

NOTICE

This file contains
CONFIDENTIAL INFORMATION
And may only be viewed by Portland Container
Repair authorized individuals.

Robert Shinn at Portland Container Repair and those others who by their duties and responsibilities, must review information required by the Department of Transportation (DOT) regarding drivers of commercial motor vehicles as defined in Title 49 CFR 382.107, 383.5 and 390.5.

INSTRUCTIONS

Name of Document & instructions

When completed:

1 **Application** – Using the application supplied, have applicant complete **ALL** information, date & sign. A **minimum of 3 years** employment history is required and **as much as 10 years** if the applicant's employment as a driver goes back that far. **Provide each applicant with a copy of "Applicant's Rights"**

Return to Robert Shinn

2 **Previous Employer Inquiry** – Driver must sign the top portion ("Applicant's Signature") & date for **EVERY** employer he/she has worked for during the **past 3 years**. Make extra copies if needed.

Return to Robert Shinn

3 **Request for Check of Driving Record** – Driver must sign the top portion ("Applicant's Signature") & date the request. Upon receipt, you must review the driving record to verify the applicant's qualifications.

Return to Robert Shinn

4 **Road Test & Medical Card** – Complete the Certification of Road Test and make **legible copies** of the applicant's driver's license and medical card. A road test equivalent (CDL) may be accepted for all commercial vehicles except doubles, triples and tankers, in which case you must complete and attach proof of a road test.


Return to Robert Shinn

6 **Annual Review & Driver's Certification** – You don't have to do these right away ... it's done on an **annual** basis. At that time, have the driver complete the top portion. Their supervisor will review the driver's MVR and complete the bottom portion.

Return to Robert Shinn

7 **Driver Data Sheet** – Once the applicant is hired & **BEFORE** driving for the first time, the driver must complete the information requested, sign & date it.

Return to Robert Shinn

 **REMINDER:** Before the driver first begins driving for your company you must have the driver must complete a pre-employment drug test and have a confirmed negative test result prior to the first time he/she performs safety-sensitive functions.

When you see this symbol



a signature is required.

DOT REGULATED DRIVER APPLICANT'S RIGHTS

As an applicant for a driver position regulated by the United States Department of Transportation, Federal Motor Carrier Safety Administration, you are advised that all information supplied by you in connection with your application will be investigated as required under 49 CFR 391.23 and may be used in the determination of the suitability of your application for the position that is being offered. As a driver applicant you have the following rights:

(i) The right to review information provided by previous employers; (ii) 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; (iii) 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.

(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (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.

(j)(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer. (2) 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 a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver. (3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history. (4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

(i) Forward a copy of the rebuttal to the prospective motor carrier employer;

(ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

(5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction. (6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at §386.12.

(Approved by the Office of Management and Budget under control number 2126-0004)

THIS CERTIFIES THAT I HAVE READ AND RECEIVED A COPY OF THE 'APPLICANTS RIGHTS.'

(Applicant's printed name & signature)

(Date)

THIS DOCUMENT IS TO BE PROVIDED TO EACH DRIVER APPLICANT AT THE TIME AN APPLICATION IS SUBMITTED FOR CONSIDERATION. **EACH DRIVER APPLICANT MUST ACKNOWLEDGE RECEIPT OF THIS DOCUMENT BY INITIALLING WHERE INDICATED ON PAGE 1.3 OF THE APPLICATION.**

APP	MVR
PEI	MED
D&A	ROAD

PERM



QuickFile Applications™

DRIVER'S APPLICATION FOR EMPLOYMENT

Portland Container Repair

9449 N. Burguard Way

Portland, OR 97203-

Ph. (503) 286-5961

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non job-related medical condition or handicap. All motor carriers regulated under Federal Motor Carrier Safety Regulations must meet the requirements of Title 49 CFR Part 391 and Part 382 as they apply to qualifying the applicant for a driving position.

Answer all questions. Please print legibly.

