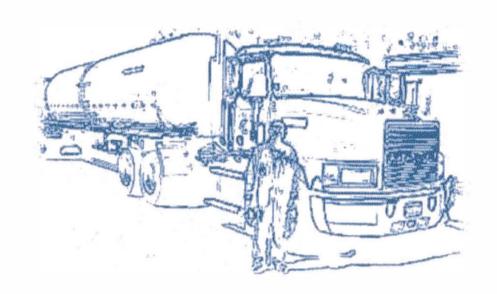




DRIVER APPLICATION



Corporate Office 1776 W. March Lane, Suite 420 Stockton CA 95207 209.982.1000 Fax 209.336.6416

Stockton Terminal & Safety Office Port of Stockton 2323 Port Road G Stockton CA 95203 209.460.0345 Fax 209.487.0112

FOR COMPANY USE CALAMCO Driver Qualification File Checklist

(meets minimum requirements of Federal Motor Carrier Safety Regulations)

1.	Application for Employment (391.21)
2.	Medical Examiner's Certificate (or copy) expiration date: (391.51) (Medical Examination Report [long form] preferred) (a) waiver of physical disqualifications (391.49)
3.	Motor Vehicle Violations: (a) list of violations furnished by the driver, and (391.27) (b) certificate of violations from the state issuing the driver's license, and (391.27) (c) annual review of driving record by motor carrier (391.25)
4.	Certificate of Driver Road Test, and (391.31): (a) Road Test Form, or (b) equivalent to road test: (1) valid operator's license of proper type (2) copy of a valid certificate of road test issued within the preceding 3 years
5.	Past Employment verification (last three years minimum), and (391.21) (a) response from past employers
6.	Driver Data Sheet (for casual or occasional employee), or (391.21) (a) driver information: (1) name and (2) social security number, and (3) driver's license (i.) identification number, and (ii.) type (class), and (iii.) state of issue
7.	Drivers furnished by other motor carriers (391.65) (a) statement by regular employer which contains: (1) signature and date by an officer or authorized employee of the regular employer, or (2) driver's name and signature, and (3) certified the driver has been regularly employed as defined in CFR 390.5, and (4) certifies the driver is fully qualified to drive under 49 CFR Part 391, and (5) medical certificate expiration, and (6) the statement must be substantially in accordance with the sample in 49 CFR 395.63 (a) (2) (vii)
8.	Replies from references (optional)
9.	Employment eligibility verification (must be in either qualification file or personnel file)
10.	Certificate of Compliance and Notice to Drivers (optional)
11.	Training 172.704 (prior to driving AND within 90 days of hire) (a) General Awareness (b) Function Specific (c) Safety Training (Emergency Response, Protection, and Accident avoidance) (d) Security (e) In-depth Security (f) HazCom

FOR COMPANY USE

Motor Vehicles 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 require 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: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. 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 391.15(b)(2) 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 state must be in writing.

The following license is the only one I will posses	ss:	
Driver's License No	State	Exp. Date
DRIVER CERTIFICATION: I certify that I have recrequirements. Driver's Name (Printed):		the above
Driver's Signature:		Date
Notes:		

APPLICANT CONSENT AND RELEASE FORM

Company Name: Address:	CALAMCO 1776 W. March Lane, Suite 420 Stockton, CA 95207
Phone:	209-336-6416
In consideration for my be	eing considered for employment, I,
	to and authorize CALAMCO the employer, to perform any testing or ssary to determine the presence of alcohol or drugs in my body.
	release to CALAMCO or its designated agents, the results of any medical tes est or medical procedures to determine the level or presence of alcohol or
	sign this form constitutes a violation of the employer's stated policy, and e considered for, and knowingly waive any possibility of employment.
I understand this consent of this consent form shall I	and release shall be valid for my length of employment and that a copy be valid as an original.
Applicant Signature	Date



DRIVER'S EMPLOYMENT APPLICATION

(per 49 CFR 391.21)

