

CDL DRIVER QUALIFICATION FILE WORKSHEET



DRIVER INFORMATION

First Name:	Middle Name:	Last Name:
Birth Name:		
Date Of Birth:	Social Security #:	
Resident Alien Card (if applicable):		
R/A Card #:	Expires:	
Medical Card		
Medical Examiner's Name:	Expires:	

DRIVER ADDRESSES (List all address for the past three- (3) years):

Current Address:

Street:	City:	State:	Zip:
Phone:	Time @ Address- From (date):	Years:	Months:

Previous Address #1:

Street:	City:	State:	Zip:
Phone:	Time @ Address- From (date):	Years:	Months:

Previous Address #2:

Street:	City:	State:	Zip:
Phone:	Time @ Address- From (date):	Years:	Months:

Previous Address #3:

Street:	City:	State:	Zip:
Phone:	Time @ Address- From (date):	Years:	Months:

CDL & DRIVING EXPERIENCE (Fill in completely!!!)

Endorsements: **P**-Passenger, **T**-Doubles & Triples, **H**-Hazardous Materials, **N**-Tankers,
X-Hazardous & Tankers.

Commercial Driver's License (MUST list ALL states you held a license in during the previous 3 years)

CDL #	STATE	CLASS (A,B,C)	ENDORSEMENTS (P,T,H,N,X)	DO YOU HAVE AIR BRAKE RESTRICTIONS (YES/NO)?	EXPIRES (DATE)	CURRENT (YES/NO)

DRIVING EXPERIENCE (Fill in completely!!)

Straight Truck (Yes/No)?:	From (Date):	To (Date):	Total Miles:
Tractor/Semi Trailer (Yes/No)?:	From (Date):	To (Date):	Total Miles:
Double/Triples (Yes/No)?:	From (Date):	To (Date):	Total Miles:
Bus (Yes/No)?:	From (Date):	To (Date):	Total Miles:
Tankers-Hazmat (Yes/No)?:	From (Date):	To (Date):	Total Miles:
Other-Dump (Yes/No)?:	From (Date):	To (Date):	Total Miles:
Describe Other:			

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EMPLOYMENT HISTORY(List previous employers for the past (3) years):

All driver applicants that are applying to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing addresses, city, state, zip, phone, and fax number. **ALL fields must be completed accurately and completely (Especially fax #)!!!**

All driver applicants that are applying to drive in intrastate or interstate commerce who have operated a commercial motor vehicle with a previous employer, shall also provide **an additional 7 years** information on previous employers for whom the applicant operated such vehicle. (Please be sure to list employers in reverse order starting with the most recent. Add another sheet as necessary).

If the applicant has worked as a Non-DOT employee within the last 3 years you must document this information.

Previous Employer #1

Employer:			
Street:	City:	State:	Zip:
Telephone:	Fax:		
Job Description:			
From: Month	Year	To: Month	Year
Reason For Leaving:			
Was this job designated as a safety-sensitive function in <i>any</i> DOT regulated mode subject to drug & alcohol testing requirements as required by 49 CFR Part 40?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were you subject to the FMCSR's while you where employed?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO

Previous Employer #2

Employer:			
Street:	City:	State:	Zip:
Telephone:	Fax:		
Job Description:			
From: Month	Year	To: Month	Year
Reason For Leaving:			
Was this job designated as a safety-sensitive function in <i>any</i> DOT regulated mode subject to drug & alcohol testing requirements as required by 49 CFR Part 40?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were you subject to the FMCSR's while you where employed?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO

Previous Employer #3

Employer:			
Street:	City:	State:	Zip:
Telephone:	Fax:		
Job Description:			
From: Month	Year	To: Month	Year
Reason For Leaving:			
Was this job designated as a safety-sensitive function in <i>any</i> DOT regulated mode subject to drug & alcohol testing requirements as required by 49 CFR Part 40?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were you subject to the FMCSR's while you where employed?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO

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ACCIDENTS & VIOLATIONS (List all in the past (3) years):



Accident record for the past 3 years or more (attach sheet if necessary, if none, write NONE)

ACCIDENTS

Date	City	State	Accident Type	Fatalities	Injuries

Traffic convictions and forfeitures for the past 3 years (other than parking violations. If none, write NONE)

VIOLATIONS

Date	Location	Violation	Penalty	Type of Vehicle

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked: Yes No

***** If the answer is yes to either question, you MUST attach a sheet explaining the details. *****

HOURS OF SERVICE IN PREVIOUS 7 DAYS

Immediately preceding 7 Days							
Number of Hours							
Last Relieved From Work	Date:		Time:				

VEHICLE INFORMATION

Vehicle Owner Name:	First Name:	Last Name:
Vehicle Type:	Number Of Axles:	
License Plate Number:		
VIN:		
Registration Expiration Date:		
Value Of Vehicle:		
Insurance Company Name:		
Insurance Policy Number:		
Insurance Expiration Date:		
Insurance Limits:		

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
				-			-		
or									
Employer identification number									
					-				

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.