



## SUPERIOR SAFETY & WEIGHT ENFORCEMENT FACILITY

# Driver Qualifications

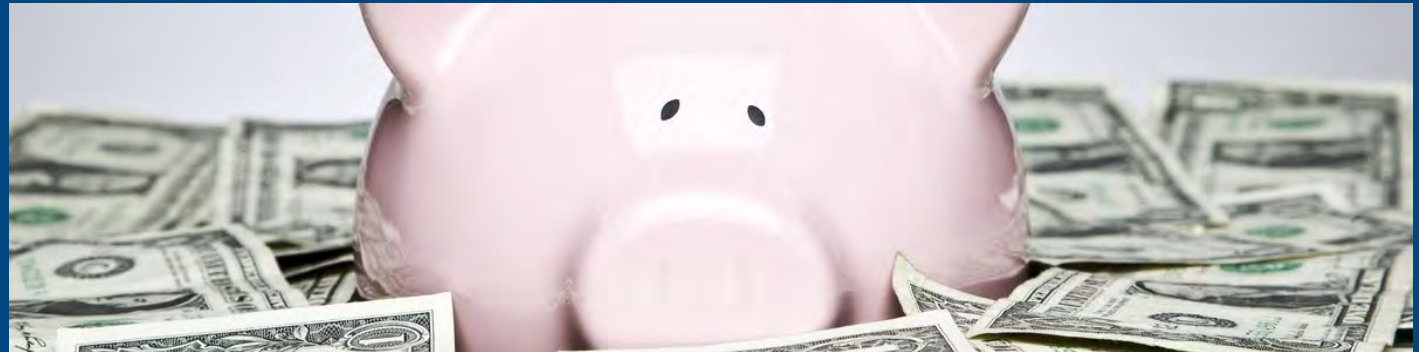
49 CFR Part 391, Wisconsin Trans 327



# Purpose of Part 391



- Demonstrates the employee is safe enough, healthy enough and qualified to operate a CMV
- Hiring qualified drivers
- Maintaining qualified drivers
- Safer drivers operating on highways will help prevent truck accidents, injuries, and fatalities.





# Intrastate Exemptions – Trans 327.09(2)

Part 391 does not apply to:

Drivers who operate motor vehicles which have a manufacturers' gross vehicle weight rating equal to or less than 26,000 pounds, except that this provision does not apply to vehicles transporting hazardous materials requiring placarding or vehicles transporting 16 or more passengers including the driver.



In Other Words...  
Applies to  
CDL Vehicles Only!

(Intrastate!!)



# Intrastate Exemptions – Trans 327.09(1)



Part 391 does not apply to:

The driver of a school bus when the school bus is being used for authorized educational or extracurricular activities.



# Intrastate Exemptions – 390.39

Part 391 does not apply to:

Covered Farm Vehicles



# Intrastate Exemptions – 390.39



Covered Farm Vehicle is a motor vehicle that:

- Travels in intra or interstate
- Operated by an owner or operator of a farm or ranch, or by a family member or employee
- Transports agricultural commodities, livestock, machinery or supplies to or from a farm or ranch
- Not used in for-hire operations (except crop share lease agreement)
- Vehicles between 10,001 lbs. – 26,000 lbs (anywhere in the U.S.)
- Vehicles 26,001 lbs. and more – 150 air miles radius





# Intrastate Exemptions – Trans 327.03(2)(a)

## Part 391.11(b)(1):

Person must be 21 years of age to operate in interstate commerce.

TR327.03(2)(a)(1) indicates that Wisconsin does not adopt this.

(But, still must be 18 to get a CDL.)



# Driver Qualification File – 391.51



- Driver application
- Motor vehicle record (MVR)
- Road test or equivalent
- Medical certificate
- Inquiry to previous employers
- Driver release form – Drug / Alcohol Testing





# Driver Qualification File – 391.51



- Notes of responses
- Note relating to National Registry check
- Skill Performance Evaluation (SPE)
- Annual Motor Vehicle Record (MVR)
- ~~Annual certificate of violations~~
- Annual review of MVR



# DQ file – Checklist

## Driver Qualification File Checklist

[49 CFR 391](#) explains the minimum requirements for commercial motor vehicle drivers. Motor carriers are required to maintain a [qualification file](#) for each of their drivers. The following checklist will help you ensure that each driver qualification file is complete.

