



ITI, Indiana Testing, Inc

Online Driver Qualification File Application Walkthrough

To begin, please go to **www.co-alliance.itihq.com**

You will see the screen below:



User Login

Once you begin the application process, you must complete and submit each form, or you will lose all information input. Before Logging in, please have the following information available:

- ▶ Driver's License with State Issued, License Number and Expiration Date
- ▶ Social Security Number
- ▶ Last 10 years work history-including:
 - ▶ Company Name
 - ▶ Company Address
 - ▶ Company Phone Number & Fax
 - ▶ Dates of Employment

Also, please note that ALL areas with a red * are required fields. Forms will not submit if these fields are not filled in.

Electronic Signature Disclaimer

By typing your name in the Signature fields, you consent to use an electronic signature rather than a written signature. You understand that your electronic signature is legally binding, just as if you had signed a paper document. Your consent to use an electronic signature applies only to the submittal of your employment application and all documents required to complete your Driver Qualification File.

If you prefer to use a written signature, you may contact the potential employer for a DQF packet. You understand that ITI will not begin to process your request until we receive the entire DQF Application Packet with all required signed documents.

[Login to Dashboard](#)

Please choose your Department:

- Select -

<< Back

Continue >>

Or enter your continuation code here:

Continue Session



Next, you will be asked a series of questions to determine what documentation is needed:

What is your employment status?

New Hire, Re Hire, or Current Employee


What position are you applying for?

Full Time, Part Time, or Seasonal

What type of CDL?

Class A, Class B, Ag CDL, or NON-CDL DOT

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[Login to Dashboard](#)

What is your employment status?


- Select -

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What position are you applying for?

- Select -

<< Back Continue >>

Or enter your continuation code here:

Continue Session



Next, you will see the options below. You must select a form and then click continue. After each form is completed you will return to this screen.

***Be sure to save the continuation code located on the top left corner. This code allows you to leave the site and return to the application while saving your progress. The code is valid for 24 hours.**

The code is only available on this page and cannot be retrieved by ITI or Co-Alliance.



Co-Alliance, LLP - Agronomy Admin/Prof Service Department

Continuation Code: **TGFBG-16072020**

Driver Qualification File (DQF):



Annual Certification of Violations:



Background Check:



Continue

[Log Out](#)



ITI

National Substance Abuse
& Transportation Solution Providers



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(800) 295 - 2587

(317) 271 - 2611

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Web Development Indiana - SFP



Once you select the Driver Application File (DQF), you will see the form below.

Every line with a red * is a required field. You will not be able to submit the application if the field is left blank.

Please note on the right hand side are downloadable copies of the Drug & Alcohol Policy, Driver Training Packet, and Driver's Rights. These can be saved or printed.



DQF Form

DATES MUST BE ENTERED USING THE CALENDAR POPUP.

[Back to Form Select](#)

Downloads

[Drug & Alcohol Policy](#)
[Driver Training Packet](#)
[Driver's Rights](#)

Step 1 - General Information

General Information

First Name: *	<input type="text"/>
Last Name: *	<input type="text"/>
Middle Initial:	<input type="text"/>
Date of Birth: *	<input type="text" value="mm/dd/yyyy"/>
Social Security #: *	<input type="text"/>
Email:	<input type="text"/>
Home Phone: *	<input type="text"/>
Cell Phone: *	<input type="text"/>

Addresses

If at present address less than 3 years, provide previous address.

Present Address: *

Previous Address:

Step 4—Employment History

Per DOT, you must provide 10 years of consecutive employment history with no gaps in between employers. Please account for all gaps or employment periods. (I.e., unemployed, stay at home parent, self-employment, etc.)

Using the calendar, select the appropriate Start/End date, month, and year then click “DONE”.

Please provide company contact information if available.

If you were a driver, the answers to the two questions are YES & YES; if you were NOT a driver, the answers will be NO. these two questions apply only to DOT/driving positions.

▼ Step 4 - Employment History

List past 10 years (per 383.35) - account for all gaps between employers

Employer 1: *

Employer: *

If Not Employed: -- Select if not employed during this time period -- ▼

Dates: *

From: (MM/YYYY)To: (MM/YYYY)

Address: *

City: *

State: *

--Select State-- ▼

Zip: *

Phone: *

Fax:

Were you subject to the federal motor carrier safety regulations during this period?

☐Yes ☐No

Were you subject to 49 CFR part 40 controlled substances and alcohol testing during this period?

☐Yes ☐No

Reasons for leaving:

Employer 2:

Employer:

If Not Employed: -- Select if not employed during this time period -- ▼



Steps 12 and 14 require a signature. This can be completed with a touch screen or using a mouse. The signature must be your full name and cannot be initials.

▶ Step 9 - D/A Testing Policy Acknowledgment & Consent

▶ Step 10 - D/A Training Pkt, Driver Acknowledgment & Addendum


▶ Step 11 - Authorization for Post Accident D/A Testing

▼ Step 12 - Driver's Rights-Download PDF to right

I have received a copy of, read, and understand the Driver's Rights under FMCSR 391.23.

Date:

Draw Signature with mouse (finger on touch screens). Click 'Use Signature' when satisfied:



Signature To Use (signature must display below to submit):

▶ Step 13 - Upload Image of Driver's CDL and DOT Medical Card

▶ Step 14 - RFI Authorization





On Step 14, once all fields have been completed, click “SUBMIT YOUR APPLICATION”.

It will then say “PROCESSING”. Stay on the page until you are redirected. If you exit the page before it finishes processing, your information could be lost.

If information is still missing, the section header with the needed information will be highlighted in red. Once you have completed the needed information, click “SUBMIT YOUR APPLICATION” again.

Name: *	<input type="text"/>
Social Security #: *	<input type="text"/>
Date of Birth: *	<input type="text" value="mm/dd/yyyy"/>
Applicant's Initials: *	<input type="text"/>

TO BE READ AND SIGNED BY APPLICANT:It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages of his furnishing such information.


It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this application in no way obligates the motor carrier to employ or hire the applicant.

Your consent to the submittal of your employment application and all documents required to complete a Driver Qualification File, including but not limited to, the release of any and all Drug & Alcohol and Accident History for Safety Performance Checks per 49 CFR Part 40/382/391.

Draw Signature with mouse (finger on touch screens). Click 'Use Signature' when satisfied:



Clear Signature

Use Signature

Signature To Use (signature must display below to submit):

Submit Your Application



Once you select the Annual Certificate of Violations form, you will see screen below.

Please list any known traffic violations that have occurred in the preceding 12 months. If NONE, leave blank. Be certain to fill in each required field, then click **SUBMIT**.

Driver's Annual Certification of Violations

DATES MUST BE ENTERED USING THE CALENDAR POPUP.

[Back to Form Select](#)

Driver's Name: * (As it appears on your drivers license)

List all traffic violations (other than parking tickets) for which I have been convicted or forfeited bond/collateral during the past 12 months. If no violations during this 12 month period, write "NONE"

Date of Conviction	Location	Vehicle Type	Violation
mm/dd/yyyy	1.	1.	1.
mm/dd/yyyy	2.	2.	2.
mm/dd/yyyy	3.	3.	3.
mm/dd/yyyy	4.	4.	4.

Drivers License Information

License #: *

Expiration Date: *

mm/dd/yyyy

State Issued: *

Social Security #: *

--Select State--

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months. I further certify that the above license is the only one I hold.

Driver Signature: *

Date: *

07/16/2020

Submit

* Required Fields



Show