

**Chariots of Hire
1204 Topside Road
Louisville, TN 37777**

Driver File Check List (DQ only)

1. _____ Driver Application (10 year history, no gaps.)
2. _____ I-9 Form
3. _____ MVR
4. _____ Copy of Drivers License (front and Back)
5. _____ Copy of Social Security Card
6. _____ Copy of Dot Physical Card
7. _____ Physical Long Form (if not available Physical Explanation Form)
8. _____ Record of Duty Status (Previous 7 Days)
9. _____ Certificate of Compliance
10. _____ Certification of Violations/Annual Review of Driving Record
11. _____ Employee Alcohol and Drug Statement
12. _____ Substance Abuse Awareness
13. _____ Pre Employment Drug Test and Results
14. _____ Road Test and/or Road Test Equivalent
15. _____ Previous Employer Inquiries
16. _____ FMCSR Handbook

Driver Name

Date of Hire

Date of Termination

Date of Re-Hire

Date of Termination

DQ Audit

Date _____ Auditor _____
Date _____ Auditor _____
Date _____ Auditor _____
Date _____ Auditor _____
Date _____ Auditor _____

PARK MED URGENT CARE CENTER
2725 E. GOVENER JOHN SEVIER HIGHWAY
KNOXVILLE, TN
08:00 TO 15:15
865-637-7962

PARK MED URGENT CARE CENTER
8350 KINGSTON PIKE
KNOXVILLE, TN
865-690-1801

08:00 TO 15:30

DRIVER QUALIFICATION FILE CHECKLIST

- Driver's Application For Employment
(49 CFR 391.21)

- Inquiry To Previous Employers – 3 Years
(49 CFR 391.23(A) (2) & (C))

- Inquiry To State Agencies – 3 Years
(49 CFR 391.23(A) (1) & (B))

- Inquiry To State Agencies – Annual
(49 CFR 391.25(A) & (C))

- Annual Review Of Driving Record
(49 CFR 391.25)

- Annual Driver's Certification Of Violations
(49 CFR 391.27)

- Driver's Road Test Certificate or Equivalent*
(49 CFR 391.31)

- Medical Examiner's Certificate*
(49 CFR 391.43)

- Multiple-Employer Drivers
(49 CFR 391.63)

*NOTE: DRIVERS MUST BE ISSUED COPIES OF THESE CERTIFICATES.
DRIVERS NEED ONLY HAVE A COPY OF THE MEDICAL EXAMINER'S
CERTIFICATE IN THEIR POSSESSION WHILE DRIVING

APPLICATION FOR EMPLOYMENT

COMPANY CHARLOTTESVILLE STREET ADDRESS _____
 CITY, STATE AND ZIP CODE 1204 TOPSIDE ROAD _____
 NAME LOUISVILLE TN (FIRST) (MIDDLE) (Maiden Name, if any) (LAST)
 ADDRESS _____ HOW LONG? _____
 (STREET) (CITY) (STATE & ZIP CODE)
 DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____
 TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

 (STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

 (STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

 (STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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 TRAILERS				
OTHER				

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

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

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

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
 If yes, explain _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
 If yes, explain _____

**EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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.

"I understand that information I provide regarding current and/or previous employers 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 the information."

DATE

APPLICANT'S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE

APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First M.I. Last Social Security Number </div>	
Hereby authorize: _____ <div style="text-align: right; font-size: small;">Date of Birth</div>	
Previous Employer: _____ Email: _____	
Street: _____ Telephone: _____	
City, State, Zip: _____ Fax No.: _____	
To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ <div style="text-align: center; font-size: x-small;">(employment application date)</div>	
To: Prospective Employer: _____	
Attention: _____ Telephone: _____	
Street: _____	
City, State, Zip: _____	
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.	
Prospective employer's fax number: _____	
Prospective employer's email address: _____	
_____ Applicant's Signature	_____ Date
This information is being requested in compliance with §40.25(g) and 391.23.	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER			
ACCIDENT HISTORY				
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employed as _____ from (m/y) _____ to (m/y) _____				
1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____				
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return.				
ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.				
Date	Location	# Injuries	# Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____				