State Zip Code evious Idresses	IPLETELY (R) to be provided by any drivilete required areas can place carrier as required under varier representative. L NAME AT THE END WOOD HIRE OR IMMEDIATE TO MIDDIATE TO MIDIATE MIDIATE TO MIDIATE MIDIATE TO MIDIATE MIDIAT	ver applying for a e both the applicant and vrious parts of 49 CFR, WHERE REQUIRED.	d
City — State	IPLETELY (R) to be provided by any drivilete required areas can place carrier as required under varier representative. L NAME AT THE END WOOD HIRE OR IMMEDIATE TO MIDDIATE TO MIDIATE MIDIATE TO MIDIATE M	ver applying for a e both the applicant and irious parts of 49 CFR, IHERE REQUIRED. TERMINATION.	d
PLEASE READ COM The information requested on this form is required by federal law (49 CFI commercial driver position as defined in 49 CFR 390.5. Failure to complicarrier in violation of federal law. Information provided will be verified by including Part 382 and Part 391. If unsure of question or require help with competing form please ask carr PLEASE PRINT CLEARLY AND SIGN YOUR FULL LEGAL FALSE STATEMENTS MAY RESULT IN REFUSAL TO The state of the sta	IPLETELY R) to be provided by any drivilete required areas can place or carrier as required under varier representative. L NAME AT THE END WOOD HIRE OR IMMEDIATE TO MIDDIATE TO MIDDIATE TO MIDDIATE TO MIDDIATE TO MIDDIA	ver applying for a e both the applicant and irious parts of 49 CFR, IHERE REQUIRED. TERMINATION.	d
The information requested on this form is required by federal law (49 CFf commercial driver position as defined in 49 CFR 390.5. Failure to complicarrier in violation of federal law. Information provided will be verified by including Part 382 and Part 391. If unsure of question or require help with competing form please ask carr PLEASE PRINT CLEARLY AND SIGN YOUR FULL LEGAL FALSE STATEMENTS MAY RESULT IN REFUSAL TO the street of the street street street Address Street State Zip Code decisions dresses	R) to be provided by any drivilete required areas can place carrier as required under varier representative. L NAME AT THE END WOOD HIRE OR IMMEDIATE TO MIDDIATE TO MIDIATE MIDI	e both the applicant and arious parts of 49 CFR, HERE REQUIRED. TERMINATION.	d
commercial driver position as defined in 49 CFR 390.5. Failure to complicarrier in violation of federal law. Information provided will be verified by including Part 382 and Part 391. If unsure of question or require help with competing form please ask carr PLEASE PRINT CLEARLY AND SIGN YOUR FULL LEGAL FALSE STATEMENTS MAY RESULT IN REFUSAL TO me Last First Trent Address Street State Zip Code Vious Gresses	lete required areas can place carrier as required under varier representative. L NAME AT THE END WOOD HIRE OR IMMEDIATE TO MINISTRATE	e both the applicant and arious parts of 49 CFR, HERE REQUIRED. TERMINATION.	d
rent Address State State State Zip Code Vious resses	Middle City	TERMINATION.	
rent Address Street State Zip Code	Middle	of decimal lives and states	
Last First rent Address Street State Zip Code vious resses	City	E	
Last First rent Address Street State Zip Code	City		
Last First rent Address Street State Zip Code	City		
Street State Zip Code vious fresses	•		
Street State Zip Code vious resses	•		
State Zip Code vious resses			
vious resses	Phone		r./mo.
Street City	Slate & Zip Code	How Long?	
less an 3	State & Zip Code	yı How Long?	r,/mo.
ars) Street City	State & Zip Code		r.Imo.
Street City	State & Zip Code	How Long?	r./mo.
Are you legally authorized to work in the United States as a commercial	driver under 49 CFR2 VE	s I NO II	

APPLICANT MUST COMPLETE

(answer all questions - please print)

EMPLOYMENT HISTORY

All applicants must provide the following information for any previous employer during the preceding 3 years. Complete all areas below. Applicants shall also provide an <u>additional</u> 7 years of information for those employers for whom the applicant has operated a commercial motor vehicle (CMV).

(NOTE: List employers in reverse order starting with the most recent. Use additional sheet if necessary.)