Position (s) applied for:		2. Date of application (Month/Day/Year): / /	
3. Name:		3A. DOB (Month/Day/Year):	
4. Addresses for past three years (Write on back if there's not enough room)		4A. SSI No.:	
Street address		Home Ph	Cell Ph
City	State	Zip	How long?
Street address			
City	State	Zip	How long?
Are you eligible to work in the US?			
In case of emergency notify:			
Address		Phone	
Have you worked for this company before?		If yes, where?	
Dates: From:	To:	Rate of pay:	Position:
Reason for leaving?			
Are you now employed?			
If not, how long since leaving last employment?			
Who referred you?		Rate of pay expected?	

PHYSICAL HISTORY

List any limitations that prevent you from performing the duties of a commercial motor vehicle driver. Specify any medical waivers.
Are you physically capable of heavy manual work?
Would you be willing to take an examination?

ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED.

5. EMPLOYMENT HISTORY

1.2

CFR 391.21

Applicants for positions that require the driving of commercial motor vehicles must provide an additional 7 years' information on those employers for whom the applicant operated such vehicles, or up to 10 years employment history. **ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED. USE THE BACK OF THIS PAGE IF MORE ROOM IS NEEDED.**

Date of Birth:

Date of Application:

Date of Hire:

CHECK AND DATE EACH PREVIOUS EMPLOYMENT **PE** AND DRUG & ALCOHOL **DA** INQUIRY WHEN COMPLETED.

PE / / / DA / / /	1. EMPLOYER <i>Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug & alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/></i>			
	NAME		From	To
	ADDRESS <i>Position</i>			
	CITY	STATE	ZIP	Wage
	CONTACT PERSON & PHONE		<i>Reason for leaving</i>	

PE / / / DA / / /	2. EMPLOYER <i>Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug & alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/></i>			
	NAME		From	To
	ADDRESS <i>Position</i>			
	CITY	STATE	ZIP	Wage
	CONTACT PERSON & PHONE		<i>Reason for leaving</i>	

PE / / / DA / / /	3. EMPLOYER <i>Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug & alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/></i>			
	NAME		From	To
	ADDRESS <i>Position</i>			
	CITY	STATE	ZIP	Wage
	CONTACT PERSON & PHONE		<i>Reason for leaving</i>	

PE / / / DA / / /	4. EMPLOYER <i>Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug & alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/></i>			
	NAME		From	To
	ADDRESS <i>Position</i>			
	CITY	STATE	ZIP	Wage
	CONTACT PERSON & PHONE		<i>Reason for leaving</i>	

PE / / / DA / / /	5. EMPLOYER <i>Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug & alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/></i>			
	NAME		From	To
	ADDRESS <i>Position</i>			
	CITY	STATE	ZIP	Wage
	CONTACT PERSON & PHONE		<i>Reason for leaving</i>	

PE / / / DA / / /	6. EMPLOYER <i>Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug & alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/></i>			
	NAME		From	To
	ADDRESS <i>Position</i>			
	CITY	STATE	ZIP	Wage
	CONTACT PERSON & PHONE		<i>Reason for leaving</i>	



Please initial here to indicate that all required driving history where you drove a vehicle weighing more than 26,001 lbs. GCVWR, or was designed to carry 16 or more passengers including the driver, or which transported hazardous materials in placardable quantities for the period described above has been included in this application.

6. ACCIDENT RECORD FOR PAST 3 YEARS.
If none, write "None."

DATES	NATURE OF ACCIDENT	FATALITIES	INJURY
LAST ACCIDENT			
NEXT PREVIOUS			

7. TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 3 YEARS.
If none, write "None."

LOCATION	DATE	CHARGE	PENALTY

8. EXPERIENCE & QUALIFICATIONS - Valid licenses currently held.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

9. DRIVING EXPERIENCE - Type of equipment & approximate miles/hours driven.

CLASS	TYPE (Van, Tank, Flat, etc.)	FROM	TO	MILES
STRAIGHT TRUCK				
TRACTOR/TRAILER				
DOUBLES				

- 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.)If you answered "yes" to question B, explain the details: _____

In the past 2 years, have you tested positive, or refused to test, on a pre-employment drug or alcohol test administered by an employer where you applied for a safety sensitive position and were not hired? YES _____ NO _____