Any other remarks: _____				

Signature: _____				
Title: _____ Date: _____				

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p>	
<ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/> 	
<p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p>	
<p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- PAGE 1 PART 1:** Prospective Employee
 - Complete the information required in this section
 - Sign and date
 - Submit to the Prospective Employer
- PAGE 2 PART 4a:** Prospective Employer
 - Complete the information
 - Send to Previous Employer
- PAGE 1 PART 2:** Previous Employer
 - Complete the information required in this section
 - Sign and date
 - Turn form over to complete SIDE 2 SECTION 3

- PAGE 2 PART 3:** Previous Employer
 - Complete the information required in this section
 - Sign and date
 - Return to Prospective Employer
- PAGE 2 PART 4b:** Prospective Employer
 - Record receipt of the information
 - Retain the form

RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

PART 1:	COMPLETED BY THE DRIVER/APPLICANT
TO:	Prospective Employer: _____ Street/P.O. Box: _____ City, State, Zip: _____ Telephone # _____
FROM:	Driver/Applicant: _____ Social Security/I.D. # _____ Street: _____ City, State, Zip: _____ Telephone # _____
I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.	
This information should be: <input type="checkbox"/> sent to me at the above address. <input type="checkbox"/> I will arrange to pick up.	
Driver/Applicant Signature: _____ Date: _____ / _____ / _____ M D Y	

PART 2:	COMPLETED BY THE PROSPECTIVE EMPLOYER
The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.	
Information supplied to:	
Name: _____	
Street: _____	
City, State, Zip: _____	
Comments: _____	
By: _____ Release Date: _____ / _____ / _____ Signature/person providing information Telephone # M D Y	

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

A citizen of the United States

A noncitizen national of the United States (see instructions)

A lawful permanent resident (Alien #) _____

An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____	Print Name _____
Address (Street Name and Number, City, State, Zip Code) _____	
Date (month/day/year) _____	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative _____	Print Name _____	Title _____
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) _____		Date (month/day/year) _____

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable) _____	B. Date of Rehire (month/day/year) (if applicable) _____
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative _____		Date (month/day/year) _____

**Chariots of Hire
711 N. Hall of Fame Dr.
Knoxville, TN 37917**

DRIVER PHYSICAL STATEMENT

Driver _____ did not have the original, nor a
copy of his/her current "Long Form" Physical. See the copy of his/her medical card

Physical Expires _____

(For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 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 Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

Social Security Number _____

Driver's License: State _____ Number _____ Class _____ Endorsement(s) _____ Restriction(s) _____

Type of License _____ Issuing State _____

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL 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

A.M.
P.M. On _____ Day _____ Month _____ Year

Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ, or service of, a common, contract or private motor carrier, also performing any compensated work for any nonmotor carrier entity.

(check one)

Are you currently working for another employer? Yes No

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

Driver's Signature Date

Witness: _____
Company Representative Date

Motor Vehicle Driver's

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 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 more, 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, 1987. 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 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require 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 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 will 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: _____

(This form is not required for DOT compliance.)

EMPLOYEE ALCOHOL AND DRUG STATEMENT

Sec. 40.25(j) As the employer, you must 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 the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

CHARIOTS OF HIRE
1204 TOPSIDE ROAD
LOUISVILLE, TN 37777

Employee Name: _____

The employee is required by Sec. 40.25 to respond to the following question.

- 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 a DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(Signature)

**Chariots of Hire
1204 TOPSIDE ROAD
LOUISVILLE, TN 37777**

Substance Abuse Awareness

Article 391.121 of the Federal Motor Carrier Safety Regulations states that all licensed CDL drivers must receive Substance Abuse Awareness Training.

I certify, by my signature below, that I have received training entitled "Substance Abuse Awareness" presented by Chariots of Hire in compliance with the requirements of Article 391.121 of the FMCSR.

