Driver Qualification File Requirements

Presented by | Rich Moldstad, CDS

Cottingham & Butler

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Our Presenter

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QUESTIONS

Please send questions to rich.moldstad@cb-sisco.com.

Definition of Commercial Motor Vehicle

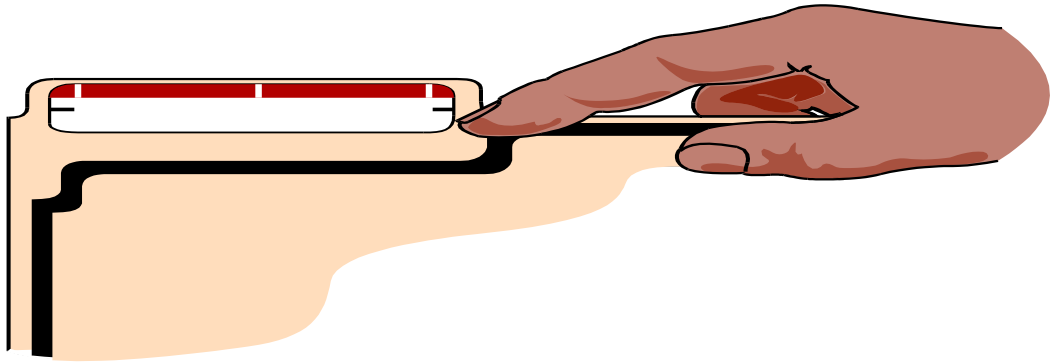
- Gross vehicle weight rating or gross combination weight rating of 10,001 lbs or more, whichever is greater

- Is used in transporting a quantity of hazardous materials requiring placarding

Part 390.5 Definitions - *Commercial Motor Vehicle*

Driver Qualification File Contents 391.51

- Application for employment
- Past employment checks
- Initial Driving record(s) from state/province
- Road test and certificate (CDL)
- Annual driving record check
- Annual review
- Annual statement of violations
- Medical Examiners Certificate
- Verification of Medical Examiner on Registry
- Waiver



The Application

§391.21(d) Before the application is submitted, the carrier must inform the applicant:

- That the information provided on the application will be used to investigate their safety history
- That previous DOT-regulated employers will be contacted
- Of their due process rights

Application-Performance History of New Drivers

§391.21 Application for employment, revised as follows:

- (b)(iv) – Applicant must state whether he/she was (A) subject to the FMCSRs while at any previous employer
- (B) Applicants must also indicate whether any previous position required a CDL and therefore subject to DOT-regulated A&D testing

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for who the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

<table>
<tr><th colspan="3">EMPLOYER</th><th>DATE</th></tr>
<tr><td colspan="3">NAME</td><td>FROM TO
MO. YR. MO. YR.</td></tr>
<tr><td colspan="3">ADDRESS</td><td>POSITION HELD</td></tr>
<tr><td>CITY</td><td>STATE</td><td>ZIP</td><td>SALARY/WAGE</td></tr>
<tr><td colspan="2">CONTACT PERSON</td><td>PHONE NUMBER</td><td>REASON FOR LEAVING</td></tr>
<tr><td colspan="4">WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO</td></tr>
<tr><td colspan="4">WHAS YOU JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTINGREQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO</td></tr>
</table>

Application for Employment (cont.)

- License: state, number and expiration
- Driving experience
- Accident Record — 3 years
- List of MV violations — 3 years

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE "NONE"

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIALS SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURESFOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE "NONE"

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACED IS NEEDED)

DRIVING EXPERIENCE: CHECK ☐ YES ☐ NO

CLASS OF EQUIPMENT				CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y)	DATES TO (M/Y)	APPX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK	☐ YES	☐ NO		(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR AND SEMI-TRAILER	☐ YES	☐ NO		(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR-TWO TRAILERS	☐ YES	☐ NO		(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR-THREE TRAILERS	☐ YES	☐ NO		(VAN, TANK, FLAT, DUMP, REEFER)			
MOTORCOACH-SCHOOL BUS	☐ YES	☐ NO	More than 8 passengers	---			
MOTOR COACH-SCHOOL BUS	☐ YES	☐ NO	More than 15 passengers	---			
OTHER	_____						

