - a. Bonded: Yes  No
  - b. Convicted of any traffic violations: Yes  No   
 If yes, please list all, including date and type: \_\_\_\_\_
  - c. License(s) suspended, revoked or denied: Yes  No   
 If yes, please explain: \_\_\_\_\_

> Reason for leaving: \_\_\_\_\_

> Would you re-employ this person: Yes  No  Upon Review   
 Please explain: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**Previous Employer Representative Supplying Information:**

Print Name	Title
Signature	Date

Please remember to retain a copy for your records; your timely response is appreciated.

Great West Casualty Company does not provide legal advice to its customers, nor does it advise insureds on employment related issues, therefore the subject matter is not intended to serve as legal or employment advice for any issue(s) that may arise in the operations of its insureds. Legal advice should always be sought from the insured's legal counsel. Great West Casualty Company shall have neither liability nor responsibility to any person or entity with respect to any loss, action or inaction alleged to be caused directly or indirectly as a result of the information contained herein.

**SEVEN-DAY PRIOR LOG FORM**  
 (data sheet for new, casual, or temporary drivers)

NAME: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

**Instructions:**

*At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation [FMCSR 395.8 (j)(2)] require the motor carrier to obtain from you a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which you were last relieved from duty prior to beginning work for the motor carrier. In the spaces below, show the number of hours worked (on duty) in each of the last 7 days.*

DAY	1	2	3	4	5	6	7	TOTAL
DATE								
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 relieved from work at:*

\_\_\_\_\_ on \_\_\_\_\_  
 time                      day                      month                      year

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**Company Representative**

*Great West Casualty Company does not provide legal advice to its customers, nor does it advise insureds on employment related issues, therefore the subject matter is not intended to serve as legal or employment advice for any issue(s) that may arise in the operations of its insureds. Legal advice should always be sought from the insured's legal counsel. Great West Casualty Company shall have neither liability nor responsibility to any person or entity with respect to any loss, action or inaction alleged to be caused directly or indirectly as a result of the information contained herein.*





# Instructions for Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**Read all instructions carefully before completing this form.**

**Anti-Discrimination Notice.** It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit [www.justice.gov/crt/about/osc](http://www.justice.gov/crt/about/osc).

## What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

## General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

## Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

**Name:** Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

**Other names used:** Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

**Address:** Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

**Date of Birth:** Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

**U.S. Social Security Number:** Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

**E-mail Address and Telephone Number (Optional):** You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

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All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

**1. A citizen of the United States**

**2. A noncitizen national of the United States:** Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**3. A lawful permanent resident:** A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

**4. An alien authorized to work:** If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

(1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

(2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

**Preparer and/or Translator Certification**

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

**Minors and Certain Employees with Disabilities (Special Placement)**

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

## **Section 2. Employer or Authorized Representative Review and Verification**

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); and the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

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## Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central ([www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central)) for examples.

## Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) for more information on receipts.

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## Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverifiy employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
  - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
  - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
  - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

### What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

### USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central), by e-mailing USCIS at [I-9Central@dhs.gov](mailto:I-9Central@dhs.gov), or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at [www.uscis.gov/forms](http://www.uscis.gov/forms). You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at [www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify), by e-mailing USCIS at [E-Verify@dhs.gov](mailto:E-Verify@dhs.gov) or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

### USCIS Privacy Act Statement

**AUTHORITIES:** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

**PURPOSE:** This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

**DISCLOSURE:** Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

**ROUTINE USES:** This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. Do not mail your completed Form I-9 to this address.



# Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(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.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other 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		E-mail Address			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):

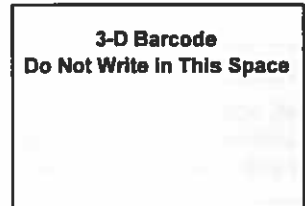
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

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

Signature of Preparer or Translator:		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**



## 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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial 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:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode**  
Do Not Write In This Space

## 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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	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) Last Name (Family Name) First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**

# DRIVER PERFORMANCE EVALUATION

Instructions to Examiner: Check (√) items that the driver performs satisfactorily, use "X" where performance is unsatisfactory. Any item not evaluated leave blank.

Driver's Name \_\_\_\_\_ (Print) Address \_\_\_\_\_ (Street, City, State, Zip)

Phone \_\_\_\_\_ License Number \_\_\_\_\_ ST \_\_\_\_\_ Class \_\_\_\_\_  
(Examiner: Ensure to have driver show his/her CDL to record this information)

Equipment Driven: Truck/Tractor \_\_\_\_\_ (Make & Model) Trailer(s) \_\_\_\_\_ (Body Type & Length of Each)

Date of Test \_\_\_\_\_ Length of Test \_\_\_\_\_ (Miles) From \_\_\_\_\_ To \_\_\_\_\_

Start Time \_\_\_\_\_ Finish Time \_\_\_\_\_ Weather Conditions \_\_\_\_\_

## CRITICAL CRASHES

### REAR-END CRASH

- \_\_\_\_\_ Explains 6-second following distance and demonstrates
- \_\_\_\_\_ Maintains proper speed for conditions
- \_\_\_\_\_ Demonstrates 2 to 3 MPH below the flow of traffic and below the speed limit
- \_\_\_\_\_ Explains and demonstrates reacting properly to hazards ahead
- \_\_\_\_\_ Explains why distracted driving is so dangerous
- \_\_\_\_\_ Describes which of the Essential 7 apply to rear-end crash

SECTION SCORE 1 2 3 4 5

### LOSS-OF-CONTROL

- \_\_\_\_\_ Simulate the start of loss of control-push in the clutch
- \_\_\_\_\_ Ramp speed 10 MPH below posted using speedometer
- \_\_\_\_\_ Explain what forces apply when braking in a curve
- \_\_\_\_\_ Explain proper technique to avoid an upset if leaving the road
- \_\_\_\_\_ Describes which of the Essential 7 apply to loss-of-control crash?

SECTION SCORE 1 2 3 4 5

### LANE CHANGE

- \_\_\_\_\_ Explains which of the six positions is the most dangerous
- \_\_\_\_\_ Demonstrates the "Lean and Look" technique
- \_\_\_\_\_ Demonstrates proper use of mirrors
- \_\_\_\_\_ Does not change lanes near exit/entrance ramps or intersections
- \_\_\_\_\_ Uses turn signals properly
- \_\_\_\_\_ Makes slow and gradual lane change
- \_\_\_\_\_ Describes which of the Essential 7 apply to lane change crash?