I further certify that I have received a copy of Chariots of Hire Drug/Alcohol Company Policy.

Print Driver's Name: _____

Driver's Signature: _____

Date: _____

COMPANY DRUG/ALCOHOL POLICY

PURPOSE OF THE POLICY

The alcohol and controlled substances policy, herein referred to as "the policy", has been established by **Chariots of Hire** herein referred to as "the Company", to address the adverse impact of employee substance abuse on the health, productivity, and the safe environment of the work place, to include our national public highways. The policy is applicable to every person who operates a commercial motor vehicle in interstate or intrastate commerce under the Company's authority, and who is subject to the commercial driver license requirements of the Federal Motor Carrier Safety Regulations. The policy is designed to assist in the protection of the health and well-being of the driver, the general public, and the Company's property and assets, as well as the property and assets of our clients and customers.

All drivers are hereby notified that compliance with this policy and Federal Motor Carrier Safety Regulations, Part 382, are among conditions required for continued employment, or to continue as an independent contractor, with the Company.

This policy or any of its terms is not intended to create a contract of employment or to contain the terms of any contract of employment. The Company retains the sole right to change, amend or modify any term or provision of this policy without notice.

This policy is effective May 1, 2008 and supersedes all prior policies relating to alcohol and controlled substances.

Alcohol and Drug Testing Program Administrator FMCSR 382.601(B)(1)

The person designated to monitor, formulate and answer any questions pertaining to this policy for the Company is the operations manager.

Federal Motor Carrier Safety Regulations (FMCSR)

Every driver employed by or contracted to the Company has been issued a copy of the Federal Motor Carrier Safety Regulations, herein referred to as FMCSR. Many times, the policy will refer to FMCSR and specific references will be made to actual regulations (i.e. FMCSR 382.601(B)(1) as used on page 1). These references are made to assist you in locating the actual regulation and to keep the length of this policy reasonable. If you have any problems locating a particular regulation, or do not understand it, do not hesitate to ask the designated Company spokesperson named above for assistance.

Definitions

On the pages of this policy, the term "Company Premises" includes:

1. All premises and locations owned by, leased by, or under the control of the Company, including all parking lots, lockers, and storage areas.
2. All premises and locations at which work is performed by the Company or any of its employees or which is assigned to the Company for its use or any of its employees, by any client or customer including all parking lots, lockers, and storage areas.
3. All automobiles, aircraft, boats, and other vehicles owned by, leased by, used by, or otherwise under the control of the Company or any of the Company's clients or customers.

On-duty use of alcohol: FMCSR 382.207 prohibits a driver from using alcohol while performing safety-sensitive functions.

Pre-duty use of alcohol: FMCSR 382.107 prohibits a driver from performing safety-sensitive functions within four hours after using alcohol.

Use of alcohol following an accident: FMCSR 382.209 prohibits a driver required to take a post-accident alcohol test under FMCSR 382.303 from using alcohol for eight hours following the accident, or until he/she undergoes a post-accident alcohol test, whichever occurs first.

Refusal to submit to a required alcohol or controlled substances test: FMCSR 382.211 prohibits a driver from refusing to submit to a post-accident alcohol or controlled substances test required under FMCSR 382.303, a random alcohol or controlled substances test required under FMCSR 382.305, a reasonable suspicion alcohol or controlled substances test required under 382.307, or a follow-up alcohol or controlled substances test required under FMCSR 382.311.

Controlled substances use: FMCSR 382.213 prohibits a driver from reporting for duty or remaining on duty requiring the performance of safety-sensitive functions when the driver uses any controlled substances, except when the use is pursuant to the instructions of a physician who has advised the driver that the substance does not adversely affect the driver's ability to safely operate a commercial motor vehicle. **FMCSR 382.213C ALLOWS AN EMPLOYER TO REQUIRE A DRIVER TO INFORM THE EMPLOYER OF ANY THERAPEUTIC DRUG USE. The Company exercises this option in our previous policy statement on Prescription medication.**

Controlled substances testing: FMCSR 382.215 prohibits a driver from reporting for duty, remaining on duty, or performing any safety-sensitive function, if the driver tests positive for controlled substances.