✓	Form/Inquiry/Note to Include	Must Retain Document For
	<b>Inquiry To State Agencies for Driving Record – Annual – <a href="#">49 CFR 391.25 (a) and (c)</a></b> Motor carriers must contact State agencies annually for an updated copy of each driver's MVR.	3 years from date of execution
	<b>Review of Driving Record – Annual – <a href="#">49 CFR 391.25 (c) (2)</a></b> At least once every 12 months, the carrier must collect a current motor vehicle record (MVR) from the State issuing a driver's license, and review the MVR to determine whether the driver still meets the minimum requirements for safe driving, and to confirm they are not disqualified pursuant to 49 CFR 391.15. A note including the name of the person who performed this review and the date must be retained in the file with the MVR.	3 years from date of execution
	<b>Driver's Certification of Violations – Annual – <a href="#">49 CFR 391.27</a></b> At least once every 12 months, drivers must submit a list of all convicted violations of motor vehicle traffic laws and ordinances during the previous 12 months. Carrier must review this and compare it with the driver's annual MVR. Note: Drivers who have provided information required by 49 CFR 383.31 need not repeat information in this annual list of violations.	3 years from date of execution
	<b>Medical Examination Report and Medical Examiner's Certificate – <a href="#">49 CFR 391.41</a></b> All commercial drivers are required to pass a physical exam conducted by a licensed medical examiner at least once every 24 months. The carrier must retain a copy of this certificate. For CDL drivers; the carrier must retain a copy of the CDLIS motor vehicle record, which contains the examination information.	3 years from date of execution
	<b>Employer note verifying that medical examiner is listed on National Registry of Certified Medical Examiners – Non-CDL drivers: <a href="#">49 CFR 391.51(b)(9)(ii)</a>; CDL drivers: <a href="#">49 CFR 391.51(b)(9)(iii)</a></b> A note must be included in the driver's qualification file to verify that the medical examiner is listed on the <a href="#">National Registry of Certified Medical Examiners</a> .	3 years from date of execution
	<b>Driver's Application for Employment – <a href="#">49 CFR 391.21</a></b> A driver must not drive a CMV unless an application for employment is completed and signed.	Life of employment + 3 years after termination
	<b>Driver's Road Test Certificate or Equivalent* – <a href="#">49 CFR 391.31(e)</a></b> A person must not drive a commercial motor vehicle until he/she has successfully completed a road test and has been issued a certificate.	Life of employment + 3 years after termination
	<b>Inquiry to Previous Employers: Safety Performance History Records Request – <a href="#">49 CFR 391.23(a)(1) and (b)</a></b> Carriers must investigate the driver's employment record during the preceding three years. This investigation must be completed within 30 days of the date employment begins. Carrier must retain a record of the request and all response documentation.	Life of employment + 3 years after termination



# DQ file – Checklist

✓	Form/Inquiry/Note to Include	Must Retain Document For
	<b>Safety Performance History Records: Driver Correction or Rebuttal</b> (if applicable) — <a href="#">49 CFR 391.23(i)(2)</a> and <a href="#">49 CFR 391.23(i)(3)</a> Carriers must maintain a record of both the request for a driver's safety performance history and any related documentation, for example if a driver documents that information in the history is inaccurate.	Life of employment + 3 years after termination
	<b>Inquiry To State Agencies for 3-Year Driving Record</b> — <a href="#">49 CFR 391.23(a)(1)and(b)</a> Carriers must contact State agencies for the driver's MVR for the past three years. Request must be made within 30 days of hire. MVR must be kept in the driver's personnel file, and updated annually. See "Review of Driving Record" entry above.	Life of employment + 3 years after termination
	<b>Pre-Employment Drug and Alcohol Documents</b> — <a href="#">49 CFR 40.25(i)</a> ; <a href="#">49 CFR 382.301</a> Employers must ask potential employees if they have tested positive or refused to test, on any pre-employment drug or alcohol test within the past three years. If the potential employee admits to having a positive test or refused to test, that individual must not perform safety-sensitive functions until the successful completion of the return-to-duty process. Documentation demonstrating completion of return-to-duty process must be retained in the driver qualification file.	See Controlled Substances and Alcohol chapter for recordkeeping requirements.
	The following additional documents are only required for certain types of drivers, or in specific situations.	
	<b>Entry-Level Driver Training Certificate</b> — <a href="#">49 CFR 380.509(b)</a> All CDL drivers with less than one year experience must provide this certificate.	3 years from date of execution
	<b>Longer Combination Vehicle (LCV) Driver Training Certificate</b> — <a href="#">49 CFR 380.401</a> A driver must not operate an LCV unless the driver can produce an LCV Driver Training Certificate or an LCV Driver Training Certificate of Grandfathering.	Life of employment + 3 years after termination
	<b>Longer Combination Vehicle (LCV) Certificate of Grandfathering</b> — <a href="#">49 CFR 380.111</a>	Life of employment + 3 years after termination
	<b>Multiple-Employer Drivers</b> — <a href="#">49 CFR 391.63</a>	Life of employment + 3 years after termination
	<b>Skill Performance Evaluation Certificate</b> — <a href="#">49 CFR 391.49</a>	3 years from date of execution





# Application for Employment - 391.21



- Name / address of employing carrier
- Applicant's name, address, DOB, SS #
- Previous addresses – 3 years
- CDL – issuing state, number, exp. Date
- Experience (operation & types of vehicles)



# Application for Employment - 391.21



- List of all motor vehicle accidents (3 years)
  - Date, nature of accident, injuries, fatalities
- List of violations (convicted- does not include parking convictions) (3 years)
- Statement setting forth in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to the applicant, or a statement that no such denial, revocation, or suspension has occurred



# Application for Employment - 391.21



- A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted.
  - Dates employed by that employer
  - Reason for leaving that employer
  - Was the job:
    - Subject to FMCSR's while employed at that employer
    - Designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements.





