APPLICATION FOR EMPLOYMENT

COMPANY			STREET	ADDRES	s			,	
CITY, STATE AND ZIP						_			
NAME(FIRST	<u> </u>								
			=			ne, if any)			
ADDRESS(STR	EET)	(CITY)		(STAT	E & ZIP C	H	OW LC	JNG?	
DATE OF BIRTH									
TELEPHONE NUMBER	₹		E	-MAIL ADI	DRESS			•	
		REVIOUS 1					_		
							<i>t</i> .	YEARS _	
(STREET)	(Cl	TY)		(S	TATE & ZI	•			
(STREET)	(CI	ΓY)		(8	TATE & ZIF	P CODE)	#	YEARS _	
(OTDEET)	(2)						#	YEARS _	
(STREET)	•	TY) ACH SHEE	T IE MODE	•	TATE & Z	-			
	(ATT		NSE INFOR		MEEDEL))			
Section 383.21 FMCSF driver's license". I certi	R states "No persor fy that I do not hav	who operat	tes a comm	ercial moto	or vehicle ense, the i	shall at any ti information fo	ime hav or whick	ve more than h is listed be	n one low.
STATE		ICENSE N	Ο.		TYPE		E	EXPIRATION	1 DATE
						-			
		DRI	VING EXPE	RIENCE	•		•		
CLASS			OF EQUIF		1	DATES	-	APPROX	
EQUIPM	<u>IENT</u>	(VAN,	TANK, FLA	<u>T, ETC.)</u>	FROM	7	ГО	MILES	(TOTAL)
STRAIGHT TRUCK	-				_				
TRACTOR AND SEMI-	TRAILER		<u> </u>					,	
TRACTOR - TWO TRA	ILERS							/	Ì
OTHER									
	CORD FOR PAST	3 YEARS (OR MORE (ATTACH	SHEET IF	MORE SPA	CEIS	NEEDED)	
DATES	·	OF ACCID			JMBER	NUM			EMICAL
	(HEAD-ON, RE	AR-END, U	PSET, ETC.	.) FA	TALITIES	INJU	RIES	s	PILLS
								YES	NO
				}				YES	NO
		-						YES	NO
TRAFFIC CONVICT	ONS AND FORFE	ITURES FO	R THE PAS	ST 3 YEAI	RS (OTHE	R THAN PA	RKING	VIOLATIO	 NS)
DATE CONVICTED (month/year)	VIOLATIO		STATE	OF VIOLA			PE	NALTY ollateral and	
					İ				
·		TACH SHEE			-				
A. Have you ever been	denied a license,	permit or pri	vilege to op	erale a mo	tor vehicl	e? YES _		NO	
If yes, explain									
B. Has any license, per	mit or privilege eve	er been susp	ended or re	evoked?		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 and zip code. LAST EMPLOYER: NAME ______ _____ PHONE _____ ADDRESS 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 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? SECOND LAST EMPLOYER: NAME _____ 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 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? THIRD LAST EMPLOYER: NAME _____ ADDRESS _____PHONE _____ POSITION HELD ______ FROM _____ TO ____SALARY ____ 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 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? 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 malters 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 ablde by all rules and regulations of the Company. "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." 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 The above information is excerpted from the U.S. Department of Transportation, Federal Motor Carrier Safety Administration, Office