It should be noted that each of the regulations cited as prohibiting a driver from certain acts, equally prohibits the employer from permitting the driver to perform or continue to perform safety-sensitive functions if the employer has actual knowledge that the driver has violated that prohibition.

Other Prohibitions

Contraband: While not specifically prohibited by FMCSR 382, the possession, concealment, transportation, promotion, purchase and/or sale of the following items is strictly prohibited on all Company premises:

Firearms, weapons, explosives and ammunition,	Alcohol
Drug paraphernalia	Controlled substances
Stolen Property	Designer Drugs
Radar Detectors	

Client/customer rules: while not addressed in FMCSR, the breaking of rules and requirements of the Company's clients and customers is prohibited.

All drivers will be provided with the policies of the Company regarding procedures and instruction for accident reporting and post-accident requirements, including the requirements of FMCSR 385.303, prior to operating a commercial motor vehicle for the Company.

-Random Testing FMCSR 382.305

The selection of drivers for random alcohol and controlled substances testing will be made by a scientifically valid method as described in FMCSR 382.305(c). Drivers will be selected at a rate that ensures compliance with FMCSR 382.303(f). All random tests for alcohol and controlled substances will be unannounced and the driver, when notified of their selection, will proceed to the appropriate test location immediately. Random alcohol tests will be administered when the driver is performing a safety-sensitive function, just before the driver is to perform a safety-sensitive function, or just after the driver has performed a safety-sensitive function. The Company will insure that the random tests for alcohol and controlled substances are spread evenly through the year and that each driver will have an equal chance of being tested each time selections are made.

Reasonable Suspicion Testing FMCSR 382.307

Alcohol tests: The Company shall require a driver to submit to alcohol testing when a reasonable suspicion exists that the driver has violated the prohibitions of FMCSR Subpart B concerning alcohol, except for 382.204. A driver may be subjected to reasonable suspicion alcohol testing only if the observations required by FMCSR 382.307(a) are made while the driver is performing safety-sensitive functions, just before the driver is to perform safety-sensitive functions, or just after the driver has ceased to perform safety-sensitive functions. Alcohol tests based on reasonable suspicion cannot be administered by the person who made the determination that reasonable suspicion exists. An alcohol test required by FMCSR 382.207 should be administered within 2 hours, but if not, the Company will continue to attempt to test the driver for 8 hours after the determination that reasonable suspicion exists, the driver will not be permitted to perform or continue to perform any safety-sensitive function until an alcohol test is administered and the driver's alcohol concentration measures less than 0.02 or twenty-four hours have elapsed following the determination that reasonable suspicion exists, the driver will be relieved from the performance of all safety-sensitive functions for a period of at least 24 hours and although there will be no confirmation of prohibited conduct, the driver may still be subject to disciplinary action based on compelling evidence that prohibited conduct did occur. Any disciplinary action based on less than a confirmed alcohol test result of 0.02, regardless of how compelling the evidence may be, will be based on the Company's authority independent of the FMCSR Part 382.

Controlled substances tests: An employer shall require a driver to submit to a controlled substances test when the employer has reasonable suspicion to believe that the driver has violated the prohibitions of FMCSR Subpart B concerning controlled substances. Once the determination that reasonable suspicion exists is made, the driver will be relieved from the performance of all safety-sensitive functions, administered a controlled substances test in accordance with applicable Federal requirements immediately, and will not be allowed to return to the performance of safety-sensitive functions until such time that the Company receives a verified negative test result from the medical review officer. A written record of the observations leading to a controlled substances reasonable suspicion test will be made and signed by the supervisor or Company official who made the observation within 24 hours of the observed behavior or before the results of the controlled substances test are released, whichever is earlier. In the unlikely event that a controlled substances test cannot be administered within 32 hour following the determination that reasonable suspicion exists, the driver may still be subject to disciplinary action based on compelling evidence that prohibited conduct did occur. Any disciplinary action based on less than a confirmed positive controlled substances test, regardless of how compelling the evidence may be, will be based on the Company's authority independent of the FMCSR Part 382.

