

# TRANSGISTICS PROFESSIONALS INC.

## OPERATOR INFORMATION

PLEASE TYPE OR PRINT CLEARLY EXCEPT WHERE SIGNATURE IS REQUIRED.  
COMPLETE ALL ITEMS. USE ADDITIONAL PAPER IF NEEDED. WRITE 'NONE' AS APPROPRIATE.

### GENERAL

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	SOCIAL SECURITY NUMBER
PRESENT ADDRESS (NUMBER, STREET, CITY, STATE & ZIP CODE)				TELEPHONE NUMBER
CELL PHONE #	EMAIL ADDRESS		PAGER #	
PREVIOUS ADDRESSES (LAST 3 YEARS)			FROM (DATE)	TO (DATE)
NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY:			TELEPHONE NUMBER	
ADDRESS (NUMBER, STREET, CITY, STATE & ZIP CODE)				
WHO REFERRED YOU TO THIS COMPANY?		DO YOU HAVE RELATIVES EMPLOYED OR CONTRACTED WITH THIS COMPANY?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO    NAMES		

### DRIVING HISTORY AND BACKGROUND

COMMERCIAL DRIVERS LICENSE (CDL) NO.	STATE
ISSUE DATE	EXPIRATION DATE
CLASS	
ENDORSEMENTS FOR <input type="checkbox"/> HAZARDOUS MATERIALS <input type="checkbox"/> TANKS <input type="checkbox"/> DOUBLES/TRIPLES	
LIST BELOW ALL MOTOR VEHICLE OPERATOR LICENSES AND PERMITS (EXCLUDING THE CDL SHOWN ABOVE) THAT HAVE BEEN ISSUED TO YOU	
STATE _____ NUMBER _____	EXP. DATE _____
STATE _____ NUMBER _____	EXP. DATE _____
FOR REASON OF TENDER OF LOADS BEYOND U.S. BORDERS, ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAS YOUR LICENSE EVER BEEN REVOKED, SUSPENDED, CANCELED OR WITHDRAWN, OR HAVE YOU BEEN DENIED AN OPERATOR'S LICENSE, PERMIT OR PRIVILEGE FOR ANY REASON INCLUDING FAILURE TO PAY TICKET? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE _____	REASON _____
DATE _____	REASON _____
HAVE YOU EVER BEEN CONVICTED, OR FORFEITED BOND OR COLLATERAL UPON A CHARGE, OF ANY OF THE FOLLOWING:	
1. DRIVING UNDER THE INFLUENCE OF ALCOHOL OR ANY DRUG OR CONTROLLED SUBSTANCE UNDER EITHER FEDERAL OR STATE LAW? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE(S) _____	COURT _____
2. TRANSPORTATION, POSSESSION OR UNLAWFUL USE OF ANY DRUG OR CONTROLLED SUBSTANCE WHILE ON DUTY AS A DRIVER OF A COMMERCIAL MOTOR VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE(S) _____	COURT _____
3. LEAVING THE SCENE OF AN ACCIDENT WHILE OPERATING A MOTOR VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO    COMMERCIAL VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE(S) _____	COURT _____
4. A FELONY INVOLVING THE USE OF A MOTOR VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO    COMMERCIAL VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE(S) _____	COURT _____

5. CAUSING A FATALITY THROUGH THE NEGLIGENT OPERATION OF A COMMERCIAL MOTOR VEHICLE?  YES  NO  
 DATE(S) \_\_\_\_\_ COURT \_\_\_\_\_

6. DRIVING A COMMERCIAL MOTOR VEHICLE WITHOUT OBTAINING A CDL, WITHOUT A CDL IN YOUR POSSESSION OR WITHOUT THE PROPER CLASS OF CDL AND/OR WITHOUT THE NECESSARY ENDORSEMENTS?  YES  NO  
 DATE(S) \_\_\_\_\_ COURT \_\_\_\_\_