	CURRENT EMPLOYE	ER		DATE	S (Mo./Yr.)
COMPANY NAME				FROM	то
ADDRESS				POSITION HELD	
CITY	STATE	ZIP			
CONTACT PERSON		PHONE NUMBER		REASON FOR LEA	VING
WAS YOUR JOB DESIGNATED AS ALCOHOL TESTING REQUIREME	A SAFETY-SENSITIVE FUNCTIONS OF 49 CFR PART 40?	ON IN ANY DOT-RE	GULATED MODE SUBJ	ECT TO THE DR	UG AND
	PREVIOUS EMPLOY	ER		DATES	S (Mo./Yr.)
COMPANY NAME	******************			FROM	то
ADDRESS	***************************************			POSITIONHELD	
CITY	STATE	ZIP			
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAD	/ING
WAS YOUR JOB DESIGNATED AS ALCOHOL TESTING REQUIREMEN		ON IN ANY DOT-REC	GULATED MODE SUBJ	ECT TO THE DR	JG AND
	PREVIOUS EMPLOYE	ER		DATES	(Mo./Yr.)
COMPANY NAME				FROM	то
ADDRESS				POSITION HELD	Walter terror
CITY	STATE	ZIP		This section is	
CONTACT PERSON	F	PHONE NUMBER		REASON FOR LEAV	ING
WAS YOUR JOB DESIGNATED AS ALCOHOL TESTING REQUIREMEN		N IN ANY DOT-REG ☐ YES	GULATED MODE SUBJI	CT TO THE DRI	JG AND
	PREVIOUS EMPLOYE	ER		DATES	(Mo./Yr.)
COMPANY NAME				FROM	то
ADDRESS				POSITIONHELD	
CITY	STATE	ZIP			42311
CONTACT PERSON	The second secon	PHONE NUMBER		REASON FOR LEAV	
WAS YOUR JOB DESIGNATED AS A ALCOHOL TESTING REQUIREMEN		N IN ANY DOT-REG ☐ YES	ULATED MODE SUBJE	CT TO THE DRU	JG AND
	PREVIOUS EMPLOYE	R		DATES	(Mo./Yr.)
COMPANY NAME				FROM	то
ADDRESS			9	POSITION HELD	
CITY	STATE	ZIP			
CONTACT PERSON	P	HONE NUMBER	81-31-3	REASON FOR LEAVE	NG
WAS YOUR JOB DESIGNATED AS A ALCOHOL TESTING REQUIREMEN		N IN ANY DOT-REG] YES	ULATED MODE SUBJĖ NO	CT TO THE DRU	IG AND
	PREVIOUS EMPLOYE	R		DATES	(Mo./Yr.)
COMPANY NAME				FROM	тО
ADDRESS				POSITION HELD	
CITY	STATE	ZIP			
CONTACT PERSON	Pi	HONE NUMBER		REASON FOR LEAVI	NG
WAS YOUR JOB DESIGNATED AS A ALCOHOL TESTING REQUIREMENT		N IN ANY DOT-REGI	ULATED MODE SUBJE ☐ NO	CT TO THE DRU	G AND

ACCIDENT RECORD

PROVIDE THE FOLLOWING INFORMATION FOR ANY ACCIDENT YOU WERE INVOLVED IN DURING THE PRECEDING 3 YEARS (IF NONE, WRITE, NONE).

DATES NATURE OF A (HEAD-ON, REAR-EN	ACCIDENT	FATALI		INJURIES	HAZARDOUS
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					
TRAFI PROVIDE THE FOLLOWING INFORMATION FOR ALL MOTOR VEHIL PRECEDING 3 YEARS (DO NOT INCLUDE PARKING TICKETS) (IF N		R WHICH YOU W	VERE CONVIC	TED OR PLED (GUILTY TO DURING THE
LOCATION	DATE	CHARC	GE		PENALTY
(ATTACH S EXPERIENCE AN st all driver licenses or permits held in the past 3 years	D QUALIFICATION				
STATE	ICENSE NO.		T	YPE	EXPIRATION DATE
DRIVER					
LICENSES					
	**************************************			-	
Have you ever been denied a license, permit or privilege to Has any license, permit or privilege ever been suspended of	POTO - NAME OF THE PROPERTY OF	hicle?	J		NO
IF THE ANSWER TO EITHER QUESTION IS YES, GIVE D					
CLASS OF EQUIPMENT STRAIGHT TRUCK CYES ON NO	CIRCLE TYPE OF		FROM (MN	TES) TO (MN)	APPROX. NO. OF MILES
STRAIGHT TRUCK	(VAN, TANK, FLAT				
TRACTOR TWO TRAILERS ☐ YES ☐ NO	(VAN, TANK, FLAT				
MOTORCOACH SCHOOL BUS YES NO No Passengers					
MOTORCOACH - SCHOOL BUS YES NO More Ihan 15 Passengers					
OTHER	L			I	<u> </u>
ST STATES OPERATED IN FOR LAST FIVE YEARS:					
Dru	g & Alcohol info				and the second s
he previous three (3) years have you:					
Violated the Alcohol and Control Substance prohibitions under s	subpart B of 49CFR	Part 382 or 490	FR Part 40?	YES []	NO []
Failed to undertake or complete a rehabilitation program prescri	bed by a SAP pursu	ant to 49CFR 3	82.605? YES	NO	N/A 🗌
Check all that apply:					
I had an alcohol test result of 0.04 or higher?			YES	□ NO □	N/A 🗌
I had a Verified Positive Drug Test?			YES	□ NO □	N/A 🗌
I refused to test (including verified adulterated or sul	bstituted drug test re		ES NO	□ N/A □	
is certifies that this application was complet d complete to the best of my knowledge				and infor	mation in it are true
nature:			Data		