SECTION SCORE 1 2 3 4 5

### RUN-UNDER

- \_\_\_\_\_ Explains 15 to 20 second technique and demonstrates
- \_\_\_\_\_ Yields right of way
- \_\_\_\_\_ Checks for cross traffic regardless of traffic control
- \_\_\_\_\_ Prepared to stop at all intersections
- \_\_\_\_\_ Explains the hazard of backing across a lane of traffic
- \_\_\_\_\_ Describes why professional drivers should never back across traffic at night
- \_\_\_\_\_ Describes why U-turns are never allowed
- \_\_\_\_\_ Describes which of the Essential 7 apply to run-under crash?

SECTION SCORE 1 2 3 4 5

# DRIVER PERFORMANCE EVALUATION (cont.)

## PART 1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

- \_\_\_\_\_ Checks general condition when approaching unit(s)
- \_\_\_\_\_ Checks fuel, oil, anti-freeze, and for excessive oil on engine
- \_\_\_\_\_ Checks around unit - lights, trailer hook-up, brake and electrical lines, doors, and inspects for body damage
- \_\_\_\_\_ Check tires with pressure gauge
- \_\_\_\_\_ Tests steering, brake action, tractor protection valve, and parking brake
- \_\_\_\_\_ Checks horn, windshield wipers, mirrors, emergency equipment; reflectors, flares, fuses, tire chains (if necessary), fire extinguisher, registration/licensing
- \_\_\_\_\_ Cleans windshield, windows, mirrors, lights, and reflectors (no standing on tires)
- \_\_\_\_\_ Utilizes three-point entry/exit
- \_\_\_\_\_ Proper Non-slip footwear

SECTION SCORE 1 2 3 4 5

## PART 2 - COUPLING & UNCOUPLING

- \_\_\_\_\_ Connects glad hands to trailer to apply trailer brakes before coupling
- \_\_\_\_\_ Connects glad hands and light line properly
- \_\_\_\_\_ Couples without difficulty
- \_\_\_\_\_ Raises landing gear fully after coupling
- \_\_\_\_\_ Visually checks king pin assembly to be certain of proper coupling
- \_\_\_\_\_ Checks coupling by applying hand valve or tractor protection valve and gently applying pressure by trying to pull away from trailer
- \_\_\_\_\_ Assures himself/herself that surface will support trailer before uncoupling
- \_\_\_\_\_ Properly engages or disengages fifth wheel using a hook
- \_\_\_\_\_ Proper body position while pulling fifth wheel latch with a hook
- \_\_\_\_\_ Proper body position while operating dolly crank
- \_\_\_\_\_ Properly slides tandems
- \_\_\_\_\_ Utilizes three-point entry/exit

SECTION SCORE 1 2 3 4 5

## PART 3 - PLACING VEHICLE IN MOTION & USE OF CONTROLS

### A. ENGINE

- \_\_\_\_\_ Places transmission in neutral before starting engine
- \_\_\_\_\_ Properly starts engine without difficulty and checks instruments for normal readings
- \_\_\_\_\_ Checks instruments at regular intervals
- \_\_\_\_\_ Maintains proper engine RPM while driving

### B. BRAKES

- \_\_\_\_\_ Knows proper use of and checks tractor protection valve
- \_\_\_\_\_ Tests service brakes
- \_\_\_\_\_ Tests parking brake before driving
- \_\_\_\_\_ Builds full pressure in air tanks before starting

### C. CLUTCH & TRANSMISSION

- \_\_\_\_\_ Starts unit moving smoothly
- \_\_\_\_\_ Selects proper gears
- \_\_\_\_\_ Uses clutch properly

### D. LIGHTS

- \_\_\_\_\_ Adjusts speed for range of headlights
- \_\_\_\_\_ Dims lights when approaching another vehicle or following other traffic

SECTION SCORE 1 2 3 4 5

## PART 4 - BACKING & PARKING

### A. BACKING

- \_\_\_\_\_ Gets out and checks area before backing
- \_\_\_\_\_ Understands and utilizes mirrors properly
- \_\_\_\_\_ Signals when backing (if appropriate)
- \_\_\_\_\_ Avoids backing from blind side
- \_\_\_\_\_ Utilizes three-point entry/exit

### B. PARKING (CITY)

- \_\_\_\_\_ Parks without hitting any other vehicles or stationary objects
- \_\_\_\_\_ Parks correct distance from curb
- \_\_\_\_\_ Secures unit properly - sets parking brake, transmission in correct gear, shuts off engine, blocks wheels (when necessary)
- \_\_\_\_\_ Carefully enters traffic from parked position

### C. PARKING (ROAD)

- \_\_\_\_\_ Parks off pavement
- \_\_\_\_\_ Uses emergency warning signal or devices when necessary
- \_\_\_\_\_ Secures unit properly
- \_\_\_\_\_ Parks legally

SECTION SCORE 1 2 3 4 5

# DRIVER PERFORMANCE EVALUATION (cont.)

## PART 5 - SLOWING & STOPPING

- \_\_\_\_\_ Uses clutch and gears properly
- \_\_\_\_\_ Gears down properly before descending hills
- \_\_\_\_\_ Starts without rolling back
- \_\_\_\_\_ Tests brakes at top of hills
- \_\_\_\_\_ Uses brakes properly on grades
- \_\_\_\_\_ Makes proper use of mirrors
- \_\_\_\_\_ Plans stop far enough in advance to avoid hard braking
- \_\_\_\_\_ Stops clear of crosswalks

SECTION SCORE 1 2 3 4 5

## PART 6 - OPERATING IN TRAFFIC, PASSING, & TURNING

### A. TURNING

- \_\_\_\_\_ Signals intention to turn well in advance
- \_\_\_\_\_ Gets into proper lane well in advance of turn
- \_\_\_\_\_ Checks traffic conditions and turns only when intersection is clear
- \_\_\_\_\_ Restricts traffic from passing on right when preparing to complete right hand turn
- \_\_\_\_\_ Completes turn promptly and safely and does not impede other traffic
- \_\_\_\_\_ Eliminates right-turn squeeze

### B. TRAFFIC SIGNS & SIGNALS

- \_\_\_\_\_ Plans stop in advance and adjusts speed correctly
- \_\_\_\_\_ Obeys all traffic signals
- \_\_\_\_\_ Comes to a complete stop at all stop signs

### C. GRADE CROSSINGS

- \_\_\_\_\_ Stops at a minimum 15 feet but not more than 50 feet before crossing if stop is necessary
- \_\_\_\_\_ Selects proper gear and does not shift gears while crossing
- \_\_\_\_\_ Knows and understands FMCS rules governing grade crossings

### D. PASSING

- \_\_\_\_\_ Allows sufficient space ahead for passing
- \_\_\_\_\_ Passes only in safe locations
- \_\_\_\_\_ Signals changing lanes before and after passing
- \_\_\_\_\_ Warns driver ahead of his/her intention to pass
- \_\_\_\_\_ Passes only when appropriate to avoid impeding other traffic
- \_\_\_\_\_ Returns to right lane promptly but only when safe to do so