LIST STATES LICENSED IN FOR PAST 5 YEARS: _____

10. 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. I understand that the employment information I provided in the Employment History section of this application may be used, and my previous employers **will be contacted**, for the purpose of investigating my safety performance history information as required by 49 CFR 391.23(d) and (e). I authorize **Portland Container Repair and its agents** to contact my former employers for the purpose of fulfilling the requirements of the 49 CFR Parts 391.23 and 382.413. I further authorize **Portland Container Repair and its agents** to make any such additional inquiries beyond the FMCSR minimum requirements that are necessary to qualify this application. I do hereby release **Portland Container Repair, its agents and any of my former employers** from any and all liability which may result from obtaining and/or furnishing such information. I have received a copy of and been advised of my rights under 49 CFR 391.23(h) to (i) review information provided by previous employers upon submitting a written request within 30 days after being notified of denial of employment, (ii) have errors in information corrected, and (iii) have a rebuttal statement attached to alleged erroneous information. _____ *(Applicant's initials)*



_____ (Applicant's signature)

_____ (Date)

ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED.

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

1st attempt: _____ Phone/Fax/Mail
2nd attempt _____ Phone/Fax/Mail
3rd attempt _____ Phone/Fax/Mail
Person making contacts must initial each attempt.



Previous employer: _____ Contact: _____

Address: _____ Phone/Fax: _____

Applicant's Name: _____ Applicant's SSN: _____

I hereby authorize you to release the following information to **Portland Container Repair and its AGENTS** for the purpose of investigations as required by Part 391.23, 382.413 and 40.25 of Title 49 Code of Federal Regulations. You are released from any and all liability, which may result from furnishing such information. Thank you for your cooperation.

Return to - Robert Shinn, 9449 N. Burguard Way, Portland OR 97203- | Fax (503) 247-8211



Applicant's Signature

Date

THE ABOVE NAMED INDIVIDUAL HAS MADE APPLICATION TO THIS COMPANY AS A DRIVER AND STATES THAT HE/SHE WAS EMPLOYED BY YOU AS _____ FROM _____ TO _____ Yes No. Actual = ____ to ____

DRIVER'S SAFETY PERFORMANCE HISTORY

- 1. Did he/she drive a commercial motor vehicle (CMV) as defined in 49 CFR 390.5 or 383.5? Yes No
- 2. If "yes", what kind of vehicle? Straight Truck? Tractor-Semitrailer? Bus? Other (specify) _____
- 3. Was he/she involved in a CMV accident? Yes No. 3A. Was he/she a safe and efficient driver? Yes No
- 4. If he/she was involved in an accident as defined in 49 CFR 390.5:
Date of accident: _____ Location (City, State) _____ Number of injuries?: _____
Number of fatalities: _____ Were hazardous materials, other than fuel spilled? Yes No
- 5. Reason for leaving your company? Discharged Yes No / Resignation Yes No / Lay Off Yes No
- 6. Other comments: _____ Would you rehire? Yes No

FOR APPLICANTS WHO HAVE BEEN EMPLOYED AS A DRIVER SUBJECT TO PART 382 DRUG & ALCOHOL TESTING IN THE PAST 3 YEARS, DID THE PERSON NAMED HERE:

- Have an alcohol test with a result of 0.04 alcohol concentration or greater while your employee? No Yes
- Have a verified positive controlled substances test while in your employment? No Yes
- Refuse to complete a drug or alcohol test required under Part 382 while in your employment? No Yes
- Violate drug and alcohol regulations of any other DOT agency? No Yes
- If the answer to any of the above four questions is "Yes", can you provide documentation of the applicant's successful completion of return-to-duty process? No Yes (Did he/she subsequent to completing the SAP's rehabilitation referral have an alcohol test with a result of 0.04 or higher, a verified positive drug test, or refuse to be tested? No Yes)

APPLICANT'S CONSENT: I, _____, consent to the release of the specific information required under Title 49 CFR 40.25 and 49 CFR 382.413 and 382.405(f) to *Portland Container Repair*.



Applicant's signature authorizing release of information: _____ Date: _____

Name & position of person supplying information: _____ Date: _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

1st attempt: _____ Phone/Fax/Mail
2nd attempt _____ Phone/Fax/Mail
3rd attempt _____ Phone/Fax/Mail
Person making contacts **must** initial each attempt.