Form 0505-pg 3 of 3

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION						
SE	CTION 1: TO BE COMPLETED BY PROSPE	CTIVE EMPLOYEE				
I, (Print Name)						
i, (Pilit Name)						
	First, M.I., Last	Social Security Number				
	horoby authorize:	Data of Dirth				
	hereby authorize:	Date of Birth				
Previous Employer:		Email:				
Street:		Telephone: () -				
City, State, Zip:						
	the information requested by section 2 (below) of this docu ords within the previous 3 years from					
To:	(date of employmen	application)				
Prospective Employer	CALAMCO					
Attention:	Tanya McKennee, Human Resources	Telephone: (209) 982-1000				
Street	1776 W. March Lane, Suite 420	Тејернопе. (203) 302-1000				
City, State, Zip:	Stockton, California 95207					
	25(g) and 391.(h), release of this information must be made in w	ritten form that ensures confidentially, such as				
fax, email, or letter.						
Prospective employers co	(200) 000 0110					
Prospective employers co	onfidential email address: hr@calamco.com					
Applicant's Signature This information is being requested in compliance with §40.25(g) and 391.(h), (See back of form for regulations.)						
SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER						
	o Department of Transportation testing requirements while employed					
the dates of employment						
the dates of employment	, complete bottom of Section 2, sign, and retu	YES NO				
1 Has this person had an alcohol test with a result of 0.04 or higher concentration?						
2 Has this person tested positive or adulterated or substituted a test specimen for controlled substances?						
3 Has this person refused to submit a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?						
4 Has this person committed other violations of Subpart B of Part 382, or Part 40?						
5 If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation						
program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.						
6 For a driver who successfully completed a sap's rehabilitation referral and remain in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to tested?						
	ns, include any required DOT drug or alcohol testing information obta ation date shown in Section 1.	ned from prior previous employers in the previous				
Name:						
Company:	*					
Street:						
City, State, Zip:		Tolonkomor (
Oity, Otato, Zip.		Telephone: () -				
Section 2 Completed by (Signature)	Date				
SE	CTION 3: TO BE COMPETED BY PROSPEC	TIVE EMPLOYER				
This form was (check one) [] Faxed to previous employer [] Mailed [] Emailed	[] Other Date:				
Complete below when information received from	ormation is obtained.					
Recorded by:	Method: [] Fax	[] Mail [] Email [] Telephone				
Date:	I 10ther explain:					

PREVIOUS EMPLOYER
COMPLETE AND RETURN TO PROSPECTIVE EMPLOYER

REQUEST FOR INFORMATION – From Previous Employer

I hereby authorize you to release the following information to CALAMCO for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.					
Applicant's Signature		Date			
Name and Address of Previo	us Employer:	This Form was (chec	ck appropriat	te box)	
		Mailed, Date:	/		
		Faxed, Date:	/		
		Emailed, Date:	/		
		Received by Phone,		1 1	
		Name of Person Cor	ntacted:		
Name of Applicant:					
Social Security No.:	- H	Date of Birth	1	1	
Dear Sir/Madam:					
The above named individual has made application to this company for a position as and states that he/she was employed by you as from (m/y) / to (m/y) / . In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) / / Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or email. Prospective Employer CALAMCO					
Attention: Ta	nya McKennee, Human Resources		Telep	hone: (209)	982-1000
	76 W. March Lane, Suite 420			(209) 336-6	
City, State, Zip:	ockton California 95207			,	
	TO BE COMPLETED BY	PREVIOUS EMP	PLOYER		
of employment from to , complete bottom of Section 2, sign, and return. SECTION 1: DRIVER IDENTIFICATION 1. The applicant named above was employed by us. Employed as from (m/y) / to (m/y) / . If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here [].					
SECTION 2: SAFETY PERFORMANCE HISTORY 1. Did he/she drive motor vehicle for you? If yes, what type? []Straight Truck []Tractor-Semitrailer []Bus []Cargo Tank []Doubles/Triples					
[] Other (Specify) 2. Reason for leaving your employ: []Discharge []Resignation []Lay Off []Military Duty					
ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here [] if there is no accident register data for this driver.					
Date	Location	No. of Injuries		atalities	Hazmat Spill
1.	200dion	or anjunco	110.011		Trazinat opiii
2.			7		
3.					
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:					
Any other remarks:					
				1	1
(Signature)	Title				Date