### E. COURTESY & SAFETY

- \_\_\_\_\_ Yields right of way
- \_\_\_\_\_ Consistently strives to drive in a safe manner
- \_\_\_\_\_ Allows faster traffic to pass
- \_\_\_\_\_ Uses horn only when necessary

SECTION SCORE 1 2 3 4 5

## PART 7 - SPEED

- \_\_\_\_\_ Observes speed limits
- \_\_\_\_\_ Drives at speed consistent with ability
- \_\_\_\_\_ Adjusts speed to weather, traffic conditions
- \_\_\_\_\_ Slows down in advance of curves, intersections
- \_\_\_\_\_ Maintains consistent speed when possible

SECTION SCORE 1 2 3 4 5

## PART 8 - MISCELLANEOUS

### A. GENERAL DRIVING ABILITY & HABITS

- \_\_\_\_\_ Consistently alert and attentive
- \_\_\_\_\_ Consistently aware of changing traffic conditions
- \_\_\_\_\_ Anticipates problems
- \_\_\_\_\_ Performs routine functions without taking eyes from road
- \_\_\_\_\_ Checks instruments regularly while driving
- \_\_\_\_\_ Personal appearance is professional
- \_\_\_\_\_ Remains calm under pressure
- \_\_\_\_\_ Uses seat belt

### B. UTILIZES 3-POINT CONTACT RULE WHEN ENTERING/EXITING EQUIPMENT \_\_\_\_\_

### C. DEMONSTRATES/DESCRIBES PERSONAL PROTECTIVE EQUIPMENT \_\_\_\_\_

- \_\_\_\_\_ Proper non-slip footwear
- \_\_\_\_\_ PPE (if applicable)

### D. DEMONSTRATES APPROPRIATE FREIGHT MOVEMENT SKILLS \_\_\_\_\_

### E. UNDERSTANDS/PERFORMS CARGO SECUREMENT \_\_\_\_\_

### F. USE OF SPECIAL EQUIPMENT \_\_\_\_\_ (hoses, tarps, emergency gear, etc.)

SECTION SCORE 1 2 3 4 5

# DRIVER PERFORMANCE EVALUATION (cont.)

REMARKS: Should be used to summarize the evaluator's thoughts on driver performance, including skills performed particularly well, those needing improvement and why.

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**OVERALL SCORE:**

- REAR-END \_\_\_\_\_
- LANE CHANGE \_\_\_\_\_
- LOSS OF CONTROL \_\_\_\_\_
- RUN UNDER \_\_\_\_\_
- PART 1 \_\_\_\_\_
- PART 2 \_\_\_\_\_
- PART 3 \_\_\_\_\_
- PART 4 \_\_\_\_\_
- PART 5 \_\_\_\_\_
- PART 6 \_\_\_\_\_
- PART 7 \_\_\_\_\_
- PART 8 \_\_\_\_\_

**SCORING CRITERIA:**

- 1 - LOWEST
- 2 - LOW
- 3 - MODERATE
- 4 - HIGH
- 5 - HIGHEST

**TOTAL:** \_\_\_\_\_ ÷ 12 = **AVERAGE SCORE** \_\_\_\_\_

**GENERAL PERFORMANCE:**

Satisfactory \_\_\_\_\_ Needs Training \_\_\_\_\_

*Performance judged less than satisfactory requires documentation of corrective action taken in the area provided below.*

Corrective action taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**UNQUALIFIED** \_\_\_\_\_

**QUALIFIED FOR:**

Tractor-trailer \_\_\_\_\_ Other \_\_\_\_\_ Special Equipment \_\_\_\_\_

\_\_\_\_\_  
Signature of Examiner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Driver

\_\_\_\_\_  
Date

## DRIVER PERFORMANCE EVALUATION

The *Driver Performance Evaluation* should ensure the driver has the skills necessary to indicate the carrier made a good qualification decision. It should also be used as a baseline of behavior that provides direction for future training activities, strengths (and where in the company those strengths apply), weaknesses, and a means for identifying potential interventions, corrective actions, etc. Additionally, the *Driver Performance Evaluation* should be used to evaluate the performance of existing drivers when necessary, for example after receipt of a moving violation, involvement in a collision, or other indicators of deteriorating performance.

Management should set guidelines for the scoring criteria, and meet regularly with their trainers to make sure all scoring is done consistently. Define what the lowest acceptable score is to meet company qualifications.

### INSTRUCTIONS

1. Ensure the evaluation is of sufficient length to properly evaluate driver skills - we suggest 1-2 hours per evaluation.
2. Be sure the driver has a valid license to operate the type of equipment to be driven.
3. Ensure the evaluation will be performed in the type of equipment for which the driver is applying.
4. If possible, trailers should be loaded (especially tanks).
5. Explain the evaluation objectives.
6. Give the driver an opportunity to ask questions before the start of the evaluation.
7. Provide necessary direction and instructions during the evaluation.
8. Conduct the evaluation over a well-planned course that includes the types of operating environment the driver may find themselves in - rail crossings, right and left turns, mountains, city, etc.
9. Non-driving duties should be carefully observed. Watch for body position and behaviors that indicate knowledge of proper injury prevention activities.
10. Specific actions in each section of the evaluation should be marked with a (√) on those items that the driver performs satisfactorily; use an "X" where the driver's performance is unsatisfactory. Any item not evaluated should be left blank.
11. After each section is complete, evaluator should circle the appropriate section score, with a score of "1" being the lowest and "5" the highest.
12. Once the evaluation is complete, complete any comments from the evaluator, tally the scores on the last page of the evaluation, and enter the average score. Identify areas for improvement and corrective action to be completed.
13. Complete final entries, have driver and evaluator sign and date evaluation form.
14. Give the driver a constructive review when the evaluation is completed.
15. Evaluation results should be kept on file for an applicant rejected for any reason.

Note: Additional evaluation and training may be necessary depending on type of equipment the driver will be driving. Longer Combination Vehicles (LCVs) require documentation of experience and training, and must be attested to by appropriate company officials.

# CERTIFICATION OF ROAD TEST

Per FMCSR 391, Subpart D – Tests Section, section 391.31(g), a copy of the certificate required by paragraph (e) of this section shall be given to the person who was examined. The motor carrier shall retain in the driver qualification file of the person who was examined: (1) The original of the signed road test form required by paragraph (d) of this section; and (2) The original, or a copy of, the certificate required by Paragraph (e) of this section.