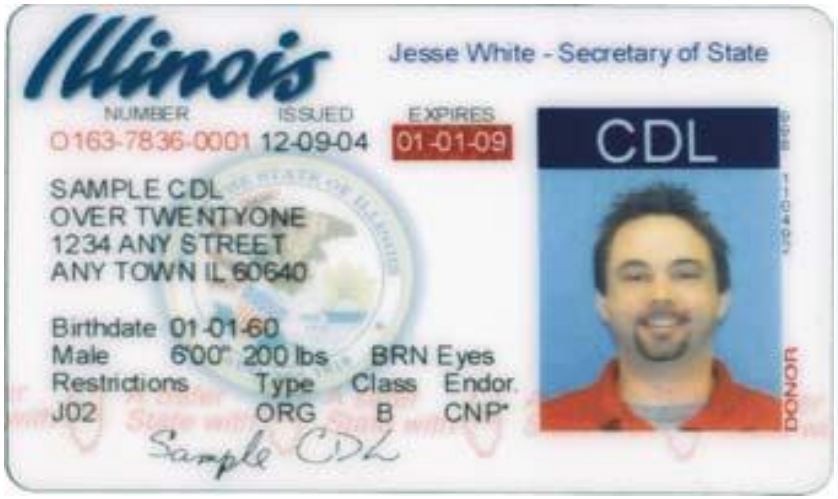
TO BE READ AND SIGNED BY APPLICANT

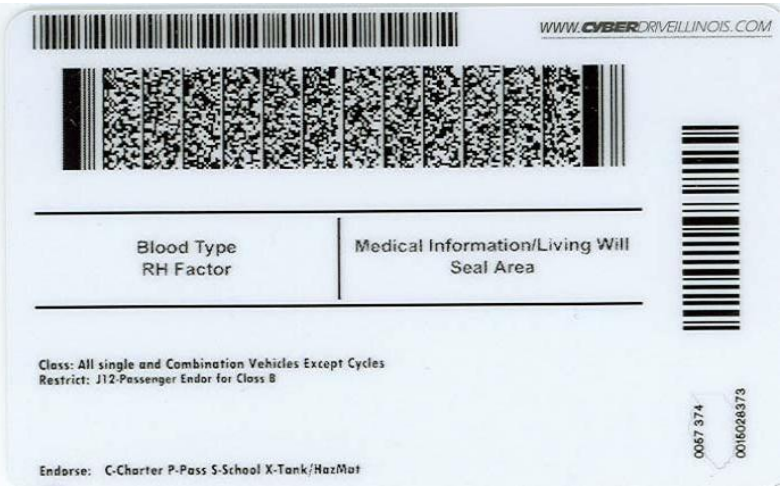
This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Commercial Driver License

Make a copy of the CDL to maintain in the DQ file.





State Driving Records

- State must maintain record of all convictions (commercial and non-commercial) for at least 3 years

- State must check CDLIS and NDR (national data bases) for convictions prior to issuing new CDL

eSuperVision

SuperVision makes it easy for fleets to continually monitor their drivers' safety performance and driver's license status. It gives you the data you need, when you need it.

- If a serious violation or license suspension happen in between MVR pulls, you could be putting your company at risk. Now SuperVision lets you monitor your employees' driving records on a continuous, ongoing basis!
- Alerts you when a driver's license is expired, suspended, revoked or cancelled, regardless of whether a license is suspended for a moving violation, or a non-moving violation like unpaid child support, failure to appear or unpaid parking tickets.
- Email alerts about any moving violations, suspensions or revocations on your driver roster.
- Automated MVR ordering.
- Convenient web-based application provides instant access from your desktop, laptop or tablet.
- No other fleet monitoring service provides faster updates or covers more of the country.
- Learn more at: www.eSupervision.com

