



Owner–Operator Application & Document Checklists

Thank you for your interest in joining the C2C Global Logistics Group. The documents listed below must accompany your original application and subsequent first meeting with Mickey Roy, Fleet and Safety Manager (866-396-1222 Ext. 203, mickey@shipc2c.com).

There are two categories of applicant: A) owner operator who owns and drives power unit, and B) non-driving owner operator who provides drivers. Each scenario requires specific document sets as indicated below.

Category A — Owner Operator, Owns and Drives Power Unit

Submit with Application

- ☐ Application
- ☐ Resume
- ☐ Reference letters
- ☐ Driver abstract (< 30 days)
- ☐ CVOR abstract (Canada) or MVR (U.S.) < 30 days
- ☐ Police clearance certificate < 30 days (not required for Canadian FAST card holders)
- ☐ Passport copy

Bring to Interview

- ☐ Original drivers license (C2C to copy)
- ☐ Articles of incorporation
- ☐ IFTA (if OO filing)
- ☐ Void cheque copy (if direct deposit)
- ☐ Citizenship/landed immigrant card copy (if applicable)
- ☐ Social insurance card (Canada) or SSN (U.S.) copy
- ☐ WSIB exemption (Canada only)
- ☐ GST/HST (Canada) or EIN (U.S.) registration
- ☐ Green Card (U.S. only)
- ☐ Fast card copy (Canada only)
- ☐ Medical certificate (U.S. only)

Category B – Non-Driving Owner Operator Providing Drivers

Submit with Application

Truck Owner

- ☐ Application

Each Driver Employed by the Truck Owner

- ☐ Application
- ☐ Resume



- ☐ Reference letters
- ☐ Driver abstract (< 30 days)
- ☐ CVOR abstract (Canada) or MVR (U.S.) < 30 days
- ☐ Police clearance certificate < 30 days (not required for Canadian FAST card holders)
- ☐ Passport copy

Bring to Interview

Truck Owner

- ☐ Articles of incorporation (OO)
- ☐ IFTA (if OO filing)
- ☐ Social insurance card (Canada) or SSN (U.S.) copy
- ☐ WSIB exemption (Canada only)
- ☐ GST/HST (Canada) or EIN (U.S.) registration
- ☐ Void cheque copy (if direct deposit)
- ☐ Green Card (U.S. only)

Each Driver Employed by the Truck Owner

- ☐ Passport
- ☐ Original drivers license (C2C to copy)
- ☐ Social insurance card (Canada) or SSN (U.S.) copy
- ☐ Fast card copy (Canada only)
- ☐ Green Card
- ☐ Medical certificate (U.S. only)
- ☐ Citizenship/landed immigrant card copy (if applicable)

Upon Hire

Upon hire, the following vehicle-related documents are required:

- ☐ Bill of sale
- ☐ Bobtail insurance
- ☐ CAB Card copy
- ☐ Lease agreement
- ☐ Current annual safety
- ☐ Current emission check (3yrs or older)
- ☐ IFTA copy
- ☐ NY HUT
- ☐ Title

APPLICATION FOR QUALIFICATION

Company _____

Address _____

City _____ State _____ Zip Code _____

The purpose of this application is to determine whether or not the applicant 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 Applicant

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 but less than 70 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

Employment History

Give a Complete Record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (____) _____

Were you subject to the FMCSRs* while employed here? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (____) _____

Were you subject to the FMCSRs* while employed here? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (____) _____

Were you subject to the FMCSRs* while employed here? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (____) _____

Were you subject to the FMCSRs* while employed here? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (____) _____

Were you subject to the FMCSRs* while employed here? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*

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 completed (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 _____

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant

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

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his 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.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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

Applicant Signature _____ **Date** _____

Remarks (For office use only)

This form is courtesy of:



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.

I acknowledge that I have read and understand the contents of this document

Driver's Signature: _____ Date: _____
Driver Name (Printed): _____

(OVER)

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR Part 40.25(j) requires the employer to ask any 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, we must not use the employee to perform safety-sensitive function, until and unless, the potential employee provides documentation of successful completion of the return-to-duty process.

(See Section 40.25(b)(5) and (e)).

Applicant Name: _____ ID Number: _____
(Please Print)

As an applicant, applying to perform safety sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

- 1.) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?
Yes ☐ No ☐

- 2.) If you answered yes, to the above question, can you provide proof that you've 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: _____

This form is courtesy of:



**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service**

In connection with your application for employment with _____ (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

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

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

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

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT solely for use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form related to PSP, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.

CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION

ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with _____ (Motor Carrier), Commercial Motor Vehicle (CMV) Driver Applicants 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 to 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)

NAME			
ADDRESS			
PHONE #			

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
(Print Name)
testing requirements and understand them. I acknowledge receipt of the referral list of Substance Abuse Professionals.

(Applicant's Signature)

(Date)

(Employer Representative)

This form is courtesy of:



We are with you . . . mile after mile!

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 391.21, 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, **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 _____, 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 & 40.25.

If no Drug and Alcohol information is available on above named applicant check here. ☐

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Any alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 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 & alcohol testing regulations (Part 382 or Part 40)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this Driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for; an Alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. 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*. | | |

* If this information is not available from the previous employer, you as a prospective employer, must get this information from the Driver/Applicant.

Drug and Alcohol information needs to be kept in a separate Personnel and/or Confidential file.

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

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 & State)	Any Vehicles Towed?	HazMat Spill?	# of Fatalities?	# of Injuries?

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.

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 [Section 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

This form is courtesy of:



31(030)
ERO:bk: 1/95

CERTIFICATION OF ROAD TEST

Per FMCSR Subpart D – Tests Section 391.31 Road Test (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)

This form is courtesy of:



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 in accordance with Section 391.27, has been reviewed for the past 12 months.

Action Taken: _____

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

clh: 08/15/94
30(002)