7. VIOLATING ANY FEDERAL, STATE OR LOCAL LAW GOVERNING RAILROAD-HIGHWAY GRADE CROSSINGS WHILE OPERATING A COMMERCIAL MOTOR VEHICLE?  YES  NO  
 DATE(S) \_\_\_\_\_ COURT \_\_\_\_\_

8. VIOLATING A DRIVER OR VEHICLE OUT-OF-SERVICE ORDER?  YES  NO HAZARDOUS MATERIALS INVOLVED?  YES  NO  
 MORE THAN 15 PASSENGER TRANSPORT VEHICLE INVOLVED?  YES  NO  
 DATE(S) \_\_\_\_\_ COURT \_\_\_\_\_

HAVE YOU EVER TESTED POSITIVE OR REFUSED TO TEST ON ANY PRE-EMPLOYMENT DRUG OR ALCOHOL TEST DURING THE PAST 3 YEARS?  YES  NO  
 DATE(S) \_\_\_\_\_ COMPANY \_\_\_\_\_

HAVE YOU EVER TESTED POSITIVE OR REFUSED A TEST REQUIRED BY ANY STATE OR JURISDICTION UNDER ITS IMPLIED CONSENT LAW?  YES  NO  
 DATE(S) \_\_\_\_\_ JURISDICTION \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR RELEASED FROM PRISON IN THE PAST?  YES  NO  
 IF YES, EXPLAIN FULLY \_\_\_\_\_

HAVE YOU EVER PLEAD "NO CONTEST", "NOLO", OR GUILTY TO A CRIME (I.E., MISDEMEANOR OR FELONY), OR BEEN CONVICTED OF A CRIME?  YES  NO  
 DATE(S) \_\_\_\_\_ COURT \_\_\_\_\_  
 CRIME \_\_\_\_\_ MISDEMEANOR \_\_\_\_\_ FELONY \_\_\_\_\_

ARE ANY CHARGES CURRENTLY PENDING AGAINST YOU?  YES  NO COURT \_\_\_\_\_  
 CHARGE \_\_\_\_\_ MISDEMEANOR \_\_\_\_\_ FELONY \_\_\_\_\_

HAS ANY ADJUDICATION OF ANY OF THE ABOVE-LISTED CHARGES OR VIOLATIONS EVER BEEN POSTPONED, DEFERRED OR WITHHELD ON GOOD BEHAVIOR, OR FOR ANY OTHER REASON?  YES  NO  
 DATE(S) \_\_\_\_\_ COURT \_\_\_\_\_ CHARGE \_\_\_\_\_

(NOTE: ANSWERING "YES" TO THESE QUESTIONS MAY NOT CONSTITUTE AN AUTOMATIC BAR TO QUALIFICATION.) IF YOU ANSWERED "YES" TO ANY OF THE PRECEDING QUESTIONS, PLEASE GIVE DATES, DETAILS AS TO TYPE OF CRIME, STATE AND COUNTY WHERE CHARGES WERE FILED, AND THE PENALTY IMPOSED (IF APPLICABLE).

LIST ALL ACCIDENTS IN THE LAST 5 YEARS. IF NONE, PUT 'NONE'.

DATE	CITY & STATE OF ACCIDENT	DESCRIPTION OF ACCIDENT	FATALITIES OR INJURIES CAUSED?	WERE YOU CITED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

LIST ALL TRAFFIC CONVICTIONS AND BOND OR COLLATERAL FORFEITURES FOR TRAFFIC VIOLATIONS IN THE LAST 5 YEARS (OTHER THAN PARKING). IF NONE, PUT 'NONE'.

DATE	CITY & STATE OF CITATION	CHARGE	OUTCOME

# OCCUPATIONAL HISTORY

START WITH PRESENT OR MOST RECENT OCCUPATION. LIST ALL JOBS (INCLUDING CONTRACT WORK) HELD IN THE PAST 10 YEARS. USE ADDITIONAL SHEETS IF NECESSARY.  
IF U.S. MILITARY SERVICE IS REQUIRED TO VERIFY DRIVING EXPERIENCE, ATTACH DD214 AND/OR DD348 FORMS WITH DRIVING DOCUMENTATION.