# Application for Employment - 391.21



- Drivers applying to operate a commercial motor vehicle (26,001 lbs or more): a list of the names and addresses of the applicant's employers during the 7-year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment



# Application for Employment - 391.21



- Following certification and signature line, which must appear at the end of the application form and be signed by the applicant:
  - This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.
    - (Date)
    - (Applicant's signature)
- A motor carrier may require an applicant to provide information in addition to the information required by paragraph (b) of this section on the application form.



# Motor Vehicle Record – 391.51(b)(2)



- Initial Motor Vehicle Record
  - [wisconsindot.gov](http://wisconsindot.gov)
- PARS (Public Abstract Request System)
  - Secure online service
  - Free to sign up, free to use
  - Provides notifications for any changes to an employee's driving record, and any changes/updates related to tier of operation changes and Fed Med card expiration.
- Other Services





# PARS (Public Abstract Request System)



Public Abstract Request System

# PARS

PARS is a secure online service that allows businesses to receive employee driver and/or vehicle records quickly and easily.

[PARS Login](#)

[Create PARS Account](#)

Having trouble logging in?

[WAMS Support](#)



## Need to Obtain Your Driver Record?

You can use the DMV Online Own Record System, a secure online service where individuals can obtain a copy of their driver record for \$5.50. This does not require a subscription or service enrollment.

[Obtain Your Driver Record](#)



## Requesting a Record for Someone Else?

If you are seeking a driving or vehicle record for someone else, but do not need to do so frequently, please complete a MV2896 and mail to the DMV address listed on the form.

[One-Time Request](#)



## MVR Report

WARNING: A Motor Vehicle Report ("MVR") may contain Non Public Personal Information which is protected in many states. Unauthorized access or misuse of data may result in adverse action and/or criminal prosecution. MVR data should be destroyed once the legitimate business use of the data has terminated as governed by the record retention regulations of the state issuing the MVR or the states in which you do business if such regulations require a longer record retention period.

Name Returned:

Name:

Date Of Birth:

Gender:

License #:

Address Returned:

Motor Vehicle Record

Incident Type	Viol/Susp Date	Conv/Rein Date	Description
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MVR is Clear

Please be advised this is not an actual Motor Vehicle Report ordered through the state. However, the information returned indicates the insured does not have violations and is considered "clear".



**"MVR"**  
from  
Insurance  
Company







Name On Product: [REDACTED]

Drivers License or ID Card # [REDACTED]

VAL RGLR Regular License Valid Class A, Valid Class B, Valid Class C, Valid Class D, Valid Class M

Expiration: 01/13/2028

Restrictions: K- Cdl Intrastate Only; Cdl Intrastate Only In Excepted Industry

Issue Date: 04/18/2019

Photo Available: Yes

Real ID Indicator: Yes

Product Description: Regular License

Application Type: Original

PERSON DATA:

Male White [REDACTED]

5'11" 220 Lbs Blue Eyes Brown Hair Organ Donor: Y

[REDACTED]  
Address Updated: 04/18/2019

Record Details:

Notation: Excepted Intrastate.

Notation: 04/18/2019 Moved From Illinois

\*\*\*\*\* END OF RECORD \*\*\*\*\*

Real MVR





# Road Test – 391.51(b)(2)



- Person must not drive a CMV (26,001 lbs. or greater) unless he/she has successfully completed a road test and has been issued a certificate.
- Equivalent to the road test –
  - Copy of valid certificate of road test issued to him/her within the preceding 3 years.
  - Copy of driver's CDL
    - -unless doubles / triples or tank vehicles endorsement.



# Road Test – 391.31(e)



- Test shall be given by the motor carrier or a person designated by it.
- Driver who is a motor carrier must be given the test by a person other than himself/herself.
- 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.



# Road Test – 391.31(e)



- 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 carrier intends to assign to him/her.
- As a minimum, the person who takes the test must be tested, while operating the type of commercial motor vehicle the motor carrier intends to assign him/her, on his/her skill at performing each of the following operations:



# Road Test – 391.31(e)



- (1) The pre-trip inspection required by §392.7 of this subchapter;
- (2) Coupling and uncoupling of combination units, if the equipment he/she may drive includes combination units;
- (3) Placing the commercial motor vehicle in operation;
- (4) Use of the commercial motor vehicle's controls and emergency equipment;
- (5) Operating the commercial motor vehicle in traffic and while passing other motor vehicles;
- (6) Turning the commercial motor vehicle;
- (7) Braking, and slowing the commercial motor vehicle by means other than braking; and
- (8) Backing and parking the commercial motor vehicle.





# Road Test – 391.31(e)



This form is an example only. Certificates may look different, but should contain similar information.

## 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 391.31\(e\)\(f\)\(g\)](#))

Driver's Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Operator's or Chauffeur's \_\_\_\_\_  
License Number \_\_\_\_\_  
State \_\_\_\_\_  
Type of Power Unit \_\_\_\_\_  
Type of Trailer(s) \_\_\_\_\_  
If passenger carrier, type of bus \_\_\_\_\_

This is to certify that the above-named driver was given a road test under my supervision on \_\_\_\_\_ 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.

