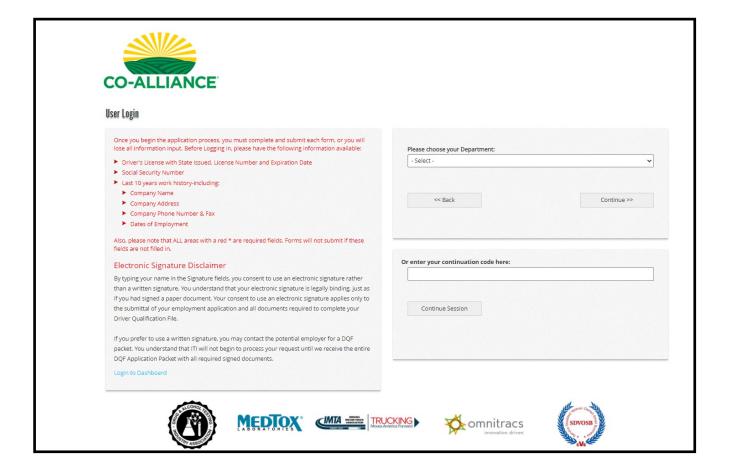




ITI, Indiana Testing, Inc

Online Driver Qualification File Application Walkthrough

To begin, please go to **www.co-alliance.itihq.com**You will see the screen below:



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

What is your employment status?

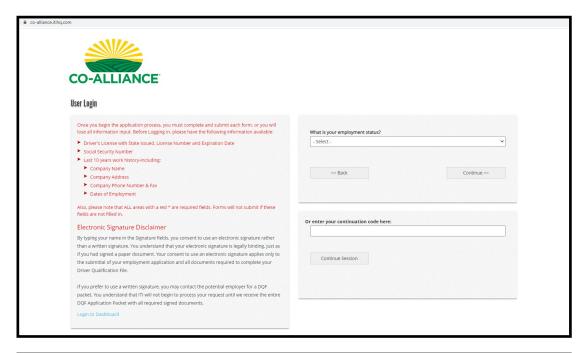
New Hire, Re Hire, or Current Employee

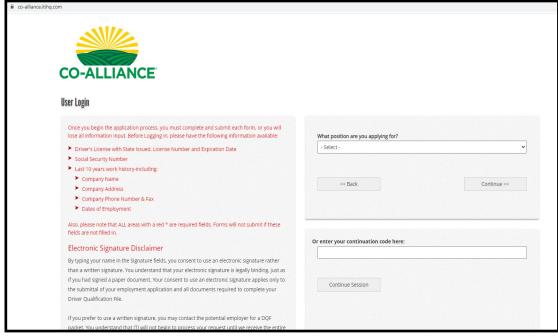
What position are you applying for?

Full Time, Part Time, or Seasonal

What type of CDL?

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





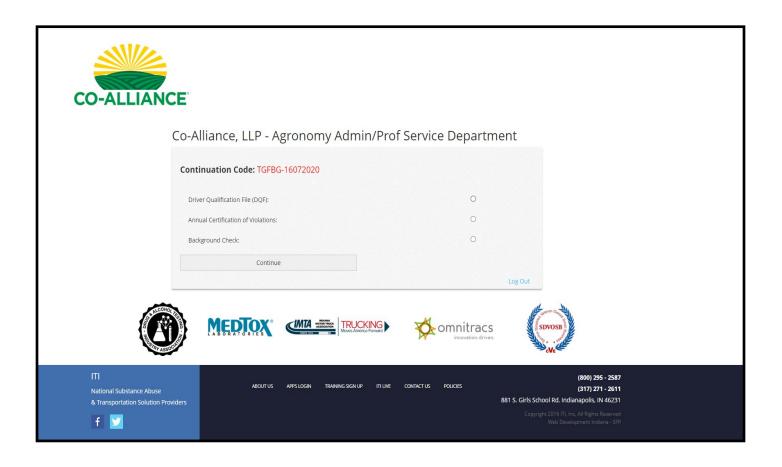




Next, you will see the options below. You must select a form and then click continue. After each form is completed you will return to this screen.

*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.



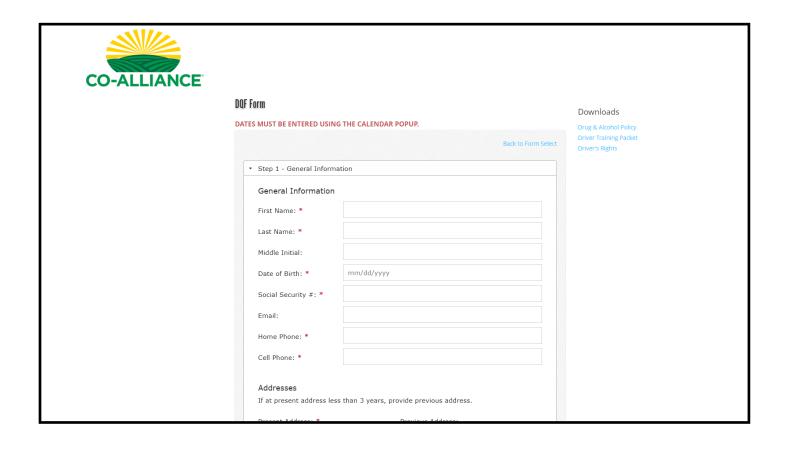




Once you select the Driver Application File (DQF), you will see the form below.

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.



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.







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 10 - I	D/A Training Pkt, Driver Acknowle	dgment & Addendum
→ Step 11 - /	Authorization for Post Accident D/	A Testing
▼ Step 12 - I	Driver's Rights-Download PDF to r	ight
I have reco 391.23.	eived a copy of, read, and unders	tand the Driver's Rights under FMCSR
Date:	07/16/2020	
	ature with mouse (finger on touch	screens). Click 'Use Signature' when
satisfied:		
satisfied:	>	
10000	>	
10000	>	
10000	Clear Signature	Use Signature
SIGN HERE	Clear Signature To Use (signature must display be	_
Signature		elow to submit):















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: *	
Social Security #: *	
Date of Birth: *	mm/dd/yyyy
Applicant's Initials: *	
	Y APPLICANT:It is agreed and understood that any n this application shall be considered an act of dishonesty
applicant's background to record, whether same is of	d that the motor carrier or his agents may investigate th obtain any and all information of concern to applicant's f record or not, and applicant releases employers and per ility for any damages of his furnishing such information.
91-508, I have been told t	rstood that under the Fair Credit Reporting Act, Public La hat this investigation may include investigating Consume on regarding my character, general reputation, personal of living.
I agree to furnish such add be required to complete m	ditional information and complete such examinations as r y application file.
It is agreed and understoo to employ or hire the appli	d that this application in no way obligates the motor carr cant.
required to complete a Dri	ttal of your employment application and all documents ver Qualification File, including but not limited to, the g & Alcohol and Accident History for Safety Performance l/382/391.
Draw Signature with mous satisfied:	e (finger on touch screens). Click 'Use Signature' when
Clear Signat	ture Use Signature
Signature To Use (signatur	re 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.

