

# Driver Qualification File Checklist

Driver Name: \_\_\_\_\_

Date of Driving Status: \_\_\_\_\_

## Section 1 Employment Information

\_\_\_\_\_  
Application for Employment (2 pages)  
\_\_\_\_\_  
Fair Credit Reporting Act Disclosure Statement  
\_\_\_\_\_  
Request for Check of Driving Record  
\_\_\_\_\_  
Pre-Screening Program Release Form  
\_\_\_\_\_  
Employment Verification/Safety Performance History(Previous Employer for preceding 3 years)  
\_\_\_\_\_  
Driver's Right to Due Process  
\_\_\_\_\_  
*MVR – Current State (obtained from applicant)*  
\_\_\_\_\_  
*Copy of Applicant CDL (obtained from applicant)*

## Section 2 Medical/Drug & Alcohol

\_\_\_\_\_  
Pre-Employment Drug & Alcohol Test Notification Form  
\_\_\_\_\_  
Previous Pre-Employment Employee Drug & Alcohol Test Statement  
\_\_\_\_\_  
Company Drug & Alcohol Policy Certification of Receipt  
\_\_\_\_\_  
*Medical Examiner Report (Long Form) (obtained from medical examiner)*  
\_\_\_\_\_  
*Medical Examiner's Certificate (obtained from medical examiner)*  
\_\_\_\_\_  
*Pre-Employment Written Alcohol & Drug Test Results (obtained from testing facility)*  
\_\_\_\_\_  
*Pre-Employment Federal Chain of Custody Form – (obtained from testing facility)*

## Section 3 Other DOT Forms

\_\_\_\_\_  
Certification of Driver's Road Test  
\_\_\_\_\_  
Certification of Compliance with Driver's License Requirements  
\_\_\_\_\_  
Driver's Statement of On-Duty Hours – for Newly Hired  
\_\_\_\_\_  
Certification of Violations/Annual Review of Driving Record

## Section 4 Miscellaneous Forms

\_\_\_\_\_  
US Department of Justice Employment Eligibility Verification (I-9)  
\_\_\_\_\_  
Logging Off Duty for Meal Stops  
\_\_\_\_\_  
No Rider Policy  
\_\_\_\_\_  
*Copy of Social Security Card (obtained from applicant)*  
\_\_\_\_\_  
*FMCSA Regulations Training Manual (company provides)*  
\_\_\_\_\_  
*Brake Inspection Certification (optional)*

DRIVER QUALIFICATION FILE

EMPLOYMENT INFORMATION

# SECTION

# 1

DRIVER'S  
APPLICATION FOR EMPLOYMENT

**ALL SECTIONS MUST BE FULLY COMPLETED**

COMPANY OMAR LOGISTICS L.L.C. MAILING ADDRESS 4710 BELFIELD TERRACE

CITY, STATE AND ZIP CODE N. CHESTERFIELD, VA 23237

NAME (please print) \_\_\_\_\_  
(FIRST) (MIDDLE) (MAIDEN NAME if applicable) (LAST)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

CELL NUMBER \_\_\_\_\_ EXPECTED RATE OF PAY \$ \_\_\_\_\_

**PREVIOUS THREE YEARS RESIDENCY**

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP) #YEARS \_\_\_\_\_

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP) #YEARS \_\_\_\_\_

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP) #YEARS \_\_\_\_\_

**ATTACH SHEET IF MORE SPACE IS NEEDED**

**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 \_\_\_\_\_ TYPE \_\_\_\_\_ EXP DATE \_\_\_\_\_

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO OF MILES (TOTAL)
<u>STRAIGHT TRUCK</u>			
<u>TRACTOR AND SEMI TRAILER</u>			
<u>TRACTOR – TWO TRAILERS</u>			

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
_____	_____	_____	_____	yes _____ no _____
_____	_____	_____	_____	yes _____ no _____
_____	_____	_____	_____	yes _____ no _____

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

DATE (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ATTACH SHEET IF MORE SPACE IS NEEDED**

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

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

If yes, explain \_\_\_\_\_

EMPLOYMENT RECORD  
(ATTACH SHEET IF MORE SPACE IS NEEDED)

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

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

LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

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

AND REASON. \_\_\_\_\_

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

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

SECOND LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

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

AND REASON. \_\_\_\_\_

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

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

Yes \_\_\_\_\_ No \_\_\_\_\_

THIRD LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

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

AND REASON. \_\_\_\_\_

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

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

**TO BE READ AND SIGNED BY APPLICANT**

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

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

"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."