EXAMINER FIRST & LAST NAME

SIGNATURE OF EXAMINER

DATE

BUSINESS NAME AND ADDRESS OF ORGANIZATION



# Good Advice.....



## When You Copy the CDL.....



# Good Advice.....



1034212345123123001

\$000.00  
12345-678-901  
PR01 DGN M2L

01121992

www.wisconsin.dmv.gov

CLASS: D-Non-Comm Vehicle, M-Motorcycles ENDORSEMENTS: S-School Bus  
RESTRICTIONS: Corrective Lenses

Print Below. Use Permanent Ink.  
Anatomical Gift Statement - Upon my death, I wish to donate:  
☐ All organs, tissues or eyes. ☐ I refuse to make an anatomical gift.  
Except: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WI



Copy the Back of the  
CDL as Well!!!!



# Medical Certificate – 391.51(b)(7)



- All commercial drivers (26,001 lbs. or more)
- Required to pass a physical exam conducted by a licensed medical examiner at least once every 24 months.
- For all CDL holders, must obtain a copy of the MVR after new Medical Certificate is provided to state DMV to show proof of medical qualification.





# Intrastate Exemptions – Trans 327.03(2)(a)



- Trans 327.03(2)(a) Title 49, Code of Federal Regulations, part 391, qualifications of drivers, except:
  - 1. **391.11(b)(1)**, and **391.41(b)(3)** if, in the alternative a driver with diabetes controlled by insulin obtains statements from 2 licensed physicians indicating, on a form provided by the department of transportation, that the diabetes is not likely to cause loss of ability to control or operate a motor vehicle



# Intrastate Exemptions – Trans 327.03(2)(a)



- Trans 327.03(2)(a) Title 49, Code of Federal Regulations, part 391, qualifications of drivers, except:
  - 1. **391.11(b)(1)**, and **391.41(b)(3)** if, in the alternative a driver with diabetes controlled by insulin obtains statements from 2 licensed physicians indicating, on a form provided by the department of transportation, that the diabetes is not likely to cause loss of ability to control or operate a motor vehicle
  - 2. **391.41(b)(10)**, if a driver who does not meet the vision standards provides documentation from a licensed vision specialist that he or she does not have progressive eye disease; that his or her vision in the best eye, corrected or uncorrected, is at least 20/40 (Snellen); and that he or she has a minimum of 70-degree visual field from the center of at least one eye. The documentation shall be accompanied by a statement from the specialist indicating that the driver's vision is not likely to cause a loss of ability to control or operate a commercial motor vehicle. A driver may apply for an exception or waiver to drive in intrastate commerce by submitting this information with his or her application.





WisDOT - Division of Motor Vehicles  
Medical Review Unit  
PO Box 7918  
Madison, WI 53707-7918

Governor Tony Evers  
Secretary Craig Thompson  
Internet: [www.wisconsin.gov](http://www.wisconsin.gov)  
Facsimile (FAX): 608-287-0518  
E-mail: [dmvmedical@doh.wisconsin.gov](mailto:dmvmedical@doh.wisconsin.gov)

March 2, 2020

PASTE

TELEPHONE  
(608) 266-2327

**CARRY THIS DOCUMENT WHEN YOU OPERATE A COMMERCIAL MOTOR VEHICLE.**

On July 29, 1998 the Federal Motor Carrier Safety Regulations were adopted by the Wisconsin Department of Transportation for drivers who operate in intrastate commerce (Trans 327 of the Wisconsin Administrative Code). Trans 327.03 provides an exception for drivers who do not meet the vision standards to operate a commercial motor vehicle.

You may operate in intrastate commerce under this exception until January 1, 1999.

This is a renewal of your state waiver. You are self-certified correctly as a Tier 3 driver and you are required to carry a valid Medical Examiner's Certificate (Fed Med card) indicating a need for a waiver and marked "intrastate only". Your license is currently marked correctly with the following restrictions: VALID WISCONSIN INTRASTATE WAIVER ON FILE. CDL INTRASTATE ONLY.

In addition to carrying this document whenever you operate a commercial motor vehicle, we recommend that you make and keep a copy, and provide your employer with a copy. You will be required to provide up to date vision information in approximately 2 years to maintain this exemption. We will notify you by mail prior to that time.

**NOTE:** This exception may be withdrawn at any time due to changes in your health condition or based on at-fault traffic crashes or moving violations reported to the Department of Transportation.

Medical Review Unit  
Bureau of Driver Services  
hjd



## Intrastate Waiver Letter Must be Carried



# Federal regulations adopted – Trans 327.03



- Trans 327.03(2)(b)
  - A driver is not eligible for an exception or waiver under par. (a) if he or she has had any moving violations or any reportable at-fault accidents while driving any motor vehicle within the **3-year period prior to the date of the application**. After a driver receives an exception or waiver, his or her noncompliance with any applicable reporting requirements may result in cancellation of the exception or waiver.