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

Social Security No. \_\_\_\_\_

Operator's or Chauffeur's License No. \_\_\_\_\_ State \_\_\_\_\_

Type of Power Unit \_\_\_\_\_

Type of Trailer (s) \_\_\_\_\_

If passenger carrier, type of bus \_\_\_\_\_

This is to certify that the above-named driver was given a road test under my supervision on \_\_\_\_\_, 20\_\_ consisting of approximately\_\_ miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

\_\_\_\_\_  
(Signature of Examiner)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Organization and Address of Examiner)

*Great West Casualty Company does not provide legal advice to its customers, nor does it advise insureds on employment related issues, therefore the subject matter is not intended to serve as legal or employment advice for any issue(s) that may arise in the operations of its insureds. Legal advice should always be sought from the insured's legal counsel. Great West Casualty Company shall have neither liability nor responsibility to any person or entity with respect to any loss, action or inaction alleged to be caused directly or indirectly as a result of the information contained herein.*

# VIOLATION AND REVIEW RECORD

Driver's Name: \_\_\_\_\_  
(please print or type)

## Certification of Violations

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

<u>Date of</u>	<u>Offense</u>	<u>Location</u>	<u>Type of Vehicle Operated</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

(Date of Certification)	(Driver's Signature)
(Motor Carrier's Name)	(Motor Carrier's Address)
(Reviewed by: Signature)	(Title)

## REVIEW AND EVALUATION OF DRIVER'S RECORD

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the driver's safety of operations, including the list of violations furnished by him/her in accordance with Section 391.27, has been reviewed for the past 12 months.

Action Taken: \_\_\_\_\_

\_\_\_\_\_

(Motor Carrier's Name)	(Motor Carrier's Address)
(Reviewed by: Signature)	(Date)
	(Title)

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## Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION

649-F (6045)

<b>1. DRIVER'S INFORMATION</b>		Driver completes this section	
Driver's Name (Last, First, Middle)	Social Security No.	Birthdate M/D/Y	Age
Address	City, State, Zip Code	Work Tel: ( ) Home Tel: ( )	Sex <input type="checkbox"/> M <input type="checkbox"/> F
		Driver License No.	New Certification Recertification <input type="checkbox"/> Follow-up <input type="checkbox"/>
		License Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Other	Date of Exam
		State of Issue	

<b>2. HEALTH HISTORY</b>		Driver completes this section, but medical examiner is encouraged to discuss with driver.	
<p><b>Yes No</b></p> <p>Any illness or injury in the last 5 years? Head/Brain injuries, disorders or fitnesses Seizures, epilepsy     <input type="checkbox"/> medication _____</p> <p>Eye disorders or impeded vision (except corrective lenses) Ear disorders, loss of hearing or balance Heart disease or heart attack, other cardiovascular condition     <input type="checkbox"/> medication _____</p> <p>Heart surgery (valve replacement/bypass, angioplasty, pacemaker) High blood pressure Muscular disease Shortness of breath</p>	<p><b>Yes No</b></p> <p>Lung disease, emphysema, asthma, chronic bronchitis Kidney disease, dialysis Liver disease Digestive problems Diabetes or elevated blood sugar controlled by:     <input type="checkbox"/> diet     <input type="checkbox"/> pills     <input type="checkbox"/> insulin Nervous or psychiatric disorders, e.g., severe depression     <input type="checkbox"/> medication _____</p> <p>Loss of, or altered consciousness</p>	<p><b>Yes No</b></p> <p>Fainting, dizziness Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring Stroke or paralysis Missing or impaired hand, arm, foot, leg, finger, toe Spinal injury or disease Chronic low back pain Regular, frequent alcohol use Narcotic or habit forming drug use</p>	
<p>For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.</p>			

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)

**TESTING (Medical Examiner completes Section 3 through 7) Name: Last, First, Middle**

**3. VISION** Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70 degrees peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

**INSTRUCTIONS:** When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. *Monocular drivers are not qualified.*

Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/	20/	Right Eye Left Eye
Left Eye	20/	20/	0
Both Eyes	20/	20/	

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors?  Yes  No

Applicant meets visual acuity requirement only when wearing:  Corrective Lenses

Monocular Vision:  Yes  No

Complete next line only if vision testing is done by an ophthalmologist or optometrist

Date of Examination Name of Ophthalmologist or Optometrist (print) Tel. No. License No./ State of Issue Signature

**4. HEARING** Standard: a) Must first perceive forced whispered voice  $\geq 5$  ft. with or without hearing aid, or b) average hearing loss in better ear  $\leq 40$  dB.  Check if hearing aid used for tests.  Check if hearing aid required to meet standard.

**INSTRUCTIONS:** To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500Hz, -10dB for 1,000 Hz, -8.5 dB for 2000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.

Right ear	Left ear
1/ Feet	1/ Feet

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951)

Right Ear	Left Ear
500 Hz	500 Hz
1000 Hz	1000 Hz
2000 Hz	2000 Hz
Average:	Average:

**5. BLOOD PRESSURE/PULSE RATE** Numerical readings must be recorded. Medical Examiner should take at least two readings to confirm BP.

Blood Pressure	Systolic	Diastolic	Reading	Category	Expiration Date	Recertification
Driver qualified if $\leq 140/90$ .			140-159/90-99	Stage 1	1 year	1 year if $\leq 140/90$ . One-time certificate for 3 months if 141-159/91-99.
Pulse Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular			160-179/100-109	Stage 2	One-time certificate for 3 months.	1 year from date of exam if $\leq 140/90$
Record Pulse Rate: _____			$\geq 180/110$	Stage 3	6 months from date of exam if $\leq 140/90$	6 months if $\leq 140/90$

**6. LABORATORY AND OTHER TEST FINDINGS** Numerical readings must be recorded.

URINE SPECIMEN	SP. GR.	PROTEIN	BLOOD	SUGAR

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem. Other Testing (Describe and record)

**7. PHYSICAL EXAMINATION**

Height: \_\_\_\_\_ (in.) Weight: \_\_\_\_\_ (lbs.)

Name: Last, \_\_\_\_\_

First, \_\_\_\_\_

Middle, \_\_\_\_\_

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. See Instructions to the Medical Examiner for guidance.

BODY SYSTEM	CHECK FOR:	YES*	NO	BODY SYSTEM	CHECK FOR:	YES*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.			7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, aphakia, glaucoma, macular degeneration and refer to a specialist if appropriate.			8. Vascular System	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.			9. Genito-urinary System	Hemias.		
4. Mouth and Throat	Irreparable deformities likely to interfere with breathing or swallowing.			10. Extremities- Limb	Loss or impairment of leg, foot, toe, arm, hand, finger, Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.			11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.		
6. Lungs and chest, not including breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/ or xray of chest			12. Neurological	Impaired equilibrium, coordination or speech pattern, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.		

**\*COMMENTS:**

Note certification status here. See Instructions to the Medical Examiner for guidance.