DATES EMPLOYED (OR CONTRACTED) FROM \_\_\_\_\_ TO \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ POSITION HELD \_\_\_\_\_

WERE YOU DISCHARGED?  YES  NO IF YES, GIVE THE REASON \_\_\_\_\_

IF NO, WHY DID YOU LEAVE? \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED OR CONTRACTED WITH THIS COMPANY?  YES  NO

WAS YOUR JOB DESIGNATED AS ONE SUBJECT TO THE ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS OF THE UNITED STATES DEPARTMENT OF TRANSPORTATION?  YES  NO

DATES EMPLOYED (OR CONTRACTED) FROM \_\_\_\_\_ TO \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ POSITION HELD \_\_\_\_\_

WERE YOU DISCHARGED?  YES  NO IF YES, GIVE THE REASON \_\_\_\_\_

IF NO, WHY DID YOU LEAVE? \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED OR CONTRACTED WITH THIS COMPANY?  YES  NO

WAS YOUR JOB DESIGNATED AS ONE SUBJECT TO THE ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS OF THE UNITED STATES DEPARTMENT OF TRANSPORTATION?  YES  NO

DATES EMPLOYED (OR CONTRACTED) FROM \_\_\_\_\_ TO \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ POSITION HELD \_\_\_\_\_

WERE YOU DISCHARGED?  YES  NO IF YES, GIVE THE REASON \_\_\_\_\_

IF NO, WHY DID YOU LEAVE? \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED OR CONTRACTED WITH THIS COMPANY?  YES  NO

WAS YOUR JOB DESIGNATED AS ONE SUBJECT TO THE ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS OF THE UNITED STATES DEPARTMENT OF TRANSPORTATION?  YES  NO

DATES EMPLOYED (OR CONTRACTED) FROM \_\_\_\_\_ TO \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ POSITION HELD \_\_\_\_\_

WERE YOU DISCHARGED?  YES  NO IF YES, GIVE THE REASON \_\_\_\_\_

IF NO, WHY DID YOU LEAVE? \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED OR CONTRACTED WITH THIS COMPANY?  YES  NO

WAS YOUR JOB DESIGNATED AS ONE SUBJECT TO THE ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS OF THE UNITED STATES DEPARTMENT OF TRANSPORTATION?  YES  NO

DATES EMPLOYED (OR CONTRACTED) FROM \_\_\_\_\_ TO \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ POSITION HELD \_\_\_\_\_

WERE YOU DISCHARGED?  YES  NO IF YES, GIVE THE REASON \_\_\_\_\_

IF NO, WHY DID YOU LEAVE? \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED OR CONTRACTED WITH THIS COMPANY?  YES  NO

WAS YOUR JOB DESIGNATED AS ONE SUBJECT TO THE ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS OF THE UNITED STATES DEPARTMENT OF TRANSPORTATION?  YES  NO

DATES EMPLOYED (OR CONTRACTED) FROM \_\_\_\_\_ TO \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ POSITION HELD \_\_\_\_\_

WERE YOU DISCHARGED?  YES  NO IF YES, GIVE THE REASON \_\_\_\_\_

IF NO, WHY DID YOU LEAVE? \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED OR CONTRACTED WITH THIS COMPANY?  YES  NO

WAS YOUR JOB DESIGNATED AS ONE SUBJECT TO THE ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS OF THE UNITED STATES DEPARTMENT OF TRANSPORTATION?  YES  NO

ANY LENGTH OF TIME BETWEEN JOBS OR OCCUPATIONS, EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN DISCHARGED/DISQUALIFIED FROM ANY POSITION?  YES  NO IF YES, STATE PARTICULARS FOR EACH OCCURRENCE. \_\_\_\_\_