Supervision bottom image

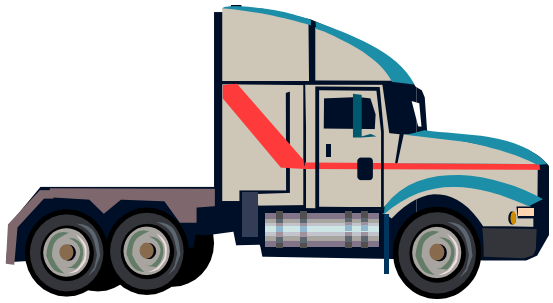
For Cottingham & Butler clients to take advantage of this reduced rate, please contact Shawn Treiber-VanGompel at shawn.vangompel@exploredata.com or 920.903.8027. Please let Shawn know you are a current client of Cottingham & Butler and also provide my name (Chad Hoppenjan). Shawn and the SuperVision team can provide you with additional information, answer any questions and schedule demonstrations of the SuperVision product.

Investigations and Inquiries

§391.23(c)(2) The written record must contain:

- The name and address of each DOT-regulated employer
- The date the previous employer was contacted
- The date of attempted contact (if no reply/response)
- All safety performance information received

All failures to contact or provide must be documented



Investigations and Inquiries

§391.23(d) At a minimum and for the past 3 years, you must obtain from each previous DOT-regulated employer:

- Driver identification/employment verification information
- Data regarding any DOT-recordable accident involving the driver
- Any violations regarding the prohibitions of part 382
- Information regarding a failure to complete a SAP as required

You must also provide the driver's written consent to each previous employer

Safety Performance History Records Request Form

Section I. – *To Be Completed By Prospective Employee*

I, (print name) _____
(First, M.I., Last) (Social Security Number)
_____/_____/_____
Date of Birth
herby authorize:
Previous Employer:_____Email:_____
Street:_____Telephone:_____
City, State, Zip:_____Fax No.:_____

To release and forward the information by section III of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____.
(date of employment application)

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 confidential fax number:_____
Prospective employer's confidential email address:_____

_____
Applicants Signature Date
This information is being requested in compliance with §40.25 and 391.23.

Section II. – *To Be Completed By Previous Employer*

Accident History

The applicant named above was employed by us. Yes☐ No☐
Employed as_____ from (date)_____To (date)_____

1. Did he/she a drive motor vehicle for you? Yes☐ No☐
   a. If yes, what type? Straight truck☐ Tractor-Semitrailer☐ Bus☐ Cargo tank☐
   Doubles/Triples☐ Other(specify)_____
2. Reason for leaving your company: Discharge☐ Resignation☐ Lay Off☐ Military Duty☐

If there is no safety history to report, check here☐, sign below and return.

Accidents: Complete the following for any accidents including on your accident register (§ 390.15(b)) that involve the applicant in the 3 years prior to the application date shown above, or check here ☐ if there is no accident data for this driver.

	Date	Location	No. Injuries	No.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:_____

Proceed to next page

Section III. – 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 Section III, sign and return.
Driver was subject to Department of Transportation testing requirements from _____ to _____.

		Yes	No
1.	Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	☐	☐
2.	Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	☐	☐
3.	Has this person refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test?	☐	☐
4.	Has this person committed other violations of Subject 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 remained in your employ, did the driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	☐	☐

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 side 1.

Name:_____
Company :_____
Street:_____
City, State, Zip:_____Telephone:_____
Section 3 Completed by (Signature):_____Date:_____

Section IV. a. – To Be Completed By Prospective Employer

This form was (Check one) ☐Faxed to previous employer ☐ Mailed ☐Emailed ☐Other
By:_____Date:_____

Section IV. b. – To Be Completed by Prospective Employer

Complete below when information is obtained.
Information received from:_____
Recorded by:_____ Method ☐Fax ☐Mail ☐Email ☐Telephone
Date:_____ ☐Other_____

Instructions to complete the Safety Performance Records Request Form

Side 1 Section I: Prospective Employee
*Completes the information required in this section
*Sign and date
*Submit to Prospective Employer

Side 2 Section 4A: Prospective Employer
*Complete the information
*Send to previous Employer