- Meets standards in 49 CFR 391.41, qualifies for 2 year certificate
- Does not meet standards
- Meets standards, but periodic monitoring required due to \_\_\_\_\_
- Driver qualified only for  3 months  6 months  1 year  Other \_\_\_\_\_
- Temporarily disqualified due to (condition or medication) \_\_\_\_\_
- Return to medical examiner's office for follow up on \_\_\_\_\_

- Wearing corrective lense
- Wearing hearing aid
- Accompanied by a \_\_\_\_\_ waiver/ exemption. Driver must present exemption at time of certification.
- Skill Performance Evaluation (SPE) Certificate
- Driving within an exempt intracity zone (See 49 CFR 391.62)
- Qualified by operation of 49 CFR 391.64
- Medical Examiner's signature \_\_\_\_\_
- Medical Examiner's name \_\_\_\_\_
- Address \_\_\_\_\_
- Telephone Number \_\_\_\_\_

If meets standards, complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)

### 49 CFR 391.41 Physical Qualifications for Drivers

#### THE DRIVER'S ROLE

Responsibilities, work schedules, physical and emotional demands, and lifestyles among commercial drivers vary by the type of driving that they do. Some of the main types of drivers include the following: turn around or short relay (drivers return to their home base each evening); long relay (drivers drive 9-11 hours and then have at least a 10-hour off-duty period); straight through haul (cross country drivers); and team drivers (drivers share the driving by alternating their 5-hour driving periods and 5-hour rest periods.)

The following factors may be involved in a driver's performance of duties: abrupt schedule changes and rotating work schedules, which may result in irregular sleep patterns and a driver beginning a trip in a fatigued condition; long hours; extended time away from family and friends, which may result in lack of social support; tight pickup and delivery schedules, with irregularity in work, rest, and eating patterns; adverse road, weather and traffic conditions, which may cause delays and lead to hurriedly loading or unloading cargo in order to compensate for the lost time; and environmental conditions such as excessive vibration, noise, and extremes in temperature. Transporting passengers or hazardous materials may add to the demands on the commercial driver.

There may be duties in addition to the driving task for which a driver is responsible and needs to be fit. Some of these responsibilities are: coupling and uncoupling trailer(s) from the tractor, loading and unloading trailer(s) (sometimes a driver may lift a heavy load or unload as much as 50,000 lbs. of freight after sitting for a long period of time without any stretching period); inspecting the operating condition of tractor and/or trailer(s) before, during and after delivery of cargo; lifting, installing, and removing heavy tire chains; and, lifting heavy tarpaulins to cover open top trailers. The above tasks demand agility, the ability to bend and stoop, the ability to maintain a crouching position to inspect the underside of the vehicle, frequent entering and exiting of the cab, and the ability to climb ladders on the tractor and/or trailer(s). In addition, a driver must have the perceptual skills to monitor a sometimes complex driving situation, the judgment skills to make quick decisions, when necessary, and the manipulative skills to control an oversize steering wheel, shift gears using a manual transmission, and maneuver a vehicle in crowded areas.

#### §391.45 PHYSICAL QUALIFICATIONS FOR DRIVERS

(a) A person shall not drive a commercial motor vehicle unless he is physically qualified to do so and, except as provided in §391.67, has on his person the original, or a photographic copy, of a medical examiner's certificate that he is physically qualified to drive a commercial motor vehicle.

(b) A person is physically qualified to drive a motor vehicle if that person:

- (1) Has no loss of a foot, a leg, a hand, or an arm, or has been granted a Skill Performance Evaluation (SPE) Certificate (formerly Limb Waiver Program) pursuant to §391.49.
- (2) Has no impairment of: (i) A hand or finger which interferes with prehension or power grasping; or (ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or has been granted a SPE Certificate pursuant to §391.49.
- (3) Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control.
- (4) Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure.
- (5) Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his ability to control and drive a commercial motor vehicle safely.
- (6) Has no current clinical diagnosis of high blood pressure likely to interfere with his ability to operate a commercial motor vehicle safely.

(7) Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with his ability to control and operate a commercial motor vehicle safely.

(8) Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a commercial motor vehicle.

(9) Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his ability to drive a commercial motor vehicle safely.

(10) Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses; distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses; field of vision of at least 70 degrees in the horizontal meridian in each eye; and the ability to recognize the colors of traffic signals and devices showing standard red, green and amber.

(11) First perceives a forced whispered voice in the better ear not less than 5 feet with or without the use of a hearing aid, or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz and 2,000 Hz with or without a hearing device when the audiometric device is calibrated to the American National Standard (formerly ASA Standard) Z24.5-1951.

(12) (i) Does not use a controlled substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or any other habit-forming drug. (ii) Exception: A driver may use such a substance or drug, if the substance or drug is prescribed by a licensed medical practitioner who: (A) is familiar with the driver's medical history and assigned duties; and (B) has advised the driver that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a commercial motor vehicle; and

(13) Has no current clinical diagnosis of alcoholism.

# INSTRUCTIONS TO THE MEDICAL EXAMINER

## General Information

The purpose of this examination is to determine a driver's physical qualification to operate a commercial motor vehicle (CMV) in interstate commerce according to the requirements in 49 CFR 391.41-49. Therefore, the medical examiner must be knowledgeable of these requirements and guidelines developed by the FMCSA to assist the medical examiner in making the qualification determination. The medical examiner should be familiar with the driver's responsibilities and work environment and is referred to the section on the form, "The Driver's Role."

In addition to reviewing the Health History section with the driver and conducting the physical examination, the medical examiner should discuss common prescriptions and over-the-counter medications relative to the side effects and hazards of these medications while driving. Educate the driver to read warning labels on all medications. History of certain conditions may be cause for rejection, particularly if required by regulation, or may indicate the need for additional laboratory tests or more stringent examination peritrials by a medical specialist. These decisions are usually made by the medical examiner in light of the driver's job responsibilities, work schedule and potential for the conditions to render the driver unsafe.

Medical conditions should be recorded even if they are not cause for denial, and they should be discussed with the driver to encourage appropriate remedial care. This advice is especially needed when a condition, if neglected, could develop into a serious illness that could affect driving.

If the medical examiner determines that the driver is fit to drive and is also able to perform non-driving responsibilities as may be required, the medical examiner signs the medical certificate which the driver must carry with his/her license. The certificate must be dated. Under current regulations, the certificate is valid for two years, unless the driver has a medical condition that does not prohibit driving but does require more frequent monitoring. In such situations, the medical certificate should be issued for a shorter length of time. The physical examination should be done carefully and at least as complete as is indicated by the attached form. Contact the FMCSA at (202) 366-1790 for further information (a vision exemption, qualifying drivers under 49 CFR 391.64, etc.).

## Interpretation of Medical Standards

Since the issuance of the regulations for physical qualifications of commercial drivers, the Federal Motor Carrier Safety Administration (FMCSA) has published recommendations called Advisory Criteria to help medical examiners in determining whether a driver meets the physical qualifications for commercial driving. These recommendations have been condensed to provide information to medical examiners that (1) is directly relevant to the physical examination and (2) is not already included in the medical examination form. The specific regulation is printed in italics and its reference by section is highlighted.

