

CDL Driver Application Overview

Name _____
Phone # _____
Location _____
Position _____

Please have the following paperwork together when turning in your application.

- Driver Application (must be filled out **completely**)
 - This includes dates, phone numbers, addresses, etc.
 - Make copies of pages as needed. Including employment history and previous employer safety requests including all companies worked for in the last 3 years.
 - 3 year employment history must include all gaps. Ex. Unemployed, Military leave, etc.
- Disclosure and release of information
 - We cannot process a D&A test or background without this information.
- Driver's License (copy of front and back of license – must be readable and in color)
 - If you do not have a color copier a picture of the front and back on a contrasting colored surface is acceptable.
- Medical Certificate- (Legible Copy)
 - If you do not have a color copier a picture of the front and back on a contrasting colored surface is acceptable.
 - Do not send over the long form if they give it to you.

If you have any questions, please don't hesitate to reach out to the location manager.

Thank you for applying at Horizon Resources.

Horizon Resources DOT Driver Application

Horizon Resources is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap or arrest record. This application will remain effective for a period of thirty (30) days or until the position is filled.

Notice: Substance and Alcohol Testing is required of CDL applicant driver.

Application Information

Full Name: _____ Birthdate: _____
First Last M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone Number: _____ Email _____

Social Security No. _____ Driver's License & State _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Location Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
 Have you ever worked for this company? YES NO If yes, when? _____
 Have you ever been convicted of a felony/misdemeanor? YES NO All cases are looked at on an individual basis.

If yes, date and explain:

License Information

Section 383.21 FMCSR states: "No person who operates a commercial motor vehicle shall at any time have more than one driver's license."

I certify that I do not have more than one motor vehicle license, the information for which is listed below:

License #	State	Type (Class A/B/C/D/Permit)	Expiration Date
Have you ever been denied a license, permit or privilege to operate a motor vehicle?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any license, permit or privilege ever been suspended or revoked?			<input type="checkbox"/> Yes <input type="checkbox"/> No

If "yes" to either question, explain:

Education

High School: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____ Years Known _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____ Years Known _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____ Years Known _____

Previous Employment

All driver applicants must provide the following information on **all employers for the past 3 years** preceding this job application. Please list gaps in employment including unemployment.

Company: _____
 Address: _____
 Phone _____ Supervisor _____
 Job Title: _____ Start Date: _____ End Date _____
 Responsibilities: _____

From: _____ To: _____ Reason for Leaving: YES NO
 May we contact your previous supervisor for a reference? YES NO
 Did you operate a Commercial Motor Vehicle for this employer? YES NO

When employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? YES NO

List all type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

Company: _____
 Address: _____

Phone _____ Supervisor _____
 Job Title: _____ Start Date: _____ End Date _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Did you operate a Commercial Motor Vehicle for this employer? YES NO

When employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO
 Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? YES NO

List all type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

Company: _____

Address: _____

Phone _____ Supervisor _____

Job Title: _____ Start Date: _____ End Date _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Did you operate a Commercial Motor Vehicle for this employer? YES NO

When employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO
 Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? YES NO

List all type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

Company: _____

Address: _____

Phone _____ Supervisor _____

Job Title: _____ Start Date: _____ End Date _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Did you operate a Commercial Motor Vehicle for this employer? YES NO

When employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO
 Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? YES NO

List all type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

Previous Employment (Prior 7 Years of DOT Experience)

List all additional employers for which you operated a commercial motor vehicle during the **7 year period prior** to the 3 years or employment covered by the preceding section. 10 years of total CMV history is required.

Company: _____

Address: _____

Phone _____ Supervisor _____

Job Title: _____ Start Date: _____ End Date _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Did you operate a Commercial Motor Vehicle for this employer? YES NO

When employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? YES NO

List all type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

Company: _____

Address: _____

Phone _____ Supervisor _____

Job Title: _____ Start Date: _____ End Date _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Did you operate a Commercial Motor Vehicle for this employer? YES NO

When employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? YES NO

List all type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

Military Service

Branch: _____ From: _____ To: _____
 Rank at Discharge: _____ Type of Discharge: _____
 If other than honorable, explain: _____

Accident Record

List Traffic Convictions and Forfeitures for the past three (3) years (Other than Parking Violations)
 If you have not had any convictions in the past three years than write, NONE, in the space provided.