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			state and zip code.	
AST EMPLOYER: NAME				
ADDRESS				
POSITION HELD	FROM	то	SALARY	
REASONS FOR LEAVING				
ANY GAPS IN EMPLOYMENT AND/OR UN AND REASON.		E EXPLAINED. IN	CLUDE DATES (M	IONTH/YEAR)
Were you subject to the Federal Motor Carrier Saf				
Vas the previous job position designated as a saf substances testing requirements as required by 4	ety sensitive function in any 9 CFR Part 40?	DOT regulated mode,	subject to alcohol as	nd controlled Yes No
SECOND LAST EMPLOYER: NAME			<u>-</u>	
ADDRESS		PHONE		
POSITION HELD	FROM	то	SALARY	
REASONS FOR LEAVING			· · ·	
ANY GAPS IN EMPLOYMENT AND/OR UN			CLUDE DATES (M	10NTH/YEAR)
Vere you subject to the Federal Motor Carrier Sa			previous employer?	Yes No
Nas the previous job position designated as a sal substances testing requirements as required by 4	fety sensitive function in any 9 CFR Part 40?	DOT regulated mode	subject to alcohol a	nd controlled Yes No
THIRD LAST EMPLOYER: NAME				
ADDRESS		PHONE		
POSITION HELD	FROM	то	salary	
REASONS FOR LEAVING		<u> </u>		
ANY GAPS IN EMPLOYMENT AND/OR UN AND REASON.	IEMPLOYMENT MUST E	BE EXPLAINED. IN	CLUDE DATES (N	MONTH/YEAR)
Were you subject to the Federal Motor Carrier Sa	ifety Regulations (FMCSRs)	while employed by the	previous employer	? Yes No
Nas the previous job position designated as a sa substances testing requirements as required by 4	fety sensitive function in any 19 CFR Part 40?	DOT regulated mode	, subject to alcohol a	nd controlled Yes No
то в	BE READ AND SIGNED I	BY APPLICANT		
I authorize you to make sure investigations ar related matters as may be necessary in arrivir be made only if and after a conditional offer o care providers and other persons from all liab application.	ng at an employment decis f employment has been ex ollity in responding to inqu	ion. (Generally, inqu tended.) I hereby re Irles and rejeasing ir	uiries regarding me lease employers, so nformation in conne	dical history wi chools, health ection with my
In the event of employment, I understand that fals discharge. I understand, also, that I am required	se or misleading information to abide by all rules and reg	given in my applicatio ulations of the Compa	n or interview(s) may ny.	y result in
"I understand that information I provide regarding contacted, for the purpose of investigating my sat have the right to: Review information provided by current/previous to the prospective employer; and Have a rebuttal statement attached to the all accuracy of the information."	fety performance history as a vious employers; previous employers and for t	equired by 49 CFR 39	one (e). I understoom to re-send the co	nderstand that t prrected informat
DATE		APPLICANT'S	SIGNATURE	
This certifies that I completed this application, an knowledge.	d that all entries on it and in			best of my
DATE		APPLICANT'S	SIGNATURE	

The above Information is excerpted from the U.S. Department of Transportation, Federal Motor Carrier Safety Administration, Office of Motor Carrier's publication "A Motor Carrier's Guide to Improving Highway Safety". October 2008 Edition.