devices have been approved for screening tests and for confirmation tests. All screening tests must be conducted using equipment and technology that appear on the CPL and have been approved for use in conducting screening tests. All confirmation tests must be conducted using equipment that appears on the CPL and has been approved for use in conducting confirmation tests.

Testing Locations: All alcohol testing will be done in a location that affords the individual being tested the maximum amount of visual and aural privacy possible, preventing unauthorized from seeing or hearing test results. The Company reserves the right to choose the testing location, and may conduct tests on the Company premises or direct drivers to other locations for testing depending on the circumstances.

Preparation for testing: In preparing to test the driver, the technician performing the test will insure that the individual being tested is positively identified. The technician shall explain the testing procedure to the driver. *Although alcohol testing forms should be uniform, the testing procedures could vary somewhat from one testing method to another or from different testing devices.*

Procedures for screening tests: The driver must cooperate with the technician conducting the test. *Combativeness or failure to follow the instructions of the technician can be regarded as a refusal to take the test, which is prohibited by this policy and the FMCSR 382.211.* During the testing process the driver will be required to do certain things at the direction of the technician, these are listed below:

- Complete Step 2 on the form, signing the certification
- Refusal to sign will be considered a refusal to take the test.
- Sign and date the form in Step 4 when the test is completed
- Otherwise cooperate with the technician as required to complete the test.
- The driver should be sure to obtain his/her copy (Copy 2) of the test.

Any test result indicating an alcohol concentration of less than 0.02 is a negative test and complete the testing process. No further testing for alcohol is authorized.

Any test result indicating an alcohol concentration of 0.02 or greater will require that a confirmation test be performed. If the confirmation test is to be performed by a different technician, the technician who conducts the screening test shall complete and sign the form and logbook entry where applicable and provide the driver with Copy 2 of the form.

Procedures for confirmation tests: If the technician conducting the confirmation test is not the same technician who conducted the screening test, the new technician will be required to insure that the individual being tested is positively identified. The driver will be instructed not to eat, drink, put any object or substance in his/her mouth, and, to the extent possible, not belch during the waiting period before the confirmation test. The technician shall proceed with the test at the end of the waiting period, even if the employee has disregarded these instructions. The technician will note any failure or refusal on the part of the individual being tested to follow these instructions. This waiting period begins with the completion of the screening test and shall not be less than 15 minutes. This waiting period is for the benefit of the individual being tested, it is mandated to prevent any accumulation of mouth alcohol leading to an artificially high reading. Again, any combativeness or failure to follow the instructions of the technician could be regarded as a refusal to take the test.

In the event that the screening and confirmation tests results are not identical, the confirmation test result is deemed to be the final result upon which any action under FMCSR rules shall be based. On designated representatives of the employer will have access to the results of a driver's alcohol test results and these results shall be stored so as to ensure that confidentiality is maintained in accordance with FMCSR 40.81.

Refusal to test and uncompleted tests: Refusal by a driver to sign the alcohol testing form (step 2) or otherwise cooperate with the testing process in a way that prevents the completion of the test, shall be noted by the technician in the remarks section of the form. The testing process will be terminated and the technician will notify the employer of the refusal to test immediately. If a screening test cannot be completed, or if an event occurs that would invalidate the tests, the technician shall, if practicable, begin a new screening or confirmation test, as applicable, using a new alcohol testing form.

with temper evident seals in his/her presence, and that the information on the form and the seals is correct, the Company can ensure that the results of the controlled substances test is attributed to the correct driver. Because the results of any drug screen are treated as highly confidential, being secured in a location with limited access to all Company employee and sub-contractors, and transmitted from the MRO identifying the donor by Social Security Number and test number only, the Company can ensure that all test results are transmitted and maintained in a highly confidential manner.