Side 1 Section 2: Previous Employer
*Complete the information required in this section
*Sign and date
*Turn form over to complete SIDE 2 SECTION 3

Side 2 Section III: Previous Employer
*Completes the information required in this section
*Sign and date
*Return to Prospective Employer

Side 2 Section 4b: Prospective Employer
*Record receipt of the information
*Retain the form

Road Tests 391.31

- Administered by Motor Carrier or designee
- Sufficient duration
- Includes: 8 operations
- Issue RT Certificate
- Sample Form—391.31(f)

OR

Road Test Equivalent 391.33

Motor Carrier may accept:

- Valid CDL
- Valid Road Test Certificate (3 yrs)
- Copies to be in DQ file

Motor Carrier May Test Regardless

Copy to be kept in DQ file forever

**This is acceptable but NOT RECOMMENDED.

Annual Inquiry & Review 391.25

- Every 12 months get an MVR
- Review driver's driving record with the Certificate of Violations
- Copies maintained in DQ file

MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with 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 on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish 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 (Section 391.27).

TO BE COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER (PRINT)	SSN		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 Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

(If you have had no violations, check the following box - ☐ *None)*

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification _____ Driver's Signature _____

TO BE COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 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
- ☐ Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by:

_____ _____
Signature Date

_____ _____
Printed Name Title

_____ _____
Motor Carrier Name Motor Carrier Address

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER THREE YEARS FROM DATE OF EXECUTION.

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Medical Examiner's Certificate 391.41 (a)

- Medical examiner's certificate on their person (original or photocopy)
- Recommend maintaining a copy of the certificate and long form
- Can keep long form in medical file

Examples of physical requirements (Section 391.41)

- Has no loss of a foot, a leg a hand, or an arm
- Has no established medical history or clinical diagnosis of diabetes requiring insulin for control
- Has no clinical diagnosis of any disqualifying heart disease
- Has no clinical diagnosis of high blood pressure in accordance with new guidelines
- Has no clinical diagnosis of epilepsy
- Has 20/40 vision or better with corrected lenses
- Has distant binocular acuity of at least 20/40 in both eyes
- Has the ability to recognize the colors of traffic signals
- Has hearing to perceive a forced whisper
- Has no history of drug (Schedule 1) use or any other substance identified in Appendix D
- Has no clinical diagnosis of alcoholism

New Long-Form Medical Reports

- New forms to assist electronic transmission to FMCSA
- Begin on April 20, 2016 only new version may be used
- Examiner must specify if qualified for interstate or intrastate only
- Through June 22, 2018, driver must still carry medical certificate (wallet card)

https://www.fmcsa.dot.gov/medical/driver-medical-requirements/medical-applications-and-forms

