

## ***Information Required For CDL Driver Qualification Files***

**The following items are required in the DQ files for CDL Drivers:**

1. Application for Employment (§391.21)
2. Safety Performance History Records Request (§40.25 and §391.23)
3. Motor Vehicle Record (MVR) from the state of the driver's current license and any appropriate state(s) going back 3 years of hire date (§391.23)
4. Motor Vehicle Report Release (A general release is required for all states except NH, PA, and WA. These states have state specific releases)
5. Medical exam certificate (§391.43 (g))
6. Medical Examiner's National Registry Verification (§391.23 and §391.51)
7. Copy of Driver's License
8. Copy of D.O.T Drug screen
9. Copy of D.O.T Truck inspection
10. Copy of Social Security card
11. Copy of CAB card if any
12. Copy of insurance if any

**CDL Drivers:** Drivers holding a CDL-class license and regularly or occasionally operating vehicles meeting any one of the following criteria:

- Has a gross vehicle weight rating of more than 26,000 pounds
- Has a gross combination weight rating of more than 26,000 pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds
- Is designed to transport 16 or more passengers, including the driver
- Is any size, transporting hazardous materials requiring placards

These drivers are required to maintain Driver Qualification Files



## DRIVER'S LICENSE INFORMATION REQUEST

Company Name: \_\_\_\_\_

Location Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee Code: \_\_\_\_\_

---

### FILE COPY – DRIVER'S LICENSE MISSING

Please provide J. J. Keller with a clear photocopy of the front and back of an updated license in the space below:

In addition to the driver's license copy above, please complete the following information exactly as it appears on the driver's license:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State of License/Province: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Endorsement: \_\_\_\_\_ Class: \_\_\_\_\_ ☐ CDL ☐ Non CDL

Company Representative Signature: \_\_\_\_\_

# DRIVER APPLICATION

Company Name: \_\_\_\_\_ Location: Region/District/Branch: \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street City State Zip

## TO BE READ AND SIGNED BY APPLICANT

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

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

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

Name: \_\_\_\_\_  
Last First Middle

Social Security Number Phone Number Date of Birth Hire Date

Address: \_\_\_\_\_  
Street City State Zip Number of Years

Past 3 Year  
Residency: \_\_\_\_\_  
Street City State Zip Number of Years

: \_\_\_\_\_  
Street City State Zip Number of Years

## Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

Current or Last Employer Name: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\*\* while employed: ☐ 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

\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: \_\_\_\_\_

Second Last Employer Name: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\*\* while employed: ☐ 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

\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: \_\_\_\_\_

Third Last Employer Name: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\*\* while employed: ☐ 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

\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: \_\_\_\_\_

\*Any gaps in employment and/or unemployment must be explained.

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

\*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**PLEASE COMPLETE NEXT PAGE**

# USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION

FOURTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)  
Reasons for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed? ☐ 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  
\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

FIFTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)  
Reasons for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed? ☐ 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  
\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

SIXTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)  
Reasons for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed? ☐ 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  
\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

SEVENTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)  
Reasons for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed? ☐ 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  
\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

EIGHTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)  
Reasons for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed? ☐ 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  
\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

NINTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)  
Reasons for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed? ☐ 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  
\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

TENTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)  
Reasons for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed? ☐ 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  
\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

\*Any gaps in employment and/or unemployment must be explained.

\*\*The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**EXPERIENCE AND QUALIFICATION**  
Attach separate sheet if more space is needed.

**Driving Experience**

If no driving experience in the last 3 years, check here: ☐

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES	
		FROM	TO
Straight Truck	Van Reefer Tank Flat		
Tractor & Semi-Trailer	Van Reefer Tank Flat		
Tractor – Two Trailers	Van Reefer Tank Flat		
Tractor – Three Trailers	Van Reefer Tank Flat		
Motorcoach - School Bus (Greater than 8 passengers)	N/A		
Motorcoach - School Bus (Greater than 15 passengers)	N/A		
Other: _____	Van Reefer Tank Flat		

**OR**

APPROXIMATE NUMBER OF MILES

**Accident History (3 years)**

If no driving experience in the last 3 years, check here: ☐

DATE (Month/Year)	NATURE OF ACCIDENT (head-on, rear end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Traffic Convictions and Forfeitures (3 years)**

If no traffic convictions and/or forfeitures in the last 3 years, check here: ☐

DATE CONVICTED (Month/Year)	VIOLATION (other than violations involving parking only)	STATE OF VIOLATION	PENALTY

**License Information**

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

\_\_\_\_\_ State \_\_\_\_\_ License Number \_\_\_\_\_ Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle: ☐ Yes ☐ No

If yes, give details: \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked: ☐ Yes ☐ No

