



**PLC Services, Inc.**

**APPLICATION FOR EMPLOYMENT  
DOT APPLICATION FOR TRUCK DRIVERS**

Motor Carrier: French Trucking, Inc

Address: 53 Elliott Power Dr

City: Lexington State: TN Zip: 38351

Information required on this form complies with U.S. Department of Transportation Regulations 49CFR§391.21. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, sexual orientation, national origin, age, marital status, or non-job related disability.

Date of Application: \_\_\_\_\_ Position(s) Applied For: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Apt. #, Lot #, etc.

City State Zip Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_  
CDL Number/State of Issuance

Addresses )  
for past ) Street City State & Zip How Long? \_\_\_\_\_  
three (3) )  
years: )  
Street City State & Zip How Long? \_\_\_\_\_

Do you have the legal right to work in the United States? Yes No  
Only U.S. Citizens or aliens who have the legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity?

Have you ever been convicted of a felony? Yes No  
Note: A conviction will not necessarily disqualify you from employment. If "YES", complete the "Felony Conviction" form which can be obtained from your potential On-Site Supervisor.

Are you over 18 years of age? Yes No

Date of Birth: \_\_\_\_\_ Can you provide proof of age? Yes No  
Required for truck drivers

**IMPORTANT .....IN CASE OF EMERGENCY, NOTIFY:**

Name:	Telephone Number:	Relationship:
Name:	Telephone Number:	Relationship:

### EDUCATION DATA:

School	Print name of school, city, state & phone number for each school	Number of Years Completed	Degree	Major Course of Study

**Skills:** List any job-related skills, qualifications, education or information that support your application:

\_\_\_\_\_

\_\_\_\_\_

In order to permit a check of your work and educational records, should we be made aware of any changes of name or assumed name that you previously used? Yes          No

If "YES", identify name(s) and relevant dates: \_\_\_\_\_

Have you worked for this company before? Yes          No

Where? \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_ / per \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you ever filed an application here before? Yes          No

If "YES", give date: \_\_\_\_\_

Are you now employed? Yes          No

If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

Have you ever been dismissed or forced to resign from any employment? Yes          No

If "YES", please explain: \_\_\_\_\_

May we contact your present employer? Yes          No

May we contact your previous employer(s)? Yes          No

Please identify any exceptions and reasons for not contacting prior employers: \_\_\_\_\_

Are you a veteran of the U.S. Military Services? Yes          No

If "YES", what branch of Service? \_\_\_\_\_

Beginning date and ending date of active service: From: \_\_\_\_\_ (year/month) To: \_\_\_\_\_ (year/month)

Date of discharge from Military Service: \_\_\_\_\_

Do you have transportation to work? Yes          No

Will you work overtime if asked? Yes          No

Are there any hours, shifts or days you will not work? Yes          No

If "YES", explain: \_\_\_\_\_

Are you on a layoff? Yes          No

Are you subject to recall? Yes          No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? Yes  No

If "YES", explain if you wish: \_\_\_\_\_

**PERSONAL REFERENCES:**

List three persons not related to you whom you have known at least one year:

	NAME	ADDRESS & TELEPHONE NUMBER	OCCUPATION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**EMPLOYMENT HISTORY  
MUST BE COMPLETED BY TRUCK DRIVER APPLICANTS**

All driver applications to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional seven years (7) information on those employers for whom the applicant operated such vehicle.

(Note: List employers in reverse order starting with the most recent. Add another sheet as necessary).

EMPLOYER:		DATE:	
NAME:		From: Mo. Yr.	To: Mo. Yr.
ADDRESS:		POSITION HELD:	
CITY:		SALARY/WAGE: \$	
CONTACT PERSON & PHONE NUMBER:		REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 40 CFR PART 40?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYER:		DATE:	
NAME:		From: Mo. Yr.	To: Mo. Yr.
ADDRESS:		POSITION HELD:	
CITY:		SALARY/WAGE: \$	
CONTACT PERSON & PHONE NUMBER:		REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 40 CFR PART 40?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYER:		DATE:	
NAME:		From: Mo. Yr.	To: Mo. Yr.
ADDRESS:		POSITION HELD:	
CITY:		SALARY/WAGE: \$	
CONTACT PERSON & PHONE NUMBER:		REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 40 CFR PART 40?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYER: NAME:	DATE:	
ADDRESS:	From: Mo. Yr.	To: Mo. Yr.
CITY:	POSITION HELD:	
CONTACT PERSON & PHONE NUMBER:	SALARY/WAGE: \$	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 40 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER: NAME:	DATE:	
ADDRESS:	From: Mo. Yr.	To: Mo. Yr.
CITY:	POSITION HELD:	
CONTACT PERSON & PHONE NUMBER:	SALARY/WAGE: \$	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 40 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER: NAME:	DATE:	
ADDRESS:	From: Mo. Yr.	To: Mo. Yr.
CITY:	POSITION HELD:	
CONTACT PERSON & PHONE NUMBER:	SALARY/WAGE: \$	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 40 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER: NAME:	DATE:	
ADDRESS:	From: Mo. Yr.	To: Mo. Yr.
CITY:	POSITION HELD:	
CONTACT PERSON & PHONE NUMBER:	SALARY/WAGE: \$	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 40 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