Previous employer: _____ Contact: _____

Address: _____ Phone/Fax: _____

Applicant's Name: _____ Applicant's SSN: _____

I hereby authorize you to release the following information to **Portland Container Repair and its AGENTS** for the purpose of investigations as required by Part 391.23, 382.413 and 40.25 of Title 49 Code of Federal Regulations. You are released from any and all liability, which may result from furnishing such information. Thank you for your cooperation.

Return to - Robert Shinn, 9449 N. Burguard Way, Portland OR 97203- | Fax (503) 247-8211



Applicant's Signature

Date

THE ABOVE NAMED INDIVIDUAL HAS MADE APPLICATION TO THIS COMPANY AS A DRIVER AND STATES THAT HE/SHE WAS EMPLOYED BY YOU AS _____ FROM _____ TO _____ Yes No. Actual = ____ to ____

DRIVER'S SAFETY PERFORMANCE HISTORY

- 1. Did he/she drive a commercial motor vehicle (CMV) as defined in 49 CFR 390.5 or 383.5? Yes No
- 2. If "yes", what kind of vehicle? Straight Truck? Tractor-Semitrailer? Bus? Other (specify) _____
- 3. Was he/she involved in a CMV accident? Yes No. 3A. Was he/she a safe and efficient driver? Yes No
- 4. If he/she was involved in an accident as defined in 49 CFR 390.5:
Date of accident: _____ Location (City, State) _____ Number of injuries?: _____
Number of fatalities: _____ Were hazardous materials, other than fuel spilled? Yes No
- 5. Reason for leaving your company? Discharged Yes No / Resignation Yes No / Lay Off Yes No
- 6. Other comments: _____ Would you rehire? Yes No

FOR APPLICANTS WHO HAVE BEEN EMPLOYED AS A DRIVER SUBJECT TO PART 382 DRUG & ALCOHOL TESTING IN THE PAST 3 YEARS, DID THE PERSON NAMED HERE:

- Have an alcohol test with a result of 0.04 alcohol concentration or greater while your employee? No Yes
- Have a verified positive controlled substances test while in your employment? No Yes
- Refuse to complete a drug or alcohol test required under Part 382 while in your employment? No Yes
- Violate drug and alcohol regulations of any other DOT agency? No Yes
- If the answer to any of the above four questions is "Yes", can you provide documentation of the applicant's successful completion of return-to-duty process? No Yes (Did he/she subsequent to completing the SAP's rehabilitation referral have an alcohol test with a result of 0.04 or higher, a verified positive drug test, or refuse to be tested? No Yes)

APPLICANT'S CONSENT: I, _____, consent to the release of the specific information required under Title 49 CFR 40.25 and 49 CFR 382.413 and 382.405(f) to *Portland Container Repair*.



Applicant's signature authorizing release of information: _____ Date: _____

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REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

1st attempt: _____ Phone/Fax/Mail
 2nd attempt _____ Phone/Fax/Mail
 3rd attempt _____ Phone/Fax/Mail
Person making contacts must initial each attempt.

Previous employer: _____ Contact: _____

Address: _____ Phone/Fax: _____

Applicant's Name: _____ Applicant's SSN: _____

I hereby authorize you to release the following information to **Portland Container Repair and its AGENTS** for the purpose of investigations as required by Part 391.23, 382.413 and 40.25 of Title 49 Code of Federal Regulations. You are released from any and all liability, which may result from furnishing such information. Thank you for your cooperation.

Return to - Robert Shinn, 9449 N. Burguard Way, Portland OR 97203- | Fax (503) 247-8211



Applicant's Signature

Date

THE ABOVE NAMED INDIVIDUAL HAS MADE APPLICATION TO THIS COMPANY AS A DRIVER AND STATES THAT HE/SHE WAS EMPLOYED BY YOU AS _____ FROM _____ TO _____ Yes No. Actual = _____ to _____

DRIVER'S SAFETY PERFORMANCE HISTORY

1. Did he/she drive a commercial motor vehicle (CMV) as defined in 49 CFR 390.5 or 383.5? Yes No
2. If "yes", what kind of vehicle? Straight Truck? Tractor-Semitrailer? Bus? Other (specify) _____
3. Was he/she involved in a CMV accident? Yes No. 3A. Was he/she a safe and efficient driver? Yes No
4. If he/she was involved in an accident as defined in 49 CFR 390.5:
 Date of accident: _____ Location (City, State) _____ Number of injuries?: _____
 Number of fatalities: _____ Were hazardous materials, other than fuel spilled? Yes No
5. Reason for leaving your company? Discharged Yes No / Resignation Yes No / Lay Off Yes No
6. Other comments: _____ Would you rehire? Yes No