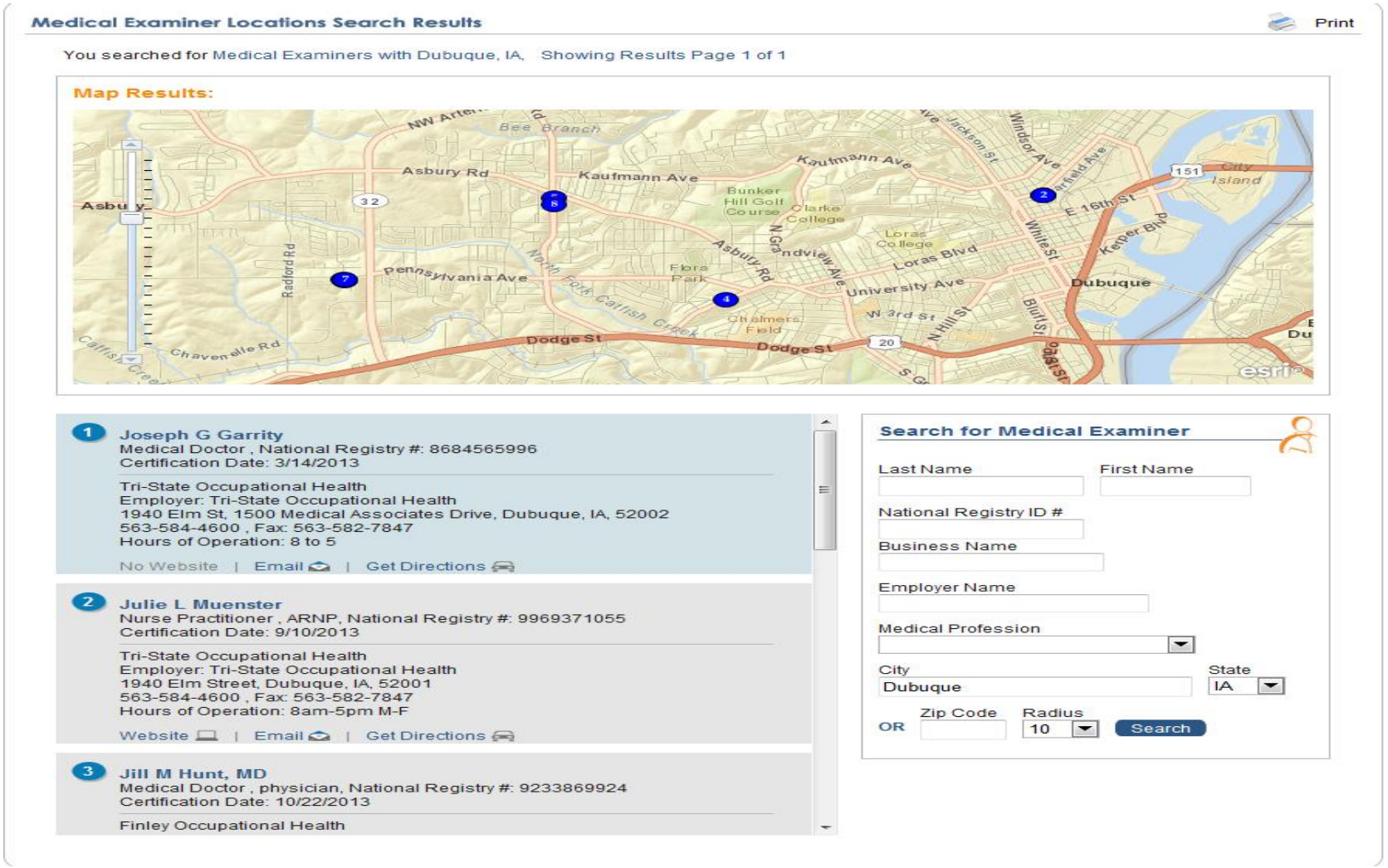
New Medical Certification Requirements - CDL

Starting on January 30, 2012, when you:

- Apply for a CDL;
- Renew a CDL;
- Apply for a higher class of CDL;
- Apply for a new endorsement on a CDL; or
- Transfer a CDL from another State

Are Your Doctor's or the Drivers' Doctors Certified with the National Registry?

New Medical Certification Requirements - CDL



Previous 7 Day Log

DRIVER STATEMENT OF ON-DUTY HOURS
(For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

Social Security Number _____

Driver's License: State _____ Number _____ Class _____ Endorsement(s) _____ Restriction(s) _____

Type of License _____ Issuing State _____

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

_____ A.M. P.M. On _____
Time Day Month Year

_____ _____
Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any nonmotor carrier entity.

(check one)

Are you currently working for another employer? ☐ Yes ☐ No

At this time do you intend to work for another employer while still employed by this company? ☐ Yes ☐ No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

_____ _____
Driver's Signature Date

Witness: _____ _____
Company Representative Date

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644-F (Rev. 2/98)

Other Documents

382.601(d)

- Receipt of substance abuse policy

Pre-hire controlled substance test

Driver Qualification File Maintenance 391.51 (c) (d) (1-5)

Must be produced within 48 hrs

Recommended Organization

Permanent documents on one side

Time sensitive documents on the other

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Occupational Safety and Health Consultant
rich.moldstad@cb-sisco.com

Questions?
Please contact Rich directly, and he'll be happy to answer any questions you have regarding today's presentation.