Dates Month/Year	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Number of Fatalities	Number of Injuries	Chemical Spill?
/				<input type="checkbox"/> Yes <input type="checkbox"/> No
/				<input type="checkbox"/> Yes <input type="checkbox"/> No
/				<input type="checkbox"/> Yes <input type="checkbox"/> No
/				<input type="checkbox"/> Yes <input type="checkbox"/> No

Traffic Convictions and Forfeitures

**For the past 5 years, list all traffic convictions and forfeitures (not including parking violations).
 If you have not had any convictions and/or forfeitures in the past 5 years, write NONE in the space provided.**

Date Convicted Month/Year	Violation	State of Violation	Penalty (Forfeited bond, collateral, points)
/			
/			
/			
/			

Applicants Statement of Previous Drug and Alcohol Tests

Sec. 40.25(j) As an employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre--employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety--sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of return-to-duty process. (See Sec.40.25(b)(5) and (e))

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive** transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Yes No
2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements? Yes No

Applicant Name _____

Signature _____ Date _____

**Examples of safety sensitive functions in Department of Transportation (DOT) regulated modes subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 include, but are not limited to, pipeline controllers, airline mechanics, locomotive hostlers/helpers, bus drivers and any commercial driving position where a CDL is required.

The Federal Motor Carrier Safety Administration regulates drivers of any self--propelled or towed motor vehicle used on a highway in interstate commerce to transport passengers or property when the vehicle—(1) Has a gross vehicle weight rating or gross combination weight rating, or gross vehicle weight or gross combination weight, of 4,536 kg (10,001 pounds) or more, whichever is greater; or (2) Is designed or used to transport more than 8 passengers (including the driver) for compensation; or (3) Is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) Is used in transporting material found by the Secretary of Transportation to be hazardous under 49 U.S.C. 5103 and transported in a quantity requiring placarding under regulations prescribed by the Secretary under 49 CFR, subtitle B, chapter I, subchapter C.

FMCSA Clearinghouse Consent

I, _____, hereby provide consent to Horizon Resources to conduct a
Print Name

limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by Horizon Resources indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Horizon Resources without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Horizon Resources to conduct a limited query of the Clearinghouse, Horizon Resources must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Printed Name

Signature

Date

Previous Employer Requests for Safety Performance History

To be completed and signed by the applicant. A separate form is required for each employer in the 3 years prior to the date of the applicant's signature below where the applicant answered yes to either question 1 or 2 below.

Applicant Name _____ SSN (last 4 digits) _____

Prior Employer Name _____ Start & End Dates _____

Address _____

Contact Name _____ Contact Phone _____

Email: _____

1. When employed here, were you subject to the Federal Motor Carrier Safety Regulations?

Yes No

2. Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40?

Yes No

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol records by my previous employer, listed above, to the Prospective Employer. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25 and Part 391, Section 391.23. I understand that the information to be released by my previous employer pursuant to this release, is limited to the following DOT--regulated items for the past two years:

1. Alcohol tests with a result of 0.04 or higher alcohol concentration;
2. Verified positive drug tests;
3. Refusals to be tested (including verified adulterated or substituted drug test results);
4. Other violations of DOT agency drug and alcohol testing regulations and/or other violations of DOT agency drug and alcohol prohibitions;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return--to--duty process following a rule violation.
7. Information on whether there was a failure to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to DOT regulations;
8. For a driver who had successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether the driver had the following testing violations subsequent to completion of a DOT referral:
 - Alcohol tests with a result of 0.04 or higher alcohol concentration
 - Verified positive drug tests
 - Refusals to be tested (including verified adulterated or substituted drug test results).

Applicant Signature _____ Date _____

Driver Statement of On-Duty Hours

(For new hires or intermittent drivers)

Instructions: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total on-duty time during the immediately preceding seven 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 Carriers Safety Regulations.