## Federal Motor Carrier Safety Regulations -Advisory Criteria-

### Loss of Limb:

**§391.41(b)(1)**

A person is physically qualified to drive a commercial motor vehicle if that person:  
*Has no loss of a foot, leg, hand or an arm, or has been granted a Skill Performance Evaluation (SPE) Certificate pursuant to Section 391.49.*

### Limb Impairment:

**§391.41(b)(2)**

A person is physically qualified to drive a commercial motor vehicle if that person:  
*Has no impairment of: (i) A hand or finger which interferes with prehension or power grasping, or (ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or (iii) Any other significant limb defect or irritation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or (iv) Has been granted a Skill Performance Evaluation (SPE) Certificate pursuant to Section 391.49.*

A person who suffers loss of a foot, leg, hand or arm or whose limb impairment in any way interferes with the safe performance of normal tasks associated with operating a commercial motor vehicle is subject to the Skill Performance Evaluation Certification Program pursuant to section 391.49, assuming the person is otherwise qualified.

With the advancement of technology, medical aids and equipment modifications have been developed to compensate for certain disabilities. The SPE Certification Program (formerly the Limb Waiver Program) was designed to allow persons with the loss of a foot or limb or with functional impairment to qualify under the Federal Motor Carrier Safety Regulations (FMCSRs) by use of prosthetic devices or equipment modifications which enable them to safely operate a commercial motor vehicle. Since there are no medical aids equivalent to the original body or limb, certain risks are still present, and thus restrictions may be included on individual SPE certificates when a State Director for the FMCSA determines they are necessary to be consistent with safety and public interest.

If the driver is found otherwise medically qualified (**§391.41(b)(2)** through (13)), the medical examiner must check on the medical certificate that the driver is qualified only if accompanied by a SPE certificate. The driver and the employing motor carrier are subject to appropriate penalty if the driver operates a motor vehicle in interstate or foreign commerce without a current SPE certificate for his/her physical disability.

### Diabetes

**§391.41(b)(3)**

A person is physically qualified to drive a commercial motor vehicle if that person:

*Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control.*

Diabetes mellitus is a disease which, on occasion, can result in a loss of consciousness or disorientation in time and space. Individuals who require insulin for control have conditions which can get out of control by the use of too much or too little insulin, or food intake not consistent with the insulin dosage. Incapacitation may occur from symptoms of hyperglycemic or hypoglycemic reactions (drowsiness, semiconsciousness, diabetic coma or insulin shock).

The administration of insulin is, within itself, a complicated process requiring insulin, syringe, needles, alcohol sponge and a sterile technique. Factors related to long-haul commercial motor vehicle operations, such as fatigue, lack of sleep, poor diet, emotional conditions, stress, and concomitant illness, compound the dangers. The FMCSA has consistently held that a diabetic who uses insulin for control does not meet the minimum physical requirements of the FMCSRs.

Hypoglycemic drugs, taken orally, are sometimes prescribed for diabetic individuals to help stimulate natural body production of insulin. If the condition can be controlled by the use of oral medication and diet, then an individual may be qualified under the present rule. CMV drivers who do not meet the Federal diabetes standard may call (202) 366-1790 for an application for a diabetes exemption.

(See Conference Report on Diabetic Disorders and Commercial Drivers and Insulin-Using Commercial Motor Vehicle Drivers at: <http://www.fmcsa.dot.gov/rulesregs/sfmedreports.htm>)

### Cardiovascular Condition

**§391.41(b)(4)**

A person is physically qualified to drive a commercial motor vehicle if that person:

*Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse or congestive cardiac failure.*

The term "has no current clinical diagnosis of" is specifically designed to encompass: a clinical diagnosis of (1) a current cardiovascular condition, or (2) a cardiovascular condition which has not fully stabilized regardless of the time limit. The term "known to be

accompanied by" is designed to include a clinical diagnosis of a cardiovascular disease (1) which is accompanied by symptoms of syncope, dyspnea, collapse or congestive cardiac failure, and/or (2) which is likely to cause syncope, dyspnea, collapse or congestive cardiac failure.

It is the intent of the FMCsRs to render unqualified, a driver who has a current cardiovascular disease which is accompanied by and/or likely to cause symptoms of syncope, dyspnea, collapse, or congestive cardiac failure. However, the subjective decision of whether the nature and severity of an individual's condition will likely cause symptoms of cardiovascular insufficiency is on an individual basis and qualification rests with the medical examiner and the motor carrier. In those cases where there is an occurrence of cardiovascular insufficiency (myocardial infarction, thrombosis, etc.), it is suggested before a driver is certified that he or she have a normal resting and stress electrocardiogram (ECG), no residual complications and no physical limitations, and is taking no medication likely to interfere with safe driving.

Coronary artery bypass surgery and pacemaker implantation are remedial procedures and thus, not unqualifying. Implantable cardioverter defibrillators are disqualifying due to risk of syncope. Coumadin is a medical treatment which can improve the health and safety of the driver and should not, by its use, medically disqualify the commercial driver. The emphasis should be on the underlying medical condition(s) which require treatment and the general health of the driver. The FMCsA should be contacted at (202) 368-1790 for additional recommendations regarding the physical qualification of drivers on Coumadin.

(See Cardiovascular Advisory Panel Guidelines for the Medical Examination of Commercial Motor Vehicle Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

**Respiratory Dysfunction**

**\$391.41(b)(5)**  
A person is physically qualified to drive a commercial motor vehicle if that person:

*Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with ability to control and drive a commercial motor vehicle safely.*

Since a driver must be alert at all times, any change in his or her mental state is in direct conflict with highway safety. Even the slightest impairment in respiratory function under emergency conditions (when greater oxygen supply is necessary for performance) may be detrimental to safe driving.

There are many conditions that interfere with oxygen exchange and may result in incapacitation, including emphysema, chronic asthma, carcinoma, tuberculosis, chronic bronchitis and sleep apnea. If the medical examiner detects a respiratory dysfunction, that in any way is likely to interfere with the driver's ability to safely control and drive a commercial motor vehicle, the driver must be referred to a specialist for further evaluation and therapy. Anticoagulation therapy for deep vein thrombosis and/or pulmonary thromboembolism is not unqualifying once optimum dose is achieved, provided lower extremity venous examinations remain normal and the treating physician gives a favorable recommendation.