Refusals to test: Any refusal on the part of the driver to cooperate with the collection site personnel in the completion of the collection process will be regarded as a refusal to take the test. Refusal to submit to testing is prohibited by FMCSR 382.211.

APPLICABILITY FMCSR 382.103

The regulations mandating alcohol and controlled substances testing apply to every person who operates a commercial motor vehicle in interstate or intrastate commerce and is subject to the commercial driver's license requirements of FMCSR 383.

Release of alcohol and controlled substances test information by previous employers, FMCSR 382.413 and 40.25. All drivers should be aware that results of their alcohol and controlled substances tests will follow them to their next employer. All employers subject to these regulations (FMCSR 382 and 40) are required to obtain from all driver applicants signed authorization allowing them to check the previous two years alcohol and controlled substances test results from all of the driver's previous employers, including any refusals to submit to testing. There will not be a segment of the employer population that is not subject to these rules. Every motor carrier, even a one-truck owner-operator, will be required to comply with these regulations if he employs drivers that require a commercial driver's license. Within 30 days of hiring a new driver employers will be required to complete their inquiries of previous employers. FMCSR 40.25 (e) states: "If an employer obtains information that the employee has violated a DOT agency drug and alcohol regulation, the employer must not use the employee to perform safety sensitive functions unless the employer also obtains information that the employee has subsequently complied with the return-to-duty requirements of Subpart O of Part 40 and DOT agency drug and alcohol regulations. Problem drivers will no longer be able to hide behind a cloud of confidentiality; they must get help to continue driving.

REFUSAL TO SUBMIT TO TESTING FMCSR Part 382 & Part 40

As has already been discussed in the prohibitions area of this policy, FMCSR 382.211 prohibits all drivers from refusing to submit to an alcohol or controlled substances test that is required by FMCSR 382, and further prohibits the employer from permitting a driver who refuses to submit to required tests to perform or continue to perform safety-sensitive functions. Drivers should be aware that many acts can be regarded as a refusal to submit to testing. Drivers should avoid any action that could be regarded as a refusal to test since the consequences arising from a refusal to test are at least as severe as taking the test and returning a positive result. Aside from a blatant refusal to submit to required testing, the following acts could be regarded as refusals to submit to testing:

- Quitting or resigning after being notified to submit to alcohol or controlled substances testing.
- Failure to proceed directly to a collection site as instructed.
- Combativeness or abusive behavior directed toward the testing technician.
- Failure to cooperate with or follow the instruction of the testing technician.
- Failure to provide sufficient breath or saliva for testing.
- Failure to provide sufficient urine for testing.
- Failure to remain "readily available" for testing in a post-accident situation.
- Refusal to sign "step 2" on an alcohol testing form.

REFERRAL, EVALUATION and TREATMENT FMCSR part 40 Subpart O

Any cost associated with referral, evaluation and treatment is the sole responsibility of the driver/employee.

Each driver who has engaged in conduct prohibited by Subpart B of FMCSR 382 shall be provided a list of Substance Abuse Professionals (SAPs) readily available to the employee and acceptable to the Company, with names addresses and phone numbers. There will be no charge to the employee for compiling or providing the list.

Each driver who engages in conduct prohibited by Subpart B of FMCSR 382 shall be evaluated by a Substance Abuse Professional (SAP) acceptable to the Company and complete the return-to-duty requirements of Part 40 Subpart O before they can return to the performance of safety sensitive duties for the Company of any subsequent employer.

Release of alcohol and controlled substances test information by previous employers. It is very important that all drivers understand that the consequences of prohibited conduct can reach far beyond their employment or relationship with the Company. FMCSR 382.413 requires all employers to obtain the alcohol and controlled substances testing history of all applicants.

