



13535 CA-36, Red Bluff, CA 96080, United States
Phone: (530) 529-3330 Fax: (530) 529-1770

APPLICATION FOR COMPANY DRIVERS PAST (10) YEARS

TO BE READ AND SIGNED BY APPLICANT

I authorize **Aggressive Transport LTD USA** to make such investigations and inquiries of my personal employment, financial, or medical history and or related matters as may be necessary in arriving at an employment decision. (generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, school, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that i am required to abide by all rule and regulations of **Aggressive Transport LTD USA**.

I understand that information I provide regarding current and/or previous may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers.
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer: and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and i cannot agree on the accuracy of information."

SIGN: _____ DATE: _____

APPLICANT INFORMATION

NAME: _____
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER CELL PHONE NUMBER HOME PHONE NUMBER

DATE OF BIRTH DRIVER LIC # EMERGENCY CONTACT & PHONE NUMBER

ADDRESS: _____
STREET CITY STATE ZIP CODE



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EMPLOYMENT HISTORY

ALL APPLICANTS WISHING TO DRIVER IN INTERSTATE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYERS DURING THE PRECEDING THREE YEARS. YOU MUST GIVE THE SAME INFORMATION FOR ALL EMPLOYER FOR WHOM YOU HAVE DRIVEN A COMMERCIAL VEHICLHLE SEVEN YEARS PRIOR TO THE INITIAL THREE YEARS **(TOTAL OF TEN YEARS EMPLOYMENT RECORD)**.

YOU ARE REQUIRED TO LIST COMPLETE MAILING ADDRESS: STREET NUMBER AND NAME, CITY, STATE, AND ZIP CODE.

CURRENT OR LAST EMPLOYER: NAME _____ PHONE # _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION HELD _____ FROM _____ TO _____
(MONTH/YEAR) (MONTH/YEAR)

REASON FOR LEAVING _____

WHERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? **YES NO**

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? **YES NO**

LAST EMPLOYER: NAME _____ PHONE # _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION HELD _____ FROM _____ TO _____
(MONTH/YEAR) (MONTH/YEAR)

REASON FOR LEAVING _____

WHERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? **YES NO**

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? **YES NO**

*ACCOUNT FOR PERIOD BETWEEN JOBS – INCLUDE DATES (MONTH/YEAR) AND REASON



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LAST EMPLOYER: NAME _____ PHONE # _____
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POSITION HELD _____ FROM _____ TO _____
(MONTH/YEAR) (MONTH/YEAR)
REASON FOR LEAVING _____
WHERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? **YES NO**
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? **YES NO**
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DRIVING EXPERIENCE

- 1. DO YOU HAVE REEFER EXPERIENCE? **YES** **NO**
- 2. DO YOU HAVE CONTAINER EXPERIENCE? **YES** **NO**
- 3. ANY DRIVING AWARDS? **YES** **NO**

IF YES EXPLAIN : _____

- 4. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE RELATED TO YOUR WORK IN THE TRUCKING INDUSTRY? **YES** **NO**

IF YES EXPLAIN : _____

APPLICATION CERTIFICATION

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.

APPLICANT'S SIGNATURE

APPLICANT'S DRIVERS LICENSE #

DATE

DRUG TESTING MANUAL

CONTROLLED SUBSTANCE TEST RESULTS REQUEST

INSTRUCTIONS:

1. At the time of driver-employment application or employee required controlled substance test sign and date this form to request your test results.
2. Remove ply 1 and return plies 2 and 3 to the motor carrier.
3. The motor carrier retains plies 2 and 3 until the controlled substance test results are available. I hereby request the results of the Controlled Substance Test as conducted according to § 391.87.

Signature of Driver Applicant or Employee

Date

CONTROLLED SUBSTANCE TEST RESULTS NOTIFICATION

§ 391.87 Notification of test results and recordkeeping.

- (a) A motor carrier shall notify its driver or driver-applicant of the results of a controlled substance test conducted under this subpart.
- (b) A motor carrier shall notify:
- (1) A driver-applicant of the results of a pre-employment-controlled substance test conducted under this subpart provided the driver-applicant requests such results. Within 60 days of being notified of the disposition of the employment application.
- OR
- (2) A driver A driver of the results of a periodic, random, or post-accident-controlled substance test conducted under this subpart provided the results were positive. The driver must also be advised what drug was found.