# CDL Tier of Operation



- Tier 1
  - Interstate (non-excepted)
  - Subject to qualification requirements
  - Required to obtain a medical certificate
- Tier 2
  - Interstate (excepted)
  - Engages exclusively in excepted operations
  - Not required to obtain a medical certificate



# CDL Tier of Operation



- Tier 3
  - Intrastate (non-excepted)
  - Subject to qualification requirements
  - Required to obtain a medical certificate
- Tier 4
  - Intrastate (excepted)
  - Engages exclusively in excepted operations
  - Not required to obtain a medical certificate



# Excepted Operations



- School bus operations
- Transportation performed by any political subdivision
- Transportation of human corpses or sick/injured persons
- Operation of fire trucks / rescue vehicles (emergency and related operations)
- Operations of vehicles designed/used to transport between 9-15 passengers not for direct compensation
- Farm custom operations: custom-harvesting operations, transporting farm machinery and/or supplies, to or from a farm for custom-harvesting operations on a farm, or transporting custom-harvested crops to storage or market





# Excepted Operations



- Seasonal transportation of bees in a CMV operated by the bee keeper
- Operation of private motor carrier of passengers (non-business)
- Occasional transportation of personal property not for compensation or commercial enterprise
- Tow trucks if requested by law enforcement to move a wrecked/disabled vehicle

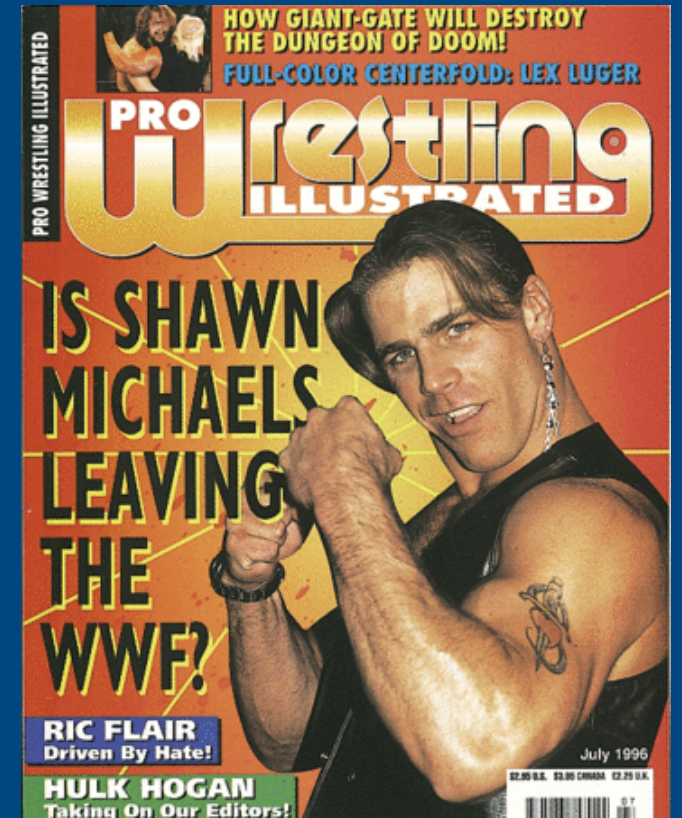


# Excepted Operations



- Grandfathered under Trans 327.09
  - Met state medical qualifications (Trans 112)
  - Issued valid WI CDL prior to July 29, 1996
  - Has not been revoked
  - Continue to meet state medical requirements (Trans 112)

July 1996 Issue





Not  
Grandfathered

[REDACTED]

Name On Product: [REDACTED]

Drivers License or ID Card # [REDACTED]

VAL RGLR Regular License Valid Class A, Valid Class B, Valid Class C, Valid Class D, Valid Class M

Expiration: 01/13/2028

Restrictions: K- Cdl Intrastate Only; Cdl Intrastate Only In Excepted Industry

Issue Date: 04/18/2019

Photo Available: Yes

Real ID Indicator: Yes

Product Description: Regular License

Application Type: Original

PERSON DATA:

Male White [REDACTED]

5'11" 220 Lbs Blue Eyes Brown Hair Organ Donor: Y

[REDACTED]

Address Updated: 04/18/2019

Record Details:

Notation: Excepted Intrastate.

Notation: 04/18/2019 Moved From Illinois

\*\*\*\*\* END OF RECORD \*\*\*\*\*



Name On Product: [REDACTED]

Drivers License or ID Card [REDACTED]

VAL RGLR Regular License Valid Class A, Valid Class B, Valid Class C, Valid Class D

Expiration: 10/16/2023

Restrictions: K- Cdl Intrastate Only; M- No Cls A Passenger Veh

Endorsements: Surrendered Tanker, Valid Passenger Bus

Issue Date: 04/27/2017

Photo Available: Yes

Real ID Indicator: Yes

Product Description: Regular License

Application Type: Change Of Authority

PERSON DATA:

Male White [REDACTED]

5'10" 180 Lbs Blue Eyes Brown Hair Organ Donor: Y

[REDACTED]

[REDACTED]

Address Updated: 09/01/2015

FORMER: 09/01/2015 [REDACTED]

Record Details:

Notation: 07/28/1996 Grandfathered For Fed Med Purposes

Notation: Excepted Intrastate.