Note: Hours for any compensated work during the preceding seven days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print): _____ SSN (last 4): _____

Driver's License Number: _____ License Class: _____ Issuing State: _____

Compensated Worked Time (Prior 7 Days)

DAY	1	2	3	4	5	6	7	
DATE	/	/	/	/	/	/	/	TOTAL HOURS
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:

	AM / PM	on	
<i>Time</i>			<i>Day/ Month/ Year</i>

Are you currently working for another employer? Yes No

At this time do you intend to work for another person 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 the company, if I begin work for any additional employer(s) for compensation that I must inform this company immediately of such employment activity. (395.2 (8) and (9))

Driver Signature _____ Date _____

Previous Employment Verification- No DOT Experience

For drivers with no prior DOT experience during the preceding 3 years.

Location Name _____

Applicant Name _____

- No investigation was possible – applicant had no previous employment experience working for a DOT regulated employer during the preceding three (3) years from application date.

Applicant Signature _____ Date _____

Facility Representative Signature _____ Date _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Horizon Resources is an equal opportunity employer.

I understand that the information on this application has been requested for the purpose of evaluating my qualifications for employment and that this document, or any item discussed regarding employment, does not constitute a contract or promise of employment. I affirm that the information provided in my application, resume, and interview is true and correct to the best of my knowledge. I authorize Horizon Resources to verify the information contained in my application and information I provide in the interview. I understand that misrepresentation or omission of information in connection with my application, resume, and/or interview may result in rejection of my application or dismissal whenever discovered.

I understand and agree that any offer of employment is contingent upon my satisfactory completion of Horizon Resources's pre-employment requirements which may include, but are not limited to: a health assessment, drug and alcohol testing, verification of current work authorization in the United States, background checks, work history and reference verification, and any other pre-employment requirements.

By signing below, I am affirming my understanding and acknowledgement of support in all items addressed in this document. I further understand that if I am hired by Horizon Resources, my employment will be "at will", which means that either Horizon Resources or I may terminate the employment relationship at any time for any reason. I further understand that, if hired, my at-will employment status may only be changed in a written contract signed by an officer of Horizon Resources (or designee) and that no representative of Horizon Resources has the authority to make any oral promise to me concerning my employment.

Signature: _____ Date: _____

AUTHORIZATION FOR BACKGROUND CHECKS AND PREEMPLOYMENT D&A TESTING

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to the Background Check Company and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to the Background Check Company and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than the Background Check Company without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

DRUG TESTING: GENERAL CONSENT

I hereby consent to allow D&A Testing Company (Cups, Checkers, or any other Chosen D&A testing Company) to take a specimen of my hair, urine, or blood and submit it to a laboratory testing service for a pre-employment, random or reasonable suspicion drug test. I further consent to allow the laboratory testing service to make the results of the drug test available to Horizon Resources.

I understand that [where allowed by state law] positive test results, refusal to be tested or any attempt to affect the test results or test sample will result in withdrawal of my application for employment and/or withdrawal of any provisional employment offer I have received from Horizon Resources or termination of employment, depending on when the results are received.

I agree to hold harmless and release from all claims Horizon Resources and its agents (including the above-named facility) from any liability arising in whole or part out of the collection of specimens, testing and the appropriate use of the information from such testing.

First Name	Middle	Last
------------	--------	------

Maiden/Other Names Used	Years Name Used
-------------------------	-----------------

Date of Birth	Social Security Number
---------------	------------------------

Drivers License State & Number	Phone Number
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Physical Address

Signature	Date
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Write Clearly and Legibly

*If you would like a copy of the background check release information, please ask the manager.

Release and Authorization to Conduct Background Investigation

As a part of my application for employment with Horizon Resources ;
(Print name of company)

hereinafter referred to as the Company; which also includes contract for services, and if hired, my ongoing employment with the Company:

I authorize the Company and its legal agent, SafeTrac Solutions, Inc to conduct a background investigation on me. This investigation may include but is not limited to driver license records (MVR's), criminal history records, worker's compensation history records, past employment safety performance & drug/alcohol history and credit history records.

I certify that I have been advised of my rights under the Fair Credit Reporting Act (FCRA), the Federal Motor Carrier Safety Regulations (FMCSR) and the Driver Privacy Protection Act (DPPA) and understand that this background investigation will be conducted in accordance with these Acts.