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

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

**OMAR LOGISTICS L.L.C.**

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 901-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

# REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to: OMAR LOGISTICS L.L.C. for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

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

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

.....  
In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208). I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of the report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

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

\_\_\_\_\_  
(Signature of Requester)

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

TO: **OMAR LOGISTICS L.L.C.**  
**4710 BELFIELD TERRACE**  
**N. CHESTERFIELD, VA 23237**

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

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

NAME OF APPLICANT/DRIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

## REQUESTED BY

OMAR LOGISTICS L.L.C.  
(Name of Company)

\_\_\_\_\_  
(Typed /Printed Name)

4710 BELFIELD TERRACE  
(Address)

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

N.CHESTERFIELD, VA 23237  
(City) (State) ( Zip)

\_\_\_\_\_  
(Signature)

OMAR LOGISTICS L.L.C.

4710 BELFIELD TERRACE

N. CHESTERFIELD, VA 23237

### Employment Verification – Safety Performance History

In Compliance with FMCSR 391.23 and FMC Regulation 40.321 B, please respond to this inquiry as quickly and accurately as possible. For additional information or to respond verbally, please call Janna Sakowitz at 804-784-6166.

**I hereby give permission to release the information noted below as used for employment purposes only.**

Applicants signature: \_\_\_\_\_

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_

Dates of Employment from \_\_\_\_\_ to \_\_\_\_\_

Phone \_\_\_\_\_

Position: Driver/Safety-Sensitive \_\_\_\_\_ Other \_\_\_\_\_

Fax \_\_\_\_\_

If multiple periods of employment, please list other dates below

City/State \_\_\_\_\_

Eligible for Rehire: Yes ☐ No ☐ Reason for Leaving: Resigned ☐ Discharged ☐ Other ☐ explain \_\_\_\_\_

Work Record? Satisfactory ☐ Company Policy Violations ☐ Unsatisfactory Safety Review ☐ Late/Missed Stops ☐

Driving Experience? Tractor/Trailer ☐ Straight Truck ☐ Other ☐ Areas Operated in? 48 states ☐ Regional ☐ Local ☐

### DOT Accident History

Complete the following for all accidents, as defined in FMCSR 390.15(b), involving the applicant that occurred with the three year period preceding the date of the employment application.

If None Check Here ☐

Date	City	State	Injuries	Fatalities	Description

### Other Accident History

Complete the following for other accidents/incidents involving the applicant that were reported to insurers or retained under internal company policies.

If None Check Here ☐

Date	City	State	Description

### Drug and Alcohol Testing History

Complete the following for all DOT tests conducted within the three year period preceding the date of employment application.

**\*\*Please make a YES or NO selection for EACH question\*\***

Has applicant had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater? Yes ☐ No ☐

Has applicant had a controlled substance test with verified positive result? Yes ☐ No ☐

Has applicant refused an alcohol or controlled substance test? Yes ☐ No ☐

Has applicant violated any other DOT testing regulations (FMCSA subpart B, part 382, 49CFR PT40)? Yes ☐ No ☐

Have you received information from a previous employer that this individual violated DOT testing? Yes ☐ No ☐

If this applicant has violated a dot drug and alcohol regulation, did applicant complete as SAP-prescribed rehabilitation program while in your employ including return-to-duty and follow up tests? If yes, please provide documentation) Yes ☐ No ☐

If this applicant successfully completed a SAP's rehabilitation program and remained in your employ, did applicant subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test or refuse to be tested? Yes ☐ No ☐

### Certification of Employment Record

Previous Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_

For use by: Omar Logistics, LLC. Internal Tracking Purposes Only

This form was: Faxed ☐ Emailed ☐ Mailed ☐ Date(s) \_\_\_\_\_

Sent by: \_\_\_\_\_ Date \_\_\_\_\_

## **DRIVER'S RIGHT TO DUE PROCESS REGARDING INVESTIGATION INTO PREVIOUS SAFETY PERFORMANCE HISTORY AND DRUG AND ALCOHOL TESTING VERIFICATION**

Under U.S. DOT §391.23(i) you have the following rights regarding the investigation information that will be provided.