Notation: 06/24/1996 Moved From Michigan

12/12/2017 Accident # 171203693 Property Damage On Duty: Police Class: D County: Brown

10/12/2010 Withdrawal Dot Action License Surrendered Endorsement: N Indefinite EDT Surrendered Endorsements Case #: V213578

\*\*\*\*\* END OF RECORD \*\*\*\*\*



Grandfathered





# Inquiry to Previous Employers – 391.23(a)



- Carriers must investigate driver's employment record (preceding 3 years)
- Investigation must be completed within 30 days of the date employment begins.
- Must retain record of the request and all response documentation



# Inquiry to Previous Employers – 391.23(a)



SAFETY PERFORMANCE HISTORY RECORDS REQUEST																					
<b>PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>																					
I, (Print Name) _____ First M.I. Last Social Security Number _____ Hereby authorize: _____ Date of Birth _____ Previous Employer: _____ Email: _____ Street: _____ Telephone: _____ City, State, Zip: _____ Fax No.: _____ To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (employment application date) To: Prospective Employer: _____ Attention: _____ Telephone: _____ Street: _____ City, State, Zip: _____ In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter. Prospective employer's fax number: _____ Prospective employer's email address: _____ Applicant's Signature _____ Date _____ This information is being requested in compliance with §40.25(g) and 391.23.																					
<b>PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER</b>																					
<b>ACCIDENT HISTORY</b> The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/> Employed as _____ from (m/y) _____ to (m/y) _____ 1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____ 2. Reason for leaving your employ. Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> sign below and return. <b>ACCIDENTS:</b> Complete the following for any accidents included on your accident register (§390.15(o)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver. <table border="1"><thead><tr><th>Date</th><th>Location</th><th># Injuries</th><th># Fatalities</th><th>Hazmat Spill</th></tr></thead><tbody><tr><td>1. _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>2. _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>3. _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table> 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: _____		Date	Location	# Injuries	# Fatalities	Hazmat Spill	1. _____	_____	_____	_____	_____	2. _____	_____	_____	_____	_____	3. _____	_____	_____	_____	_____
Date	Location	# Injuries	# Fatalities	Hazmat Spill																	
1. _____	_____	_____	_____	_____																	
2. _____	_____	_____	_____	_____																	
3. _____	_____	_____	_____	_____																	

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3							
<b>PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER</b> <b>DRUG AND ALCOHOL HISTORY</b> If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/> fill in the dates of employment from _____ to _____ complete bottom of Part 3, sign, and return. Driver was subject to Department of Transportation testing requirements from _____ to _____ 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 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. YES <input type="checkbox"/> NO <input type="checkbox"/> 6. For a driver who successfully completed a SAP's rehabilitation referral and remained 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 be tested? YES <input type="checkbox"/> NO <input type="checkbox"/> In answering these 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 on page 1. Name: _____ Company: _____ Street: _____ City, State, Zip: _____ Telephone: _____ Part 3 Completed by (Signature): _____ Date: _____ <b>PART 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b> This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____ By: _____ Date: _____ <b>PART 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b> Complete below when information is obtained. Information received from: _____ Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone _____ Date: _____ <input type="checkbox"/> Other _____ <b>INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST</b> <table border="1"><tbody><tr><td><b>PAGE 1 PART 1:</b> Prospective Employer • Complete the information required in this section • Sign and date • Submit to the Prospective Employer</td><td><b>PAGE 2 PART 3:</b> Previous Employer • Complete the information required in this section • Sign and date • Return to Prospective Employer</td></tr><tr><td><b>PAGE 2 PART 4a:</b> Prospective Employer • Complete the information • Send to Previous Employer</td><td><b>PAGE 2 PART 4b:</b> Prospective Employer • Record receipt of the information • Retain the form</td></tr><tr><td><b>PAGE 1 PART 2:</b> Previous Employer • Complete the information required in this section • Sign and date • Turn form over to complete SIDE 2 SECTION 3</td><td></td></tr></tbody></table>		<b>PAGE 1 PART 1:</b> Prospective Employer • Complete the information required in this section • Sign and date • Submit to the Prospective Employer	<b>PAGE 2 PART 3:</b> Previous Employer • Complete the information required in this section • Sign and date • Return to Prospective Employer	<b>PAGE 2 PART 4a:</b> Prospective Employer • Complete the information • Send to Previous Employer	<b>PAGE 2 PART 4b:</b> Prospective Employer • Record receipt of the information • Retain the form	<b>PAGE 1 PART 2:</b> Previous Employer • Complete the information required in this section • Sign and date • Turn form over to complete SIDE 2 SECTION 3	
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<b>PAGE 1 PART 2:</b> Previous Employer • Complete the information required in this section • Sign and date • Turn form over to complete SIDE 2 SECTION 3							

RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY	
This request is made by the driver/applicant in compliance with the Department of Transportation regulations.	
<b>§391.23(i)(2)</b> 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 thirty (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.	
<b>PART 1: COMPLETED BY THE DRIVER/APPLICANT</b>	
TO: Prospective Employer: _____ Street/P.O. Box: _____ City, State, Zip: _____ Telephone # _____ FROM: Driver/Applicant: _____ Social Security/I.D. # _____ Street: _____ City, State, Zip: _____ Telephone # _____ I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records. This information should be: <input type="checkbox"/> sent to me at the above address. <input type="checkbox"/> I will arrange to pick up. Driver/Applicant Signature: _____ Date: _____ M / D / Y	
<b>PART 2: COMPLETED BY THE PROSPECTIVE EMPLOYER</b>	
The information must be provided 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. Information supplied to: Name: _____ Street: _____ City, State, Zip: _____ Comments: _____ By: _____ Signature/person providing information _____ Telephone # _____ Release Date: _____ M / D / Y	
COPY 1 PROSPECTIVE EMPLOYER	



# Inquiry to Previous Employers – 391.23(a)



- Notes of responses
  - All investigations and efforts to contact previous employers must be documented
  - Records must be received within 30 days of the start of employment
  - If no response....still document



# Annual Motor Vehicle Record – 391.25(a)



- At least once every 12 months
  - Obtain current copy of MVR (motor vehicle record)
  - **REVIEW** to determine whether the driver is valid
  - Note including the date and name of the person who performed the review

This form is an example only. Requirements for the annual review of driving record can be found in [49 CFR 391.25](#).

### ANNUAL REVIEW OF DRIVING RECORD

**MOTOR CARRIER INSTRUCTIONS:** Review the driver's motor vehicle record, annual Certification of Violations, and other information described in 49 CFR 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

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

I have reviewed the driving record of the above named driver in accordance with 49 CFR 391.25 and find that he/she (check one):

☐ Meets minimum requirements for safe driving

☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15





# Annual Certificate of Violations – 391.27



- At least once every 12 months
  - Driver must submit a list of all convicted violations of motor vehicle traffic laws / ordinances
  - Violations in the previous 12 months
  - Does not include parking violations

## No Longer A Requirement

This form is an example only. Requirements for the annual driver's certification of violations can be found in [49 CFR 391.27](#).

**ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS**

**MOTOR CARRIER INSTRUCTIONS:** Each motor carrier must at least once every 12 months, require each driver to prepare a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or of which he/she has forfeited bond or collateral during the preceding 12 months (49 CFR 391.27). Drivers who have provided information required by 49 CFR 383.31 need not repeat that information on this form.

**DRIVER REQUIREMENTS:** Each driver will provide the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify (49 CFR 391.27).

**COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS**

DRIVER NAME (LAST, FIRST, MI) \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF EMPLOYMENT \_\_\_\_\_

HOME TERMINAL (CITY AND STATE) \_\_\_\_\_ DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under 49 CFR 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

☐ Check this box if you have had no violations in the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED



# Record Retention



- Life of Employment + 3 years after termination
  - Application
  - MVR Run at Time of Hire
  - Road Test or equivalent
  - Inquiry to Previous Employers
- 3 years from date of execution
  - Annual MVR
  - Annual Review
  - Medical Certificates



# Intrastate Hiring Scenario



You have just hired a driver to operate a mobile bait truck. What items need to be in the Driver Qualification file within 30 days?



# Intrastate Hiring Scenario



A school bus driver has worked for you for over two years. What items should be in his Driver Qualification File?





# PSP (Pre-employment Screening Portal)

- Helps carriers make more informed hiring decisions
- Drivers 5 year crash history
- Drivers 3 year inspection history
- Electronic access (updated monthly)
- Disclosure and Authorization form
- Companies using PSP – lowered crash rate by 8% and driver out of service rate by 17% (average)
- <http://www.psp.fmcsa.dot.gov>




# PSP (Pre-employment Screening Portal)

United States Department of Transportation

**FMCSA**  
Federal Motor Carrier Safety Administration

Search

 Pre-Employment Screening Program

Enroll Drivers Veterans FAQs Contact

**PSP has the data that you need to hire safe drivers.**

Companies using PSP to screen new hires lower their crash rate by 8% and driver out-of-service rates by 17%, on average, compared to those that do not use PSP. Enroll today!

[ENROLL](#) [Learn More](#)

**Welcome Back**

[Need help logging into PSP?](#)

☒ [Password not working?](#)

[LOGIN](#)