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

RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

	request to the prospective employed thirty (30) days after being employed must provide this information to the lif the prospective employer has not then the five-business-days deadling safety-performance history informative records within thirty (30) days of the	evious employer-provided investigative information must submit a written er, which may be done at any time, including when applying, or as late as ed or being notified of denial of employment. The prospective employer applicant within five (5) business days of receiving the written request tyet received the requested information from the previous employer(s), no will begin when the prospective employer receives the requested atton. If the driver has not arranged to pick up or receive the requested e prospective employer making them available, the prospective motor have waived his/her request to review the records.
PART 1:	COMPLETE	ED BY THE DRIVER/APPLICANT
TO:	Prospective Employer:	
		Telephone #
FROM:		
		Social Security/I.D. #
	Street:	~
		Telephone # s of my Department of Transportation Safety Performance History for the
review the re		above address. Dick up.
Driver/Applic	cant Signature:	Date: / / /
		M D Y
PART 2: The informal	COMPLETED tion must be provided to the applicant employer has not yet received the received.	Date: / / M D Y D BY THE PROSPECTIVE EMPLOYER within five (5) business days of receiving the written request. If the uested information form the previous employer(s), then the five-business-ployer receives the requested safety performance history information.
PART 2: The informal prospective days deadlin	COMPLETED tion must be provided to the applicant employer has not yet received the received.	M D Y D BY THE PROSPECTIVE EMPLOYER within five (5) business days of receiving the written request. If the nuested information form the previous employer(s), then the five-business-
PART 2: The informal prospective days deadlin information	COMPLETED Ilon must be provided to the applicant employer has not yet received the requestive employer has not yet received the requestive employer.	M D Y D BY THE PROSPECTIVE EMPLOYER within five (5) business days of receiving the written request. If the juested information form the previous employer(s), then the five-business-ployer receives the requested safety performance history information.
PART 2: The informal prospective days deadlin information	COMPLETED Ition must be provided to the applicant employer has not yet received the reque will begin when the prospective employer to:	M D Y D BY THE PROSPECTIVE EMPLOYER within five (5) business days of receiving the written request. If the juested information form the previous employer(s), then the five-business-ployer receives the requested safety performance history information.
PART 2: The informal prospective days deadlin Information Name: Street:	COMPLETED Ition must be provided to the applicant employer has not yet received the reque will begin when the prospective employer to:	M D Y D BY THE PROSPECTIVE EMPLOYER within five (5) business days of receiving the written request. If the juested information form the previous employer(s), then the five-business-ployer receives the requested safety performance history information.
PART 2: The informal prospective days deadlin Information Name: Street:	COMPLETED Ition must be provided to the applicant employer has not yet received the reque will begin when the prospective employer to: Zip:	M D Y D BY THE PROSPECTIVE EMPLOYER within five (5) business days of receiving the written request. If the juested information form the previous employer(s), then the five-business-ployer receives the requested safety performance history information.
PART 2: The informal prospective of days deadlin Information Name: Street: City, State, 2	COMPLETED Ition must be provided to the applicant employer has not yet received the reque will begin when the prospective employer to: Zip:	M D Y D BY THE PROSPECTIVE EMPLOYER within five (5) business days of receiving the written request. If the juested information form the previous employer(s), then the five-business-ployer receives the requested safety performance history information.

COPY 1 PROSPECTIVE EMPLOYER

The above information is excerpted from the U.S. Department of Transportation, Federal Motor Carrier Safety Administration, Office of Motor Carrier's publication "A Motor Carrier's Guide to Improving Highway Safety". October 2008 Edition.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

ART 1:	TO BE C	OMPLETED BY PROSPEC	TIVE EMPLOYEE
(Print Name)			
•	First M.	I. Last	Social Security Number
lereby authorize:			Date of Birth
revious Employe	r:	<u></u>	Email:
treel:	<u> </u>		Telephone:
ilty, State, Zip: _			Fax No.:
o release and for substances Testin	ward the information reque a records within the previou	ested by section 3 of this documus 3 years from(employm	nent concerning my Alcohol and Controlled
	.g	(employm	nent application date)
o:	Prospective Employer:		
	Attention:		Telephone:
	Street:		
	City, State, Zip:		
n compliance will confidentiality, su	n §40.25(g) and 391.23(h), ch as fax, email, or letter.	release of this information mus	t be made in a written form that ensures
•	•	<u> </u>	
Prospective empt	oyer's email address:		
	Applicant's Si	gnature	Date
This information i	• •	iance with §40.25(g) and 391.2	3
PART 2:	TO BE	COMPLETED BY PREVIO	OUS EMPLOYER
		ACCIDENT HISTORY	
• •	ned above was employed b		
Employed as		from (m/y)	to (m/y)
1. Did he/she di Bus Cargo Ta	ive motor vehicle for you? ` ank Doubles/Triples	Yes No If yes, what type Other (Specify)	pe? Stratght Truck Tractor-Semitrailer
if there is no safe	ty performance history to re	arged Resignation Lay eport, check here , sign belov	y and return.
ACCIDENTS: Capplicant in the 3 this driver.	omplete the following for an years prior to the application	y accidents included on your a on date shown above, or check	ccident register (§390.15(b)) that involved the here if there is no accident register data to
Date	Location	# Injuries	# Fatalities Hazmat Spill
2,			
Please provide li	formation concerning any o	other accidents involving the ar	oplicant that were reported to government
Any other remark	(e:		
			the state of the s
			Dale:

PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
	DRUG AND ALCOHOL HISTORY
If driver was not su check here , fill in sign, and return.	bject to Department of Transportation testing requirements while employed by this employer, please the dates of employment from to to, complete bottom of Part 3,
Driver was subject	to Department of Transportation testing requirements from to
1. Has this per YES	son had an alcohol test with the result of 0.04 or higher alcohol concentration? NO
Has this per YES	son tested positive or adulterated or substituted a test specimen for controlled substances? NO
	son refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or ibstance test? NO
4. Has this per	son committed other violations of Subpart B of Part 382, or Part 407
If this person rehabilitation	n has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed program in your employ, including return-to-duty and follow-up tests? If yes, please send on back with this form. NO
6. For a driver	who successfully completed a SAP's rehabilitation referral and remained in your employ, did this quently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? NO
	questions, include any required DOT drug or alcohol testing information obtained from prior previous revious 3 years prior to the application date shown on page 1.
Name:	
Company:	
Street:	
City, State, Zip: _	Telephone;
Part 3 Completed I	oy (Signature): Date:
PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
This form was (che	ck one) Faxed to previous employer Mailed Emailed Other
Ву:	Date:
PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
Complete below w	hen information is obtained.
Information receive	od from:
Recorded by:	Method: Fax Mail Emalt Telephone
	Other
Metol	ICTIONS TO COMPLETE THE CAPETY REPEOPMANCE HISTORY PROCEDURES

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PAGE 1 PART 1: Prospective Employee

- Complete the information required in this section
- Sign and date

Submit to the Prospective Employer

PAGE 2 PART 4a: Prospective Employer

- Complete the information
- Send to Previous Employer

PAGE 1 PART 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

PAGE 2 PART 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

PAGE 2 PART 4b: Prospective Employer

- Record receipt of the information
- Retain the form

The above information is excerpted from the U.S. Department of Transportation, Federal Motor Carrier Safety Administration, Office of Motor Carrier's publication "A Motor Carrier's Guide to Improving Highway Safety". October 2008 Edition. N 00700 (40/00)

SAFETY PERFORMANCE HISTORY INFORMATION DRIVER/APPLICANT REBUTTAL

This rebuttal is made by the driver/applicant in compliance with the Department of Transportation regulations.

	rivers wishing to rebut information in records received pursuant to rebuttal to the previous employer with instructions to include to	io paragraph (i) of this section must send he rebultal in that driver's safety
§391.23(j)(4) Å(erformance history. fter October 29, 2004, within five business days of receiving a re nust:	buttal from a driver, the previous employer
(i)	 Forward a copy of the rebuttal to the prospective motor carriers Append the rebuttal to the driver's information in the carrier's the response for any subsequent investigating prospective endata retention requirements. 	appropriate file, to be included as part of
PART 1:	COMPLETED BY THE DRIVER/A	PPLICANT
TO:	Drawlous Frankovsky	
	Previous Employer:	
	Street/P.O. Box:	
	Telephone: Fax:	
FROM:	Telephone.	
1 KOM	Driver/Applicant:	
	Street:	Social Security #
	City, State, Zip:	
I have submitted	d this rebuttal to my previous employer requesting that it be attac	
provided to subs	sequent prospective employers.	·
December the	rehultet (affech desurrente en penagann)	
Reason for the r	rebullal (attach documents as necessary):	
	· · · · · · · · · · · · · · · · · · ·	
		
	· · · · · · · · · · · · · · · · · · ·	
•	is rebuttal be sent to the attached list of motor carriers.	
Driver/Applicant	l Signature:	Date://
DADT C	COMPLETED BY THE BREWOLK	E EMDI OVER
PART 2:	COMPLETED BY THE PREVIOUS	9 EINILTO I EK
Received by:		

COPY 1 PREVIOUS EMPLOYER

Date:

CORRECTION REQUEST

OF

ERRONEOUS SAFETY PERFORMANCE HISTORY INFORMATION

This request is made by the driver/applicant in compliance with the Department of Transportation regulations, §391.23, investigations and inquiries, paragraphs (j)(1) and (2) as printed below.

§391.23(j)(1) Driver 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.

§391.23(j)(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.