### **RIGHT TO REVIEW**

You have the right to review information provided by previous employers. You must make a request in writing and it must be received no later than thirty (30) days after being employed or being denied employment. We have five (5) business days after receipt of the written request, or after receiving the information from a previous employer, to provide this information to you. If you have not arranged to pick up or receive the requested records within thirty (30) day of us making them available, we may consider you have waived your request to review the records.

### **RIGHT TO HAVE ERRORS CORRECTED**

You have the right to have errors corrected in the information from your previous employer and for that previous employer to re-send the corrected information to us. You must send the request for the correction directly to the previous employer that provided the records to us. The previous employer must either correct and forward the information to us, or notify you within fifteen (15) days of receiving your request that it does not agree to correct the data. If the previous employer corrects the data and forwards it to us, we will notify you.

### **RIGHT TO REBUTTAL**

You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information. If you wish to rebut the information, you must send the rebuttal to your previous employer with instructions to include the rebuttal in that driver's safety performance history. Within five (5) business days of receiving a rebuttal, the previous employer must forward a copy of the rebuttal to us.

### **TIMING**

You have the right to send a rebuttal first, without making a request for a correction, or you may send the request for a correction, then a rebuttal.

### **REPORTING TO THE FMCSA**

You may (but are not required to) report failure of previous employers to correct information or include a rebuttal to the Federal Motor Carrier Safety Administration.

The above statement was received and read by me:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name



DRIVER QUALIFICATION FILE

MEDICAL/DRUG & ALCOHOL

# SECTION

2

## PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

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

Company Name: OMAR LOGISTICS L.L.C.

Street: 4710 BELFIELD TERRACE

City: N. CHESTERFIELD

State, Zip: VA, 23237

Prospective Employee Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(Print)

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

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

Check one: ☐ Yes ☐ No

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

Check one: ☐ Yes ☐ No

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

# TEST NOTIFICATION

**Part 382 – Controlled Substances and Alcohol Use Testing applies to driver of this company.**

*Subsection 382.113 Requirement for notice.*

Before performing an alcohol or controlled substances test under this part, each employer shall notify a driver that the alcohol or controlled substances test is required by this part. No employer shall falsely represent that a test is administered under this part.

Company Name: OMAR LOGISTICS L.L.C.

Driver/Applicant Name: \_\_\_\_\_  
(Print) (First, M.I., Last)

You are hereby notified the following test will be administered in compliance with the Federal Motor Carrier Safety Regulations.

1. The test is scheduled: Date: \_\_\_\_\_

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

Time: \_\_\_\_\_

2. Check type of Test: ☐ Alcohol ☐ Controlled Substance

3. Check reason for test: ☐ Pre-employment ☐ Random ☐ Reasonable suspicion

☐ Post-accident ☐ Return to duty ☐ Follow-up

4. Appointment instructions/comments:

\_\_\_\_\_  
\_\_\_\_\_

I understand as a condition of my employment with this company, the above identified test is required.

\_\_\_\_\_  
Driver/Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by: Company Representative

\_\_\_\_\_  
Date

# *ALCOHOL AND DRUG EMPLOYEE'S CERTIFIED RECEIPT*

\_\_\_\_\_  
Employee's Name

OMAR LOGISTICS L.L.C.  
Company / Department

This is to certify that I have been provided educational materials required by 382.601 and my employer's policies and procedures with respect to meeting the Part 382 requirements. The materials include detailed discussion of the following checked (X) items:

- \_\_\_\_\_ 1. The designated employer representative to answer questions about the materials.
- \_\_\_\_\_ 2. The categories of drivers subject to Part 382.
- \_\_\_\_\_ 3. Information regarding safety-sensitive functions and periods of the workday in which compliance is required.
- \_\_\_\_\_ 4. Information regarding driver conduct.
- \_\_\_\_\_ 5. Circumstances under which a driver will be tested.
- \_\_\_\_\_ 6. Testing procedures.
- \_\_\_\_\_ 7. Tests administered in accordance with Part 382, as required.
- \_\_\_\_\_ 8. An explanation of what will be considered a refusal to submit to a test and the consequences.
- \_\_\_\_\_ 9. The consequences for Part 382 Subpart B violations including removal from safety-Sensitive functions and Part 40 Subpart O procedures.
- \_\_\_\_\_ 10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.
- \_\_\_\_\_ 11. Information on the affects of alcohol and controlled substances in regards to:
  - an individual's health
  - work
  - personal life
  - \* signs and symptoms of a problem
  - \* available methods of intervening when a problem is suspected