FOR APPLICANTS WHO HAVE BEEN EMPLOYED AS A DRIVER SUBJECT TO PART 382 DRUG & ALCOHOL TESTING IN THE PAST 3 YEARS, DID THE PERSON NAMED HERE:

- Have an alcohol test with a result of 0.04 alcohol concentration or greater while your employee? No Yes
- Have a verified positive controlled substances test while in your employment? No Yes
- Refuse to complete a drug or alcohol test required under Part 382 while in your employment? No Yes
- Violate drug and alcohol regulations of any other DOT agency? No Yes
- If the answer to any of the above four questions is "Yes", can you provide documentation of the applicant's successful completion of return-to-duty process? No Yes (Did he/she subsequent to completing the SAP's rehabilitation referral have an alcohol test with a result of 0.04 or higher, a verified positive drug test, or refuse to be tested? No Yes)

APPLICANT'S CONSENT: I, _____, consent to the release of the specific information required under Title 49 CFR 40.25 and 49 CFR 382.413 and 382.405(f) to *Portland Container Repair*.



Applicant's signature authorizing release of information: _____ Date: _____

Name & position of person supplying information: _____ Date: _____



REQUEST FOR CHECK OF DRIVING RECORD

Please provide the following information to Portland Container Repair for the purpose of completing investigations required under CFR Part 391.23, 25. You are released from any and all liability which may arise as a result of information contained in the requested report.



(Applicant's Signature)

(Date)

PETITIONER'S STATEMENT

In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purposes.

I am authorized to obtain personal information from motor vehicle records. Information obtained through this report will be used solely in the normal course of business for verifying the accuracy of driving information supplied by the named individual here for the purpose of verifying eligibility to be considered as a commercial motor vehicle driver as defined in Title 49 CFR Parts 382, 383 and 391.

(Petitioner's Signature)

(Date)

REQUESTED BY: **Portland Container Repair**
Robert Shinn
9449 N. Burguard Way
Portland, OR 97203-

TO:	OREGON DMV RECORDS	DEPT. OF LICENSING	IDAHO TRANSPORTATION DEPT.	DMV&PS
	1905 Lana Avenue NE	Driver Record Section	Driver Services Section	Motor Vehicles Records Section
	Salem, OR 97314-2250	PO Box 9030	PO Box 34	555 Wright Way
		Olympia, WA 98507-9030	Boise, ID 837321-0034	Carson City, NV 89611-9250

DEPARTMENT OF MOTOR VEHICLES
Information Services Branch
PO Box 944247, G 199
Sacramento, CA 94244-2470

The following named individual has made application with our company as a driver of a commercial motor vehicle requiring us to obtain and review his/her motor vehicle driving record for the past 3 years, and on an annual basis thereafter, while retained by our company as a driver. CFR Part 391.23

NAME OF APPLICANT _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER: _____ LICENSE NUMBER _____

Copy of Medical Card or Long Form

4

Before the applicant drives for your company he/she must first successfully complete a road test and be issued a **certificate of driver's road test** in accordance with CFR Part 391.31. Your company may, at your discretion, accept as **equivalent of a road test** a valid Commercial Driver's License as defined by Part 383.5 (unless the driver will be driving doubles/triple trailer or tank vehicles).

A person shall not drive a commercial motor vehicle unless he/she has provided your company a copy of the **medical examiner's certificate** ("medical card"). You may, at your discretion, also require a copy of the physical examination form ("long form"). **Check here if long form is attached** .

PLACE MEDICAL EXAMINER'S
CERTIFICATE HERE AND MAKE A
LEGIBLE COPY

SIDE ONE

PLACE MEDICAL EXAMINER'S
CERTIFICATE HERE AND MAKE A
LEGIBLE COPY

SIDE TWO

**(Medical examiner's certificates
may have 2 sides.)**

IF YOU ACCEPTED THE DRIVER'S CDL
AS AN EQUIVALENT OF A ROAD TEST,
MAKE A **LEGIBLE COPY** AND PLACE IT
HERE.