COMPLETED BY THE DRIVER/APPLICANT PART 1: TO: Prospective Employer: Street/P.O. Box: City, State, Zip: _____ Telephone # ____ FROM: Driver/Applicant: _____ Social Security/I.D.# _____ Telephone # City, State, Zip: I request correction of erroneous information in my Safety Performance History. Please forward to the following prospective employer: Company Name: Attention: ______ Street: ____ City, State, Zip: Explanation of desired correction (attach documents as necessary) Driver/Applicant Signature: _____ Date: _____ D М Driver: Retain COPY 4 DRIVER RECORD for your files, Submit copies 1, 2, and 3 to your previous employer. **COMPLETED BY THE PREVIOUS EMPLOYER** Disposition of the requested information: Information was corrected and forwarded to the prospective motor carrier employer. The driver was notified on ____/___ that the previous employer does not agree to correct the data. Return copy 3 to the driver. Information sent to: Company Name: _____ Attention: Street: City, State, Zip: Comments: ____ _____ Release Date: __ Signature/person providing information Telephone # COMPLETED BY THE PROSPECTIVE MOTOR CARRIER EMPLOYER The corrected information was received on / / Prospective Employer: _____ Location: Received by: _____ Signature Title

COPY 1 PROSPECTIVE EMPLOYER

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE	COMPLETED	BY PROSPEC	TIVE EMPLOYEE	·-
				•	
I, (Print Name)	P14	 			
Hereby authorize:		M.I.	Last	Soci	al Security Number
					Date of Birth
	er:				
To release and fo Substances Testi	rward the information require records within the prev	uested by section ious 3 years from	3 of this docume	nt concerning my Al	cohol and Controlled
			(employme	nt application date)	
То:	Prospective Employer: _				_
	Attention:			Telephone:	
	Street:				
	City, State, Zip:				
In compliance with confidentiality, su	h §40.25(g) and 391.23(h) ch as fax, email, or letter.				form that ensures
Prospective empl	oyer's fax number:				
Prospective empl	oyer's email address:				
	Applicant's \$	Signature			Date
This information is	s being requested in comp	bliance with §40.2	25(g) and 391,23.		
PART 2:	TO B	E COMPLETE	D BY PREVIOL	S EMPLOYER	
The applicant nar	ned above was employed		IT HISTORY No		
		•		to (m/v)	
	ve motor vehicle for you?	Yes No	If yes, what type	? Straight Truck	
2. Reason for le	aving your employ: Disch	arged Resig	nation Lay Of	f Military Duty	
	ty performance history to		=		
applicant in the 3 this driver.	omplete the following for a years prior to the applicat	ny accidents incli ion date shown a	uded on your acc bove, or check	ident register (§390. here if there is no a	15(b)) that involved the coldent register data for
Date	Location	۱ #	Injuries	# Fatalities	Hazmat Spill
1					
2					
3					
Please provide in agencies or insur	formation concerning any ers or retained under inter	other accidents in nal company poli	nvolving the applicies:	cant that were repor	ted to government
<u></u>					•
		•			
Any other remark	s: 				
		Signature:			
		1 mo.		Date	

CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.33(e)(f)(g))

•	CERTIFICATION OF ROAD TEST
Driver's Name	
Social Security	Number
Operator's or (Chauffeur's License Number
State	
Type of Power	Unit
Type of Trailer	r(s)
If passenger o	arrier, type of bus
	, 20, consisting of approximately miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.
	(Signature of Examiner)
	(Title)
·	(Organization and Address of Examiner)

The above Information is excerpted directly from the U.S. Department of Transportation, Federal Motor Carrier Safety Administration, Office of Motor Carrier's publication A Motor Carrier's Guide to Improving Highway Safety

CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.33(e)(f)(g))

	CERTIFICATION OF ROAD TEST
Driver's Name	
Social Security	y Number
Operator's or	Chauffeur's License Number
State	
Type of Powe	r Unit
	r(s)
If passenger of	carrier, type of bus
	was given a road test under my supervision on
	(Signature of Examiner)
	(Title)
	(Organization and Address of Examiner)

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