HAVE YOU EVER WORKED UNDER ANY OTHER NAME FOR ANY OF THE ABOVE COMPANIES?  YES  NO

NAME \_\_\_\_\_ COMPANIES WORKED FOR UNDER THAT NAME: \_\_\_\_\_

# HAZARDOUS MATERIALS EXPERIENCE

CDL - HAZARDOUS MATERIALS ENDORSEMENT     YES     NO

HAVE YOU EVER HAULED HAZARDOUS MATERIALS?     YES     NO

IF SO, WHAT KIND AND HOW MANY YEARS OF EXPERIENCE? \_\_\_\_\_

## VAN EXPERIENCE

YEARS OF EXPERIENCE \_\_\_\_\_

MILES \_\_\_\_\_

HAVE YOU EVER HAULED:	YES	NO
HI-VALUE PRODUCTS		
AMMUNITION / EXPLOSIVES		
BEER		
STEEL COILS IN VANS		

DO YOU HAVE EXPERIENCE WITH:	YES	NO
BLANKET WRAP / DECKING		
BLOCKING AND BRACING		
J.I.T. / AUTOMOTIVE SHIPMENTS		
OTHER (LIST)		

## FLATBED EXPERIENCE

YEARS OF EXPERIENCE \_\_\_\_\_

MILES \_\_\_\_\_

HAVE YOU EVER HAULED:	YES	NO
COILED STEEL		
SHEET STEEL		
BAR / RODS		
REELS OF CABLE		
WALLBOARD		
LUMBER		
STEEL PIPE		
PLASTIC PIPE		
VEHICLES		
MACHINERY		

DO YOU HAVE EXPERIENCE WITH:	YES	NO
CHAINS, BINDERS & EDGE PROTECTORS		
STRAPS		
FULL TARP		
TOP TARPS W/SIDE KITS		
MULTIPLE TARP		
USE OF COIL RACKS		
OVER DIMENSIONAL CARGO		
DOUBLE DROP OR STEP DECK TRAILERS		
HEAVY HAUL LOADS W/SPECIALIZED EQUIP.		
VEHICLE RAMPS		

## SPECIALIZED EQUIPMENT EXPERIENCE

YEARS OF EXPERIENCE \_\_\_\_\_

MILES \_\_\_\_\_

HAVE YOU EVER HAULED:	YES	NO
AUTOMOBILES		
EARTH MOVING EQUIPMENT		
CRANES		
HEAVY MACHINERY		
FARM IMPLEMENTS		
JET ENGINES		
STEEL OR CONCRETE BEAMS		
FIBERGLASS TANKS		
CONTAINERS/CHASIS		
OTHER (DESCRIBE):		

DO YOU HAVE EXPERIENCE WITH:	YES	NO
AUTO HAULING TRAILERS		
STEP DECK TRAILERS		
DOUBLE DROP TRAILERS		
REMOVABLE GOOSENECK (RGN)		
MULTI-AXLE    HOW MANY?		
STRETCH TRAILERS    HOW MANY    HOW LONG		
O.D. LOADS    HOW HIGH    HOW WIDE		
ROUTE PLANNING/PERMIT ORDERING    HOW HEAVY		
LCV (LONG COMBINATION VEHICLE) DOUBLES		
LCV (LONG COMBINATION VEHICLE) TRIPLES		