If yes, give details: \_\_\_\_\_

**Applicant Certification**

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

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

\_\_\_\_\_ Date

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

**SIDE 1****SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

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

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

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

**APPLICANT:** Complete SECTION 1 and submit to prospective employer.

**PROSPECTIVE EMPLOYER:** Complete SECTION 5a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

SECTION 1:		TO BE COMPLETED BY PROSPECTIVE EMPLOYEE	
I, (Print Name)	_____	_____	_____
	First, M.I., Last	_____	Social Security Number
	_____	_____	_____
	_____	_____	Date of Birth
Previous Employer:	_____	Email:	_____
Street:	_____	Telephone:	_____
City, State, Zip:	_____	Fax No.:	_____
to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____.			
(date of employment application)			
To:	_____		
Prospective Employer:	_____		
Attention:	_____	Telephone:	_____
Street:	_____		
City, State, Zip:	_____		
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.			
Prospective employer's confidential fax number: _____			
Prospective employer's confidential email address: _____			
_____		_____	
Applicant's Signature		Date	

SECTION 2:		TO BE COMPLETED BY PREVIOUS EMPLOYER	
<b>EMPLOYMENT VERIFICATION</b>			
The applicant named above was or is employed or used by us. Yes <input type="checkbox"/> No <input type="checkbox"/>			
Employed as (job title) _____ from (m/y) _____ to (m/y) _____			
Did he/she drive a motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/>			
Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____			
Completed by: _____			
Company: _____			
Street: _____			
City, State, Zip: _____ Telephone: _____			
Signature: _____ Date: _____			
If there is no safety performance history to report, check here <input type="checkbox"/> and return. Otherwise, complete Sections 3 and 4 on SIDE 2 before returning.			

**SECTION 3:****TO BE COMPLETED BY PREVIOUS EMPLOYER****ACCIDENT HISTORY**

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

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

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

**SECTION 4:****TO BE COMPLETED BY PREVIOUS EMPLOYER****DRUG AND ALCOHOL HISTORY**

If applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you, please check here ☐ and return.

Applicant was subject to DOT testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

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

Within the past 3 years from the application date shown on SIDE 1:

**YES NO**

1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: ☐ ☐

- An alcohol test with a result of 0.04 or higher alcohol concentration.
- A controlled substances test result of positive, adulterated, or substituted.
- A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test.
- Alcohol use while performing or within 4 hours before performing safety-sensitive functions.
- Alcohol use after an accident, in violation of §382.303.
- Controlled substances use while on duty, except as allowed under §382.213.

**N/A**

2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here ☐ ☐ ☐

3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested? ☐ ☐ ☐

**SECTION 5a:****TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other \_\_\_\_\_

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

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

**SECTION 5b:****TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone

Date: \_\_\_\_\_ ☐ Other \_\_\_\_\_

## **ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION**

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE REGARDING INVESTIGATIVE BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and additional state/city-specific notices and Summary of Rights and certify that I have read and understand those documents. I hereby authorize the evaluation of my driver file by J. J. Keller & Associates, Inc. for compliance with state and federal laws and the acquisition of "consumer reports" (i.e., driving records, criminal history, social security verification, and/or education history) and/or "investigative consumer reports" (i.e., employment and/or education verification) by **the Employer** (as listed below) at any time after receipt of this authorization and throughout my employment, if applicable. In addition, I hereby authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, current and past employer, or insurance company to furnish any and all background information requested by J. J. Keller & Associates, Inc., PO Box 368, Neenah, WI 54957-0368, (877)-564-2333, [www.jjkeller.com](http://www.jjkeller.com), and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly or by checking this box. ☐ By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

**New York City applicants only:** By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.

**Washington State applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

**California applicants only:** Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law as stated in the Notice Regarding Background Checks per California Law you received. ☐

**Note to Residents of New Hampshire, Pennsylvania, Washington, Puerto Rico, and Canadian Provinces — British Columbia, Manitoba, New Brunswick, Newfoundland & Labrador, Northwest Territories, Nunavut, Prince Edward Islands, Quebec, Saskatchewan, and Yukon:** State specific or Canadian general motor vehicle release forms must be completed and signed prior to obtaining the reports.

Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_  
(MM/DD/YY)

Company Name\* \_\_\_\_\_

### **BACKGROUND INFORMATION**

Last Name\* \_\_\_\_\_ First\* \_\_\_\_\_ Middle\* \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

#### **\*Required Information**

This document should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. J. J. Keller & Associates, Inc., expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.



## Motor Carrier's MEDICAL EXAMINER NATIONAL REGISTRY VERIFICATION

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

**§391.23 Investigation and inquiries. (m)(1)** The motor carrier must obtain an original or copy of the medical examiner's certificate issued in accordance with §391.43, and any medical variance on which the certification is based, and, beginning on or after May 21, 2014, verify the driver was certified by a medical examiner listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate, and place the records in the driver qualification file, before allowing the driver to operate a CMV.

**§391.51 General requirements for driver qualification files. (b)(9)(i)** For drivers not required to have a CDL, a note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §391.23(m)(1). **(b)(9)(ii)** Until June 22, 2018, for drivers required to have a CDL, a note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §391.23(m)(2).

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

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

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

Expiration Date of Medical Certificate:

Medical Examiner's Name:

National Registry Number:

NRCME Certification Date:

Motor Carrier:

Location:

Verified By:  Date:

Motor Carrier Representative Signature