**THIS IS A PERMANENT DOCUMENT.
ROAD TESTS MUST BE COMPLETED
FOR DOUBLES, TRIPLES, TANKERS &
LCV.**

TO OBTAIN STATE-SPECIFIC
INFORMATION PERTAINING TO
COMPLETING THE DRIVER'S
SELF-CERTIFICATION
GO ONLINE

fmcsa.dot.gov/registration-licensing/cdl

THE MEDICAL CERT MAY BE PURGED 3 YEARS AFTER ITS EXECUTION.



DRIVER'S ROAD TEST EXAMINATION

DRIVER'S NAME _____ PHONE _____

DRIVER'S ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

§391.31 Road test. A person shall not drive a commercial motor vehicle unless he/she has first successfully completed a road test and has been issued a certificate of driver's road test in accordance with this section.

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by a person other than himself/herself. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he/she is capable of operating the commercial motor vehicle, and associated equipment, that the motor carrier intends to assign him/her.

The road test must be of sufficient duration to enable the person who gives it to evaluate the skill of the person who takes it at handling the commercial motor vehicle, and associated equipment, that the motor carriers intends to assign to him/her.

PERFORMANCE

ROAD TEST CERTIFICATE

Driver's name _____ Social Security No. _____
 License No. _____ State _____
 Type of power unit _____ Type of trailer(s) _____
 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 safely operate the type of commercial motor vehicle listed above.

 (Signature of examiner & Title)
 9449 N. Burguard Way, Portland, OR 97203-

- | | | |
|--------------------------|--------------------------|--------------------------|
| Satisfactory | Needs practice | Unsatisfactory |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Pretrip inspection.
- Coupling and uncoupling of combination units.
- Placing the equipment in operation.
- Use of vehicle's controls and emergency equipment.
- Operating the vehicle in traffic and while passing other vehicles.
- Turning the vehicle.
- Braking, and slowing the vehicle by means other than braking.
- Backing and parking the vehicle.
- Other – Explain:

TYPE OF EQUIPMENT USED IN GIVING TEST _____ DATE _____

EXAMINER'S SIGNATURE _____

Annual Review of Driving Record & Driver's Certification

Part 391.25 requires the motor carrier to make an inquiry into the driving record of each driver it employs at least once every 12 months. In addition, Part 391.27 requires each driver to prepare a list, at least once every 12 months, of all violations of motor vehicle traffic laws and ordinances (other than parking violations).

Driver's Certification

To be completed by driver

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.

Date of Conviction	Offense	Location City, State	Type of Motor Operated
_____	_____	_____/____	_____
_____	_____	_____/____	_____
_____	_____	_____/____	_____

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



(Driver's signature)

(Date)

Annual Review of Driving Record

To be completed by motor carrier

391.25(b)(2) The motor carrier must consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public.

Recordkeeping. A copy of the driver's certification and the supervisor's review must be maintained in the driver's qualification file for a period of 3 years following the date of completion.

A careful review of the driver's record has been made in accordance with Part 391.25 and he/she has been found to:

- meet the minimum requirements for safe driving
- not meet** the minimum requirements of safe driving
- be disqualified to drive a commercial motor vehicle pursuant to Part 391.15.

(Reviewed by: Signature)

(Title)

(Date)

Portland Container Repair • 9449 N. Burguard Way • Portland, OR 97203-

THIS DOCUMENT MAY BE PURGED 3 YEARS AFTER ITS EXECUTION.



Driver Data Sheet New-Hires, For Casuals, and Temporary Employees

Name (Print) _____

Motor Vehicle Operator's License Number: _____

Type of License _____ Issuing State _____

Instructions: Motor carriers when using a driver for the first time or intermittently shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding seven (7) days and time at which such driver was last relieved from duty prior to beginning work from such carrier. Rule 395.8(j)(2).

Date	Day	Hours Worked
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	Total Hours	

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



Date _____

Driver's Signature

THIS DOCUMENT MAY BE PURGED 6 MONTHS AFTER ITS EXECUTION.