## CERTIFICATION (READ CAREFULLY)

THIS CERTIFIES THAT I PERSONALLY COMPLETED THIS OPERATOR INFORMATION, AM PERSONALLY SIGNING IT AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE AND REQUEST ANY FORMER EMPLOYER, LESSEE, TREATING PHYSICIAN OR HOSPITAL OR ANY OTHER PERSONS OR COMPANIES, INCLUDING ANY CITY, COUNTY, STATE OR FEDERAL AGENCY, DEPARTMENT OR BUREAU, TO FURNISH ANY INFORMATION IN THEIR FILES UNDER MY NAME., INCLUDING BUT NOT LIMITED TO, INFORMATION ABOUT ANY ACCIDENTS IN WHICH I MAY HAVE BEEN INVOLVED; INFORMATION REGARDING COMPLIANCE WITH U.S. DEPARTMENT OF TRANSPORTATION ALCOHOL AND DRUG REQUIREMENTS; AND, INFORMATION REGARDING ANY PARTICIPATION IN SUBSTANCE ABUSE REHABILITATION PROGRAMS. A PHOTOCOPY OF THIS AUTHORIZATION MAY BE ACCEPTED BY ANYONE AS THOUGH IT WERE THE ORIGINAL. I UNDERSTAND THAT I HAVE THE RIGHT TO: (1) REVIEW ANY OF THIS INFORMATION OBTAINED BY T.P.I. ; (2) HAVE ERRORS IN THE INFORMATION CORRECTED BY FORMER EMPLOYERS, LESSEES OR ANY OTHER PERSONS OR COMPANIES AND HAVE THE INFORMATION RE-SENT; AND (3) ATTACH A WRITTEN REBUTTAL STATEMENT TO ANY INFORMATION WHICH I PERCEIVE TO BE INACCURATE AND WHICH IS THE SUBJECT OF A DISAGREEMENT BETWEEN ME AND SUCH PERSON OR COMPANY. I UNDERSTAND THAT IF I DESIRE TO REVIEW INFORMATION PROVIDED BY SUCH PERSON OR COMPANY, I MUST SUBMIT A WRITTEN REQUEST TO T.P.I. AT ANY TIME UP TO 30 DAYS AFTER BEING QUALIFIED OR BEING NOTIFED OF A DENIAL OF QUALIFICATION. I UNDERSTAND THAT IF I HAVE NOT ARRANGED TO PICK UP THE REQUESTED RECORDS WITHIN 30 DAYS OF THE RECORDS BEING MADE AVAILABLE, I WILL HAVE WAIVED MY RIGHT TO REVIEW THE RECORDS.

I UNDERSTAND THAT SUBMISSION OF THIS INFORMATION DOES NOT GUARANTEE ME A POSITION IN EITHER AN EMPLOYMENT OR CONTRACT BASIS. I AUTHORIZE INQUIRY INTO MY MEDICAL BACKGROUND AND PROTECTED HEALTH INFORMATION AS PURSUANT TO HIPPA AS IT AFFECTS MY QUALIFICATIONS UNDER U.S. DEPARTMENT OF TRANSPORTATION REGULATIONS FOR ANY DUTIES OR RESPONSIBILITIES FOR WHICH WE MAY BE CONSIDERING ENTERING INTO AN AGREEMENT. I AGREE THAT ANY OMISSION OR ANY MISLEADING OR UNTRUE STATEMENT OR ANSWER MADE HEREIN SHALL CONSTITUTE GOOD AND SUFFICIENT CAUSE TO TERMINATE SUCH AGREEMENT WITHOUT NOTICE AND SHALL BE A VALID REASON FOR REJECTION OF SAFETY CLEARANCE AND DISQUALIFICATION BY T.P.I.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

## DISCLOSURE AND CONSENT

Please read carefully and completely before signing

### DISCLOSURE

#### Purpose of Disclosure:

To disclose to the contractor/driver that a consumer report is being ordered. The report is used to qualify a potential applicant/contractor and to periodically review a contractor/driver's driving record to comply with Federal Motor Carrier Safety Regulations and/or accident liability investigation.

I have been provided with the required disclosure that a consumer report including information as to character, general reputation, personal characteristics, and a mode of living, whichever are applicable, may be made, from time to time, and further, such disclosure information as required by the Fair Credit Reporting Act (FCRA) that such a consumer investigation will be performed has been made to me. Such reports may contain public information concerning my driving record, workers' compensation claims, criminal records, etc., from federal, state and other agencies which maintain such records, as well as information concerning previous driving record requests made by others from such state agencies, and state provided driving records, to include FMCSA Pre-Employment Screening Program (PSP).

### CONSENT

This signed Consent is my authorization and consent to a consumer investigation report as required by the company. I understand and agree that I am subject to a consumer investigation report to determine my eligibility, and I specifically authorize the release, without any liability to the undersigned whatsoever, of any findings.