\*Includes vehicles having a GVWR of 26,001 lbs. or more; vehicles designed to transport fifteen (15) or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

^The Federal Motor Carrier Safety Regulations (FMCSR) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more; (2) is designed or used to transport nine (9) or more passengers; or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**MUST BE COMPLETED BY TRUCK DRIVER APPLICANTS**

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

	DATE	DETAILS	FATALITIES	INJURIES
LAST ACCIDENT				
PREVIOUS ACCIDENT				
PREVIOUS ACCIDENT				
PREVIOUS ACCIDENT				
PREVIOUS ACCIDENT				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS -- DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes      No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes      No
- If the answer to either A or B is yes, attach statement giving details.

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR -- TWO TRAILER				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE OPERATING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**MUST BE COMPLETED BY TRUCK DRIVER APPLICANTS**

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

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LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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**NOTICE TO APPLICANT**

This Employer complies with the Americans with Disabilities Act of 1990. During the interview process you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination. All information will be kept confidential and in separate files.

Applicants accepted for employment should clearly understand that while we make an effort to provide steady, continuous work, we have no employment contracts and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc., and of course, employees may elect to leave of their own accord to seek other jobs.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to random blood tests and/or urinalysis screening for drug or alcohol use.

PeopLease/PLC Services provides a smoke-free work environment for its employees.

**APPLICANT'S STATEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of my background and all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from any liability as a result of such contact and release all such persons or companies or corporations supplying information from all liability for all damages on account of supplying such information. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment or, if employed by the Employer, may result in the termination of my employment. I agree to furnish such additional information and complete such examinations as may be required to complete this application.

In consideration of my employment, I agree to conform to the rules and regulations of the Employer. I understand that my employment with the Employer is for no specific term, and that my employment, compensation, and benefits can be terminated, with or without cause, and with or without notice, at any time, for any reason, at the option of the Employer or myself.

I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Employee Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between the Employer and me.

The contents of any Employee Handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice.

I also understand that no manager, supervisor, or company representative(s) other than the Employer's two Directors, has any authority to enter into any employment agreement for any specified time period, or to make any oral or written agreement contrary to the foregoing.

I understand all notices to applicants above, and I agree to submit to testing for drug or alcohol use in accordance with the Employer's policies.

**TO BE READ AND SIGNED BY ALL APPLICANT**

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other 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, schools, 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 rules and regulations of the Company.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

*This application will remain active for thirty (30) days. Any applicant wishing to be considered for employment beyond thirty (30) days should reapply.*

This Employer is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, sexual orientation, religion, national origin, disability, veteran or marital status, or any other status or condition protected by applicant's federal or state statutes, except where a bona fide occupational qualification exists. Your opportunity for employment with the Employer depends solely upon your qualifications.

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE**

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER: \_\_\_\_\_ Date: \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED

VOLUNTARY QUIT

OTHER [EXPLAIN]: \_\_\_\_\_

TERMINATION REPORT PLACED IN PERSONNEL FILE

COPY OF TERMINATION REPORT SENT TO PEOPLELEASE / PLC SERVICES, INC.

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME OF SUPERVISOR: \_\_\_\_\_

# Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b) (2) (A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the 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 required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number



# CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

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

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

**DRIVER REQUIREMENTS:** Parts 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, 1982. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** you, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your 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 issuance that you no longer want to be licensed by that state.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.5 (b) (2) and 383.33 of the Federal Motor Carrier Safety Regulations required that you notify your employer the next business day of any revocation or suspension of your 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 (if the violation occurs in a state other than the one which issued your licensed). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp Date \_\_\_\_\_

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Record of Violations  
Driver's Certification**

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

**Date of Conviction**

**Offense**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Location**

**Type of motor 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 required to be listed during the past 12 months.*

\_\_\_\_\_  
Date of certification

\_\_\_\_\_  
Driver's Signature

Motor carrier:  
Address:

French Trucking, Inc.  
53 Elliot Power Dr., Lexington, TN 38351

\_\_\_\_\_  
Reviewed by: Signature

\_\_\_\_\_  
Title

This form is the response of each state agency to the annual review of driving record inquiry as per sec. 391.25 (a).

**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 \_\_\_\_\_ (“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 \_\_\_\_\_ (“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*