# PSP (Pre-employment Screening Portal)



## PSP Detailed Report

Federal Motor Carrier Safety Administration

Sample Report

Driver Information													
Last Name	First Name	License #	State										
DOE	JOHN	111111111	VA										
DOE	JOHN	222222222	NY										
Crash Activity (5 year history from MCMIS snapshot date)													
Crash Summary (Crashes listed represent a driver's involvement in FMCSA-reportable crashes, without any determination as to responsibility.)													
# of Crashes:	5	# of crashes with Fatalities:	1	# of Crashes with Injuries:	3	# of Towaways:							3
		# of Fatalities:	1	# of Injuries:	4	# of Hazmat Releases:							0
Crash Details (Crashes listed represent a driver's involvement in FMCSA-reportable crashes, without any determination as to responsibility.)													
	Date	DOT #	Carrier Name	Driver Name	Drive Lic	State	Driver DOB	Rpt St	Rpt Number	Location	# Fatalities	# Injuries	
1	10/24/2014	168714	XYZ TRUCKS, INC.	DOE, JOHN	222222222	NY	08/08/1988	VA	VA000000000	I68 EB .5M E RT 29	0	1	
2	04/03/2015	168714	XYZ TRUCKS, INC.	DOE, JOHN	111111111	VA	08/08/1988	CA	CA111111111	I 405 NB	1	2	
3	12/05/2015	475002	123 ABC TRUCKING	DOE, JOHN	111111111	VA	08/08/1988	MT	MT222222222	US 2 SB	0	0	
4	01/14/2016	345678	XYZ & ABC HAULING	DOE, JOHN	111111111	VA	08/08/1988	NY	NY333333333	I 87 NB	0	1	
5	08/28/2018	333444	ABC 123 TRUCKING INC.	DOE, JOHN	111111111	VA	08/08/1988	NJ	NJ444444444	I 95 SB	0	0	
Inspection Activity (3 year history from MCMIS snapshot date)													
Inspection Summary													
Driver Summary				Vehicle Summary				Hazmat Summary					
Driver Inspections:		4		Vehicle Inspections:		4		Hazmat Inspections:		0			
Driver Out-of-service Inspections:		2		Vehicle Out-of-service Inspections:		1		Hazmat Out-of-service Inspections:		0			
Driver Out-of-service Rate:		50%		Vehicle Out-of-service Rate:		25%		Hazmat-Out-of-service Rate:		0%			



# PSP (Pre-employment Screening Portal)



## Sample Report

Inspection Details												
Carrier Info				Driver Info				Inspection Info				
	Date	DOT #	Carrier Name	Driver Name	Drive Lic	State	Driver DOB	Rpt St	Rpt Number	Hazmat Insp	Insp Level	# of Viol
1	01/18/2017	475002	123 ABC TRUCKING	DOE, JOHN	111111111	VA	08/08/1988	LA	1111111111	N	1	3
Vehicle Violation: 393.47(e)				CLAMP/ROTO TYPE BRAKE(S) OUT-OF-ADJUSTMENT			NON-OOS					
Vehicle Violation: 393.95(f)				NO/INSUFFICIENT WARNING DEVICES			NON-OOS					
2	07/24/2017	345678	XYZ & ABC HAULING	DOE, JOHN (co-driver)	111111111	VA	08/08/1988	VA	222222222	N	1	1
Vehicle Violation: 393.42(a)				INOPERATIVE OR MISSING BRAKE			OOS - This violation does NOT apply to DOE, JOHN.					
3	08/22/2017	345678	XYZ & ABC HAULING	DOE, JOHN	111111111	VA	08/08/1988	CA	333333333	N	1	1
Co-Driver Violation: 393.45				Brake tubing and hose adequacy			NON-OOS - This violation does NOT apply to DOE, JOHN.					
4	09/04/2018	333444	ABC 123 TRUCKING INC.	DOE, JOHN	111111111	VA	08/08/1988	WA	444444444	N	1	3
Driver Violation: 392.5(a)(2)				DRIVING UNDER THE INFLUENCE			OOS					
State Citation#: TX568552				State Citation Result: Convicted of different charge								
Driver Violation: 395.3(a)(3)(i)				DRIVING BEYOND 11 HOUR RULE			OOS					
Violation Summary												
Violation #	Description							# of Violations		# of Out-of-service Violations		
393.47(e)	CLAMP/ROTO TYPE BRAKE(S) OUT-OF-ADJUSTMENT							1				
393.95(f)	NO/INSUFFICIENT WARNING DEVICES							1				
393.42(a)	INADEQUATE BRAKE SYSTEM ON A CMV							1		1		
395.3(a)(3)(i)	DRIVING BEYOND 11 HOUR RULE							1		1		
392.5(a)(2)	DRIVING UNDER THE INFLUENCE							1				
State citation result: Convicted of different charge												


The summary counts and rates only include violations that were attributable to SMITH, JOHN or were not the result of a crash.






<https://nationalregistry.fmcsa.dot.gov/home>



 **FMCSA**  
Federal Motor Carrier Safety Administration



Home Register Find A Medical Examiner Resource Center

Welcome to the National Registry of Certified Medical Examiners

The primary mission of the National Registry is to improve highway safety by producing trained, certified medical examiners who can effectively determine if interstate commercial motor vehicle (CMV) drivers meet FMCSA's physical qualification standards.

Search for a certified Medical Examiner

Location

City, State or Zipcode

Range

10 Miles

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Federal Motor Carrier Safety Administration

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## The Motor Carrier Safety Planner

CSA  NEW ENTRANT  FMCSA 

HOME CHAPTERS RESOURCES & FORMS  MY SAFETY PLANNER HELP SPANISH VERSION 



### The Motor Carrier Safety Planner

This online guide provides simple explanations and templates to help companies that operate CMVs understand and comply with Federal safety regulations.







Motor Carrier Information Line  
608-267-9762