(See Conference on Pulmonary/Respiratory Disorders and Commercial Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

**Hypertension**

**\$391.41(b)(6)**  
A person is physically qualified to drive a commercial motor vehicle if that person:

*Has no current clinical diagnosis of high blood pressure likely to interfere with ability to operate a commercial motor vehicle safely.*

Hypertension alone is unlikely to cause sudden collapse; however, the likelihood increases when target organ damage, particularly cerebral vascular disease, is present. This regulatory criteria is based on FMCsAs Cardiovascular Advisory Guidelines for the Examination of CMV Drivers, which used the Sixth Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure (1997).

Stage 1 hypertension corresponds to a systolic BP of 140-159 mmHg and/or a diastolic BP of 90-99 mmHg. The driver with a BP in this range is at low risk for hypertension-related acute incapacitation and may be medically certified to drive for a one-year period.

Certification examinations should be done annually thereafter and should be at or less than 140/90. If less than 160/100, certification may be extended one time for 3 months.

A blood pressure of 160-179 systolic and/or 100-109 diastolic is considered Stage 2 hypertension, and the driver is not necessarily unqualified during evaluation and institution of treatment. The driver is given a one time certification of these means to reduce his or her blood pressure to less than or equal to 140/90. A blood pressure in this range is an absolute indication for anti-hypertensive drug therapy. Provided treatment is well tolerated and the driver demonstrates a BP value of 140/90 or less, he or she may be certified for one year from date of the initial exam. The driver is certified annually thereafter.

A blood pressure at or greater than 160 (systolic) and 110 (diastolic) is considered Stage 3, high risk for an acute BP-related event. The driver may not be qualified, even temporarily, until reduced to 140/90 or less and treatment is well tolerated. The driver may be certified for 6 months and biannually (every 6 months) thereafter if at checked BP is 140/90 or less.

Annual recertification is recommended if the medical examiner does not know the severity of hypertension prior to treatment.

An elevated blood pressure finding should be confirmed by at least two subsequent measurements on different days.

Treatment includes nonpharmacologic and pharmacologic modalities as well as counseling to reduce other risk factors. Most antihypertensive medications also have side effects, the importance of which must be judged on an individual basis. Individuals must be alerted to the hazards of these medications while driving. Side effects of somnolence or syncope are particularly undesirable in commercial drivers.

Secondary hypertension is based on the above stages. Evaluation is warranted if patient is persistently hypertensive

on maximal or near-maximal doses of 2-3 pharmacologic agents. Some causes of secondary hypertension may be amenable to surgical intervention or specific pharmacologic disease. (See Cardiovascular Advisory Panel Guidelines for the Medical Examination of Commercial Motor Vehicle Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

**Rheumatic, Arthritic, Orthopedic, Muscular, Neuromuscular or Vascular Disease \$391.41(b)(7)**

A person is physically qualified to drive a commercial motor vehicle if that person:

*Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease which interferes with the ability to control and operate a commercial motor vehicle safely.*

Certain diseases are known to have acute episodes of transient muscle weakness, poor muscular coordination (ataxia), abnormal sensations (parasthesia), decreased muscular tone (hypotonia), visual disturbances and pain which may be suddenly incapacitating. With each recurring episode, these symptoms may become more pronounced and remain for longer periods of time. Other diseases have more hazy onsets and display symptoms of muscle wasting (atrophy), sweating and parasthesia which may not suddenly incapacitate a person but may restrict his/her movements and eventually interfere with the ability to safely operate a motor vehicle. In many instances these diseases are degenerative in nature or may result in deterioration of the involved area.

Once the individual has been diagnosed as having a rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease, then he/she has an established history of that disease. The physician, when examining an individual, should consider the following: (1) the nature and severity of the individual's condition (such as sensory loss or loss of strength); (2) the degree of limitation present (such as range of motion); (3) the likelihood of progressive limitation (not always present initially but may manifest itself over time); and (4) the likelihood of sudden incapacitation. If severe functional impairment exists, the driver does not qualify. In cases where more frequent monitoring is required, a certificate for a shorter period of time may be issued. (See Conference on Neurological Disorders and Commercial Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

**Epilepsy****§391.41(b)(9)**

A person is physically qualified to drive a commercial motor vehicle if that person:

*Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle.*

Epilepsy is a chronic functional disease characterized by seizures or episodes that occur without warning, resulting in loss of voluntary control which may lead to loss of consciousness and/or seizures. Therefore, the following drivers cannot be qualified: (1) a driver who has a medical history of epilepsy; (2) a driver who has a current clinical diagnosis of epilepsy; or (3) a driver who is taking antiseizure medication.

If an individual has had a sudden episode of a nonopiloptic seizure or loss of consciousness of unknown cause which did not require antiseizure medication, the decision as to whether that person's condition will likely cause loss of consciousness or loss of ability to control a motor vehicle is made on an individual basis by the medical examiner in consultation with the treating physician. Before certification is considered, it is suggested that a 6 month waiting period elapse from the time of the episode. Following the waiting period, it is suggested that the individual have a complete neurological examination. If the results of the examination are negative and antiseizure medication is not required, then the driver may be qualified.

In those individual cases where a driver has a seizure or an episode of loss of consciousness that resulted from a known medical condition (e.g., drug reaction, high temperature, acute infectious disease, dehydration or acute metabolic disturbance), certification should be deferred until the driver has fully recovered from that condition and has no existing residual complications, and not taking antiseizure medication.

Drivers with a history of epilepsy/seizures off antiseizure medication and seizure-free for 10 years may be qualified to drive a CMV in interstate commerce. Interstate drivers with a history of a single unprovoked seizure may be qualified to drive a CMV in interstate commerce if seizure-free and off antiseizure medication for a 5-year period or more.

(See Conference on Neurological Disorders and Commercial Drivers at:

<http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

**Mental Disorders****§391.41(b)(9)**

A person is physically qualified to drive a commercial motor vehicle if that person:

*Has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with ability to drive a motor vehicle safely.*

Emotional or adjustment problems contribute directly to an individual's level of memory, reasoning, attention, and judgment. These problems often underlie physical disorders. A variety of functional disorders can cause drowsiness, dizziness, confusion, weakness or paralysis that may lead to

incoordination, inattention, loss of functional control and susceptibility to accidents while driving. Physical fatigue, headache, impaired coordination, recurring physical ailments and chronic "ragging" pain may be present to such a degree that certification for commercial driving is inadvisable. Somatic and psychosomatic complaints should be thoroughly examined when determining an individual's overall fitness to drive. Disorders of a periodically incapacitating nature, even in the early stages of development, may warrant disqualification.

Many bus and truck drivers have documented that "nervous trouble" related to neurotic, personality, or emotional or adjustment problems is responsible for a significant fraction of their preventable accidents. The degree to which an individual is able to appreciate, evaluate and adequately respond to environmental strain and emotional stress is critical when assessing an individual's mental alertness and flexibility to cope with the stresses of commercial motor vehicle driving.

When examining the driver, it should be kept in mind that individuals who live under chronic emotional upsets may have deeply ingrained maladaptive or erratic behavior patterns.