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Employer Representative

\_\_\_\_\_  
Date

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

Motor Vehicle Driver's

**CERTIFICATION OF COMPLIANCE  
WITH DRIVER LICENSE REQUIREMENTS**

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

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

**DRIVER REQUIREMENTS:** Part 383 and 391 of the Federal Motor Carrier Safety Regulations contain requirements with which you as a driver must comply. These requirements are in effect as of July 1, 1987. They are as follows:

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

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. **DESTROYING** a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:**  
Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the **NEXT BUSINESS DAY** of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

The following license is the only one I will possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

Driver's Name (Printed): \_\_\_\_\_

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

Notes: \_\_\_\_\_

DRIVER QUALIFICATION FILE

OTHER DOT FORMS

# SECTION

# 3

## Certification of Driver's Road Test

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

License Number \_\_\_\_\_ State \_\_\_\_\_

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

This is to certify that the above-named driver was given a  
Road test under my supervision on \_\_\_\_\_ 201\_\_,  
Consisting of approximately \_\_\_\_\_ miles of driving.

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

\_\_\_\_\_  
Title

Organization and Address of Examiner:

OMAR LOGISTICS L.L.C.  
4710 BELFIELD TERRACE  
N. CHESTERFIELD VA 23237

## DRIVER STATEMENT OF ON-DUTY HOURS

(For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_ Class \_\_\_\_\_ Endorsement(s) \_\_\_\_\_ Restriction(s) \_\_\_\_\_

Type of License \_\_\_\_\_ Issuing State \_\_\_\_\_

Day	1 (yesterday)	2	3	4	5	6	7	Total Hours
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

\_\_\_\_\_ A.M.  
\_\_\_\_\_ P.M. On \_\_\_\_\_  
Time Day Month Year

_____ Driver's Signature	_____ Date
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## DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

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

(Check one)

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

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

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

Witness: \_\_\_\_\_  
 \_\_\_\_\_  
 Driver's Signature  
 \_\_\_\_\_  
 Company Representative

---

Date

---

Date



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

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

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

### COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

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

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

DATE OPERATED	OFFENSE	LOCATION	TYPE OF VEHICLE
(If you have had no violations, check the following box - <input type="checkbox"/> (None.)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Date of Certification \_\_\_\_\_ Driver's Signature \_\_\_\_\_

### COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

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

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

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

Action taken with driver:

Reviewed by: \_\_\_\_\_

Signature	Date
Printed Name	Title

Motor Carrier Name: OMAR LOGISTICS L.L.C. 4710 BELFIELD TERR. N. CHESTERFIELD, VA 23237

DRIVER QUALIFICATION FILE

MISCELLANEOUS FORMS

# SECTION

# 4

## OFF DUTY MEAL STOPS

Carrier: OMAR LOGISTICS L.L.C.

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

Date \_\_\_\_\_

### Instructions

During any period of driving time not exceeding 11 hours, you may make one or more stops for meals and enter the time (minimum 15 minutes, maximum 4 hours), on your log as "off duty" time. When such a stop is made, you will ensure that your vehicle is properly parked and secured.

Safety Manager \_\_\_\_\_

Date \_\_\_\_\_

These instructions must be carried in your vehicle while driving. A copy will be placed in your driver qualification file.

I have received and understand the instructions stated above.

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

\_\_\_\_\_  
Date

## **NO RIDER POLICY**

**Due to changes in insurance regulations and increased security promoted by the Federal Motor Carrier Safety Administration, we are initiating a safety policy regarding riders in any equipment leased to and/or owned by:**

### **OMAR LOGISTICS L.L.C.**

Effective immediately, no riders are permitted in any equipment. This will now be without exception.

We strive to provide our employees with exceptional job security and we can only continue to expand this company if we are extremely cautious regarding our safety practices.

Please acknowledge your understanding and commitment to this policy by signing, dating and returning this memo to the personnel department. This document will remain in your personnel file. Deviation from this policy is grounds for dismissal.

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Employee Name (Print)

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Employee Signature

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Company Representative

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Date