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DRUG TESTING MANUAL

PRE-EMPLOYMENT URINALYSIS CONSENT AGREEMENT

The Federal Motor Carrier Safety Regulations Title 49 United States Code of Federal Regulations, Section 391.103 Pre-Employment testing requirement apply to driver-applicants of this company.

391 .103 Pre-employment Testing Requirements.

(a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.

(b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.

(c) Prior to collection of a urine sample under §391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my Employment Application, I consent to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Consent Agreement.

Applicant's Name

Applicant's Signature

Witnessed by:

Company Representative Signature

Date (Month / Day / Year)

Date (Month / Day / Year)



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FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

COMPANY NAME:

Aggressive Transport LTD U.S.A.
PO. Box 1073
Red Bluff, CA 96080

In accordance with the provisions of section 604(b) (2) (A) of the fair credit Reporting Act, Public Law 91-508, as amended by Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are by section 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number



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MOTOR VEHICLE DRIVERS

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transport hazardous materials that require placarding.

The requirement in part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transport hazardous materials that require placarding.

DRIVER REQUIERMENTS: Part 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987 they are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operations license. If you have more than one license, keep the license from the state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of the issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Section 39115(b) (2) and 383.33 of Federal Motor Carrier Safety Regulations that require that you notify your employer the NEXT BUSINESS DAY of any revocations or suspension of the driver's license. In addition, section 383.31 requires that any time you violate a state or local traffic law (other than parking) you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license.) The notification to both the employer and state must be in writing.

The following license is the only one I possess:

Driver's License No: _____ State: _____ Exp. Date: _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____



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EMPLOYMENT ELIGIBILITY VERIFICATION (Form 1-9)

1. EMPLOYEE INFORMATION AND VERIFICATIONS (To be completed and signed by employee.)

Name: Last	First	Middle	Birth Name
Address: Street Name and Number		City	State ZIP Code
Date of Birth (Month/Day/Year)		Social Security Number	

I attest, under penalty of perjury, that I am: (check a box)

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A _____)
- 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission Number _____, expiration of employment authorization, if any _____.)

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for Imprisonment and/or fine for any false statements or use of false documents in connections with this certificate.

Signature Date

PREPARER/TRANSLATOR CERTIFICATION: (To be if prepared by person other than the employee.)

I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have knowledge.

Signature	Name:		
Address: Street Name and Number	City	State	ZIP Code

2. EMPLOYEE INFORMATION AND VERIFICATIONS (To be completed and signed by employee.)

INSTRUCTIONS:

Examine one document from List A and check the appropriate box OR examine one document from List B and one from List C and check the appropriate boxes. Provide the Document Identification Number and Expiration Date for the document checked.

LIST A Documents that Establish Identify and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
1. United States Passport 2. Certificate of United States Citizenship 3. Certificate of Naturalization 4. Unexpired foreign passport with attached Employment Authorization 5. Alien Registration Card with photograph Document Identification # _____ Expiration Date (If any) _____	1. A State-issued driver's license or a State-issued I.D. card with a photograph, or information, including name, sex, date of birth, weight, and color of eyes. Specify State _____ 2. U.S. Military Card 3. Other (Specify document and issuing authority) Document Identification # _____ Expiration Date (If any) _____	1. Original Social Security Number Card (other than a card stating it is not valid for employment) 2. A birth certificate issued by State, county, or municipal authority bearing a seal or other certification 3. Unexpired INS Employment Authorization Specify form # _____ Document Identification # _____ Expiration Date (If any) _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Signature	Name	Title Operations Manager
Employer Name Aggressive Transport LTD	Address 13535 Hwy 36E, Re2 Bluff, CA, 96080	Date



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MOTOR VEHICLE DRIVER'S

CERTIFICATION OF VIOLATIONS/ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least on 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).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

Name of Driver	Social Security Number	Date of Employment	
Home Terminal (City + State)	Driver's License #	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.

If you have had no violations, check the following box: None.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: _____ Signature: _____



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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: _____

Name: _____ Title: _____

Motor Carrier Name

Motor Carrier Address

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE.

THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

**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 or employment with **Aggressive Transport** ("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.



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AUTHORIZATION

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

I authorize **Aggressive Transport** ("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 decide 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: _____

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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.