Excessively antagonistic, rash/irritative, impulsive, openly aggressive, paranoid or severely depressed behavior greatly interfere with the driver's ability to drive safely. Those

individuals who are highly susceptible to frequent states of emotional instability (schizophrenia, affective psychoses, paranoia, anxiety or depressive neuroses) may warrant disqualification. Careful consideration should be given to the side effects and interactions of medications in the overall qualification determination. See Psychiatric Conference Report for specific recommendations on the use of medications and potential hazards for driving.

(See Conference on Psychiatric Disorders and Commercial Drivers at:

<http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

**Vision****§391.41(b)(10)**

A person is physically qualified to drive a commercial motor vehicle if that person:

*Has distant visual acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber.*

The term "ability to recognize the colors of" is interpreted to mean if a person can recognize and distinguish among traffic control signals and devices showing standard red, green and amber, he or she meets the minimum standard, even though he or she may have some type of color perception deficiency. If certain color perception tests are administered (such as Ishihara, Pseudoisochromatic, Yarn) and doubtful findings are discovered, a controlled test using signal red, green and amber may be employed to determine the driver's ability to recognize these colors.

Contact lenses are permissible if there is sufficient evidence to indicate that the driver has good tolerance and is well adapted to their use. Use of a contact lens in one eye for distance visual acuity and another lens in the other eye for near vision is not acceptable, nor telescopic lenses acceptable for the driving of commercial motor vehicles.

If an individual meets the criteria by the use of glasses or contact lenses, the following statement shall appear on the Medical Examiner's Certificate: "Qualified only if wearing corrective lenses."

CMV drivers who do not meet the Federal vision standard may call (202) 366-1790 for an application for a vision exemption.

(See Visual Disorders and Commercial Drivers at:

<http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

**Hearing****§391.41(b)(11)**

A person is physically qualified to drive a commercial motor vehicle if that person:

*First perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid, or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ADA Standard) 224.5-1951.*

Since the prescribed standard under the FMCSRs is the American Standards Association (ANSI), it may be necessary to convert the audiometric results from the ISO standard to the ANSI standard. Instructions are included on the Medical Examination report form.

If an individual meets the criteria by using a hearing aid, the driver must wear that hearing aid and have it in operation at all times while driving. Also, the driver must be in possession of a spare power source for the hearing aid.

For the whispered voice test, the individual should be stationed at least 5 feet from the examiner with the ear being tested turned toward the examiner. The other ear is covered. Using the breath which remains after a normal expiration, the examiner whispers words or random numbers such as 66, 18,

23, etc. The examiner should not use only sibilants (sounding materials). The opposite ear should be tested in the same manner. If the individual fails the whispered voice test, the audiometric test should be administered.

If an individual meets the criteria by the use of a hearing aid, the following statement must appear on the Medical Examiner's Certificate "Qualified only when wearing a hearing aid."  
(See Hearing Disorders and Commercial Motor Vehicle Drivers at: <http://www.fmcsa.dot.gov/hdsregs/medreports.htm>)

**Drug Use**

**§391.41(b)(12)**

A person is physically qualified to drive a commercial motor vehicle if that person

*Does not use a controlled substance identified in 21 CFR 1308.11.*

*Exception: A driver may use such a substance or drug, if the substance or drug is prescribed by a licensed medical practitioner who is familiar with the driver's medical history and assigned duties, and has advised the driver that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a commercial motor vehicle.*

This exception does not apply to methadone. The intent of the medical certification process is to medically evaluate a driver to ensure that the driver has no medical condition which interferes with the safe performance of driving tasks on a public road. If a driver uses a Schedule I drug or other substance, an amphetamine, a narcotic, or any other habit-forming drug, it may be cause for the driver to be found medically unqualified. Motor carriers are encouraged to obtain a practitioner's written statement about the effects on transportation safety of the use of a particular drug.

A test for controlled substances is not required as part of this biennial certification process. The FMCSA or the driver's employer should be contacted directly for information on controlled substances and alcohol testing under Part 392 of the FMCSRs.

The term "uses" is designed to encompass instances of prohibited drug use determined by a physician through established medical means. This may or may not involve body fluid testing. If body fluid testing takes place, positive test results should be confirmed by a second test of greater specificity. The term "habit-forming" is intended to include any drug or medication generally recognized as capable of becoming habitual, and which may impair the user's ability to operate a commercial motor vehicle safely.

The driver is medically unqualified for the duration of the prohibited drug(s) use and until a second examination shows the driver is free from the prohibited drug(s) use. Recertification may involve a substance abuse evaluation, the successful completion of a drug rehabilitation program, and a negative drug test result. Additionally, given that the certification period is normally two years, the examiner has the option to certify for a period of less than 2 years if this examiner determines more frequent monitoring is required.

(See Conference on Neurological Disorders and Commercial Drivers and Conference on Psychiatric Disorders and Commercial Drivers at: <http://www.fmcsa.dot.gov/hdsregs/medreports.htm>)

**Alcoholism**

**§391.41(b)(13)**

A person is physically qualified to drive a commercial motor vehicle if that person:

*Has no current clinical diagnosis of alcoholism.*

The term "current clinical diagnosis of" is specifically designed to encompass a current alcoholic illness or those instances where the individual's physical condition has not fully stabilized, regardless of the time element. If an individual shows signs of having an alcohol-use problem, he or she should be referred to a specialist. After counseling and/or treatment, he or she may be considered for certification.



MEDICAL EXAMINER'S CERTIFICATE				
<p>I certify that I have examined _____ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving vehicle, I find this person to qualify, and, if applicable, only when:</p> <p><input type="checkbox"/> wearing corrective lenses      <input type="checkbox"/> driving while on a special license plate (49 CFR 391.43)</p> <p><input type="checkbox"/> wearing hearing aid      <input type="checkbox"/> accompanied by a State Performance Evaluation Certificate (SPECE)</p> <p><input type="checkbox"/> accompanied by a _____ representative      <input type="checkbox"/> qualified by operation of 49 CFR 391.44</p>				
<p>The information I have provided regarding this physical examination is true and complete. A complete examination form with any additional comments are being completed and correctly sent to me on the following date:</p>				
SIGNATURE OF MEDICAL EXAMINER		TELEPHONE	DATE	
MEDICAL EXAMINER'S NAME (PRINT)		<input type="checkbox"/> MD <input type="checkbox"/> Chiropractor <input type="checkbox"/> DO <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Other Practitioner		
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE ISSUING STATE		NATIONAL REGISTRY NO.		
SIGNATURE OF DRIVER		INTRASTATE ONLY	CIL	DRIVER'S LICENSE NO.
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATE
ADDRESS OF DRIVER				
MEDICAL CERTIFICATION EXPIRATION DATE				