I further understand and agree that a consumer investigation report is an absolute and unconditional condition precedent to acceptance or approval by the company of my application for qualification and continued qualification, and the results of said report may also, in the sole and absolute discretion of the company, constitute grounds for rejection or termination. However, should the information received be adverse and reason for denial, a copy of the adverse report will be provided to me. Should I dispute the information obtained from the Consumer Reporting Agency (CRA), I have the right to obtain a free disclosure of my file if the report is requested within 60 days. Should I dispute the accuracy or completeness of any information provided by the CRA, I can dispute the inaccurate items with the source of information.

I hereby certify that I have read the foregoing and understand the contents of the Disclosure and Consent herein. I also understand the remedies available to me should I disagree with the CRA.

I certify by my signature below that my CDL is not currently revoked or suspended. I further certify by my signature below that I am not presently disqualified under the Federal Motor Carrier Regulations.

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Drivers License #

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Issuance State D/L

PRE-QUALIFICATION URINALYSIS CONSENT AND  
ACKNOWLEDGEMENT OF RECEIPT OF  
DRUG AWARENESS PROGRAM

I understand that as required by the Federal Motor Carrier Safety Regulations, and policy, all prospective drivers must submit to a controlled substances test.

I also understand that a urine sample will be collected at a collection site selected by T.P.I. and that the sample will be tested for controlled substances by a drug testing laboratory certified by the National Institute of Drug Abuse, United States Department of Health and Human Services.

I also understand that the controlled substances test includes a strict chain-of-custody procedure that requires proof of identity at the collection site and requires that I initial the tape sealing the sample and the chain-of-custody form that accompanies the sample.

I also understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle.

The results of the drug test will be maintained by an impartial Medical Review Officer for T.P.I. who will report whether the results were negative or positive to T.P.I. The results will not be released to any additional parties without my written consent.

I understand that I will be receiving a driver Drug & Alcohol information packet, I agree to sign, date and return the front page to the Safety Department. This requirement fulfills the Federal Motor Carrier Safety requirements.

I agree to comply with all T.P.I. policies and Federal Regulations dealing with use and possession of alcohol and restricted drugs.

***THE FOLLOWING PARAGRAPH APPLIES TO OWNER OPERATORS:***

I understand that, should my contract be terminated for any reason within the first 6 months of its effective date, all costs of this controlled substances test, including the services of the Medical Review Officer, are my responsibility, and I authorize T. P. I. the right to deduct these costs from my final settlement.

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## AUTHORIZATION TO OBTAIN PAST DRUG AND ALCOHOL TEST RESULTS

I, \_\_\_\_\_ understand that as a condition of qualification with T.P.I. I must give the Company written authorization to obtain the results of all DOT required drug and/or alcohol tests including any refusals to be tested and other violations of DOT agency drug and alcohol testing regulations from all of the companies for which I worked as an operator or for which I took a pre-employment drug and/or alcohol test, during the past three (3) years. I have also been advised and understand that my signing of this authorization does not guarantee that I will be qualified with the Company.

I have listed below all of the companies for which I worked as an operator or to which I applied as an operator during the past three (3) years. I hereby authorize the Company to obtain from those companies, and I hereby authorize those companies to furnish to Company, the following information concerning my drug and alcohol tests: (i) all positive drug test results during the past three (3) years; (ii) all alcohol test results of 0.04 or greater during the past three (3) years; (iii) all alcohol test results of 0.02 or greater but less than 0.04 during the past three (3) years; (iv) all instances in which I refused to submit to a DOT required drug and/or alcohol test during the past three (3) years.

The following is a list of all of the companies for which I worked as an operator or to which I applied for work as a driver, during the past three (3) years:

COMPANY NAME & FULL ADDRESS	DATES WORKED FOR OR APPLIED TO
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use additional sheets if necessary. Sign all additional sheets.)