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION						
SE	CTION 1: TO BE C	OMPLETED BY PROSPECT	TIVE EMPLOYEE			
I, (Print Name)			_			
	First, M.I., Last		Social Security Number			
şi .			1 1			
	her	reby authorize:	Date of Birth			
Previous Employer:			Email:			
Street:	' 		Telephone: () -			
City, State, Zip:						
to release and forward the information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from						
To:		(date of employment ap	oplication)			
Prospective Employer	CALAMCO					
Attention:	Tanya McKennee, H	uman Resources	Telephone: (209) 982-1000			
Street	1776 W. March Land					
City, State, Zip:	Stockton, California	95207				
	.25(g) and 391.(h), release o	of this information must be made in writte	en form that ensures confidentially, such as			
fax, email, or letter. Prospective employers of	onfidential fax number:	(209) 336-6416				
Prospective employers co		hr@calamco.com				
		The Contains Contains				
	Applicant's Signature		Doto			
Applicant's Signature Date This information is being requested in compliance with §40.25(g) and 391.(h), (See back of form for regulations.)						
SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER						
		ion testing requirements while employed by				
the dates of employment		plete bottom of Section 2, sign, and return.				
			YES NO			
1 Has this person had a	in alcohol test with a result of	0.04 or higher concentration?				
2 Has this person tested positive or adulterated or substituted a test specimen for controlled substances?						
3 Has this person refused to submit a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?						
4 Has this person committed other violations of Subpart B of Part 382, or Part 40?						
5 If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation						
		d follow-up tests? If yes, please send docu				
6 For a driver who successfully completed a sap's rehabilitation referral and remain in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to tested?						
In answering test questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.						
Name:						
Company:						
Street:						
City, State, Zip:			Telephone: () -			
	·		,			
Section 2 Completed by (Signature)		Date			
SE	CTION 3: TO BE O	OMPETED BY PROSPECT	IVE EMPLOYER			
	e) [] Faxed to previous er ormation is obtained.		Other Date:			
Recorded by:	-	Method: [] Fax [] Mail [] Email [] Telephone			
Date:		[] Other, explain:				

PREVIOUS EMPLOYER
COMPLETE AND RETURN TO PROSPECTIVE EMPLOYER

REQUEST FOR INFORMATION – From Previous Employer

I hereby authorize you to release the following information to CALAMCO for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.						
Applicant's Signature	Date					
Name and Address of Previous Employer:	This Form was (check appropriate box) Mailed, Date: / /					
	Faxed, Date: / /					
	Emailed, Date: / /					
	Received by Phone, Date: / /					
	Name of Person Contacted:					
	Hame of Ferson contacted.					
Name of Applicant:						
Social Security No.:	Date of Birth / /					
Dear Sir/Madam:						
The above named individual has made application to this company for a position as and states that he/she was employed by you as from (m/y) / to (m/y) / . In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) / . Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or email. Prospective Employer Attention: Tanya McKennee, Human Resources Telephone: (209) 982-1000						
Street 1776 W. March Lane, Suite 420	Fax: (209) 336-6416					
City, State, Zip: Stockton California 95207						
TO BE COMPLETE	TO BE COMPLETED BY PREVIOUS EMPLOYER If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here [], fill in the dates					
of employment from to , complete bottom of Section 2, sign, and return. SECTION 1: DRIVER IDENTIFICATION 1. The applicant named above was employed by us.						
Employed as from (m/y) / to (m/y) / If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here [].						
SECTION 2: SAFETY PERFORMANCE HISTORY 1. Did he/she drive motor vehicle for you?						
If yes, what type? []Straight Truck []Tractor-Semitrailer []Bus []Cargo Tank []Doubles/Triples [] Other (Specify)						
2. Reason for leaving your employ: []Discharge []Resignation []Lay Off []Military Duty					
ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here [] if there is no accident register data for this driver.						
Date Location	No. of Injuries No. of Fatalities Hazmat Spill					
1.						
2.						
3.						
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:						
Any other remarks:						
	/ /					
(Signature) Title	Date					



CERTIFICATION OF ROAD TEST

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined, Section 391.31 (e)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations.

Driver's name	Social Security No
Operator's or Chauffeur's License No	State
Type of Power Unit	Type of Trailer(s)
If Passenger Carrier, Type of Bus	
This is to certify that the above named supervision on	
miles of driving.	
It is my considered opinion that the driver passed the type of commercial motor vehicle I	
Signature of Examiner	Print Name & Title
Organization and ac	ddress of Examiner