I further certify, if I am a Commercial Motor Vehicle Driver (hold a CDL), that I have been advised of my rights under the Federal Motor Carrier Safety Regulations, 49CFR §§390, 391 which allow for my rebuttal to adverse information received from past employers regarding previous safe commercial driving experience and/or drug and alcohol testing history.

I further give my consent for unlimited, limited queries of the FMCSA Drug and Alcohol Clearinghouse. This clearinghouse maintains records of commercial drivers who have tested positive on DOT drug or alcohol tests or have engaged in other prohibited conduct. Refusal to consent to these queries will prohibit a driver from performing safety sensitive functions (including driving).

I understand that all information gathered in this background investigation will be held in the strictest confidence and will not be divulged, shared, resold or in any other manner released to any party other than the Company and its agent SafeTrac Solutions, Inc, unless required to do so by laws or regulations of proper jurisdiction.

I understand that the results of this background investigation could affect my being hired by the Company.

I understand that the Company and SafeTrac Solutions, Inc are conducting the investigation for legitimate business purposes only, and information will be used in a manner consistent with the Company's compliance of 49 CFR §§382, 390, 391 and for the legitimate security needs of the Company. I understand that this authorization and release will be kept on file and will remain as ongoing release and authorization during my employment with the Company, if I am hired, unless and until I revoke it in writing to the Company and SafeTrac Solutions, Inc.

I fully release the Company, SafeTrac Solutions, Inc, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity or other source providing information to the Company and/or SafeTrac Solutions, Inc from any and all claims and damages arising out of or relating to any investigation of my background for employment purposes.

Washington State license holders must complete a Washington State Release Form, in addition to this release.

By signing below, I certify that I have read and fully understand this release and authorization, that prior to signing it I was given an opportunity to ask questions and to have those questions answered to my satisfaction and that I have executed this release and authorization voluntarily. I further certify that the information I have provided is true and correct.

Print Name: _____ Date of Birth: ____/____/____

Social Security Number: ____-____-____ Drivers License Number: _____

State of Issue: _____ Commercial Driver License: Yes or No

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant/Employee Signature: _____ **Date:** ____/____/____

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with Horizon Resources (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Horizon Resources (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015

REQUEST FOR DRIVER ABSTRACT

North Dakota Department of Transportation, Driver License
SFN 51386 (2-2022)

DRIVER LICENSE DIVISION
ND DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0750
Email: drs@nd.gov
Fax: 701-328-2435

Driver License Number									
-----------------------	--	--	--	--	--	--	--	--	--

Date of Birth									
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Subject's Name			
Subject's Address	City	State	ZIP Code

Name of Requestor Natalie Bowe	Telephone Number 406-727-9000		
Company Name (if applicable) SafeTrac Solutions	Email services@safetracsolutions.com		
Mailing Address PO Box 911	City Great Falls	State MT	ZIP Code 59403
Signature of Requestor			Date

THIS RECORD IS FOR:

<input type="checkbox"/> a prospective employer of a Commercial Driver's License holder (must have written consent).
<input checked="" type="checkbox"/> an employer of a Commercial Driver's License holder.
<input type="checkbox"/> an employer or prospective employer for non-commercial driving purposes.
<input type="checkbox"/> a government agency, including any court or law enforcement agency performing its function for an approved purpose.
<input type="checkbox"/> insurance purposes.
<input type="checkbox"/> use by a parent of a child under 18 years of age.
<input type="checkbox"/> other (please explain) _____

Please check one of the boxes below: Send the driving record to : <input type="checkbox"/> Subject's address <input checked="" type="checkbox"/> Requestor's address
--

<input checked="" type="checkbox"/> I am requesting the record of another person and their written consent is below.	
I give my written consent for the above Requestor to obtain a complete copy of my driving record. Signature	Date

Record requests and the fee may be mailed to the address listed above. You may also purchase and print a **limited** copy of a driving record online at <https://apps.nd.gov/dot/dlts/dlos/welcome.htm>. A limited copy will not display total points. All record requests are mailed from the Driver License Division. Please allow 5-7 business days for processing time.

FEE: \$3 PER RECORD

Make checks or money order payable to:
Driver License Division
608 E. Boulevard Ave.
Bismarck, ND 58505-0750