I certify all statements on this form are complete and correct to the best of my knowledge. I hereby authorize and request any former employer, lessee, treating physician or hospital or any other persons or companies, including any city, county, state or federal agency, department or bureau, to furnish any information in their files under my name. I agree to hold any source of information harmless for any error in reporting this information and release all persons whomsoever from any damages on account of furnishing said information. A photocopy of this authorization may be accepted by anyone as though it were the original. I agree to be fingerprinted or submit to a physical examination by a company appointed physician if either or both are required. In submitting this work history, I understand that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as past employers, business associates, financial sources, friends, neighbors, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living, whichever may be acceptable. I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature of the investigation. I understand that submission of this information does not guarantee me a position in either an employment or contract basis.

**OPERATOR CERTIFICATION:**

I have carefully read and fully understand this authorization to release my past drug and alcohol test results. In signing below, I certify that all of the information which I have furnished on this form is true and complete, and that I have identified all of the companies for which I have either worked, or applied for work, as an operator during the past three (3) years.

Print Name	Social Security Number
Signature	Date

**NOTICE AND CONSENT REGARDING PREVIOUS WORK HISTORY**

You have come to us as a potential commercial motor vehicle operator for this Company, an activity which is highly regulated for safety by the many rules of the U.S. Department of Transportation ("USDOT"). **PLEASE BE AWARE AND TAKE NOTICE** of what the Company will do to comply with USDOT rules for potential operators and of what we will ask of you.

First, as USDOT requires in 49 CFR §391.23(f), the Company will ask you to sign at the bottom of this form to give your written **CONSENT** for the release of the information listed below from all the USDOT regulated motor carriers by which you have been employed or contracted in any safety-sensitive function requiring alcohol and controlled substance testing specified by USDOT rules, during at least the three years prior to you signing this **NOTICE** and **CONSENT**. Under USDOT rules, you must **CONSENT** in writing to be considered as an operator for the Company. By signing below, you **CONSENT** to the release and our use under USDOT rules of the following information:

1. Whether you violated the alcohol and controlled substances prohibitions of any applicable federal regulations;
2. Whether you failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional pursuant to applicable federal regulations (if a previous motor carrier does not know this information, you must directly provide to this Company documentation of your successful completion of the rehabilitation program prescribed by a substance abuse professional);
3. Whether you had any of the following testing violations subsequent to completion of a rehabilitation program referral by a substance abuse professional under any applicable federal regulations:
  - (a) An alcohol test with a result of 0.04 or higher alcohol concentration;
  - (b) A verified positive drug test;
  - (c) A refusal to be tested (including verified adulterated or substituted drug test results).

**PLEASE BE AWARE AND TAKE NOTICE** that under USDOT rules in 49 CFR §391.23(i), you have certain due process rights regarding the information we receive as a part of our USDOT required investigation of your driving history. These are: (i) the right to review information provided by previous motor carriers involving USDOT regulated employment during the preceding three years; (ii) the right to have the previous motor carrier correct errors in the information it sent us, and for that previous motor carrier to re-send the corrected information to us; and (iii) the right to have us attach a rebuttal statement to the alleged erroneous information, if you and the previous motor carrier cannot agree on the accuracy of the information it sent us.

If you want to review investigative information we received from a previous motor carrier about your USDOT regulated employment during the preceding three years, you must follow the USDOT rules for such review in 49 CFR §391.23(i). These rules require you to submit a written request to us along with this Notice and your request for a leasing agreement, or within 30 days of acceptance or denial of a leasing agreement. If you submit a timely written request, we will provide you the information within 5 business days of receiving your written request, or if we have not yet received the requested information from a previous motor carrier, then we will provide you the information within 5 business days from the date we do receive it. If you make a request, but then you fail to make arrangements to pick up or receive the requested records within 30 days of the date we make the records available to you, under USDOT rules we may consider you to have waived your request to review the records.

**ACKNOWLEDGMENT AND SPECIFIC WRITTEN CONSENT**

By my signature below, I acknowledge I have read this **NOTICE** and **CONSENT**, and that I understand it fully. I consent to the release to the Company of the described information from all my previous motor carriers at any time during the Company's investigation of my employment history. I acknowledge disclosure of my due process rights regarding this information.

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

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

\_\_\_\_\_  
Signature

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

**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.

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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)

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