An employer may not use a driver to perform safety-sensitive functions if the employer obtains information of the driver's alcohol test with a concentration of 0.04 or greater, without obtaining information on a subsequent Substance Abuse Professional evaluation and completion of the return-to-duty requirements of Part 40 Subpart O.

Every alcohol and controlled substances test a driver takes will follow him/her for at least two years.

ALCOHOL CONCENTRATION LESS THAN 0.04

FMCSR 382.505 No driver tested for alcohol under the provisions of FMCSR 382 Subpart C who is found to have an alcohol concentration of 0.02 or greater but less than 0.04 shall perform or continue to perform safety-sensitive functions for an employer, including driving a commercial motor vehicle, nor shall an employer permit the driver to perform or continue to perform safety-sensitive functions until the start of the driver's next regularly scheduled duty period, but not less than 24 hours following the administration of the test.

Although FMCSR 382.505(b) requires no further action beyond the 24 hour removal from the performance of safety-sensitive functions for an alcohol concentration of 0.02 or greater but less than 0.04, the Company reserves the right to take more forcible action, otherwise consistent with the law, based on its independent authority as an employer.

All of the consequences discussed so far are mandated by Federal Law. The Company must comply and insure driver compliance with those laws. Federal Regulations establish a minimum requirement for compliance and allow companies the flexibility to establish more stringent guidelines and enforce those more restrictive requirements under independent authority as long as they are otherwise consistent with law. The following portion of the policy will be dedicated to those consequences of violating the policy which are not actions mandated by Federal Law but actions based on the Company's Independent authority as an employer.

VOLUNTARY SELF-IDENTIFICATION POLICY FMCSR 382.121

Employees who admit to alcohol misuse or controlled substances use are not subject to the referral, evaluation and treatment requirements of Parts 382 and 40 provided the following conditions apply:

The admission is in accordance with this policy. The driver does not self-identify in order to avoid testing under the rules of 382. The driver makes the admission of alcohol misuse or controlled substances use prior to performing a safety sensitive function (i.e. prior to reporting to duty) and the driver does not perform a safety sensitive function until the Company is satisfied that the employee has been evaluated and has successfully completed education or treatment requirements in accordance with the guidelines set forth in this policy.

This policy prohibits the Company from taking adverse action against an employee making voluntary admission of alcohol misuse or controlled substances use within the parameters of this policy and FMCSR 382.121(a).

Any voluntary self-admission must be made to the Alcohol and Drug Testing Program Administrator identified on page one of this policy. If the Program Administrator is not available, the self-admission should be made to the senior management official available.

The employee making the self-admission will be immediately removed from the performance of safety sensitive duties and placed on administrative leave, without pay. The employee will be provided with a list of Substance Abuse Professionals acceptable to the Company and will have two weeks to report back to the Company with an initial report from a SAP, on the list, outlining treatment and/or education recommendations. Failure to report back to the Company within two weeks will result in the employee being terminated. Reporting back to the Company with a SAP evaluation and a plan to pursue the treatment or educational recommendations will effectively extend the employee's status of being on administrative leave, without pay, for the period of time needed to complete the recommended course of action.

Upon completion of the SAP's recommended course of action and release to return to duty, the driver must submit to a return-to-duty test for alcohol and/or controlled substances and return a negative result. At that time the driver will be allowed to return to the performance of safety sensitive duties but will be subject to follow-up testing at a rate of at least six (6) follow-up tests in the next twelve months. The rate of follow-up test could increase based on the recommendations of the SAP.

All costs associated with this program, including follow-up testing will be the sole responsibility of the employee. All follow-up testing under the self-identification program will be NON-DOT testing. Any positive test during this program will be subject to the same consequences of any positive drug or alcohol test.

ALCOHOL AND DRUG EFFECTS

Federal regulation require employers to provide their employee with detailed discussion of the effects of alcohol misuse and controlled substances us on an individual's health, work, and personal life and the signs and symptoms of alcohol misuse and/or a controlled substances problem. A booklet containing this information will be issued to each new driver at orientation.

Driver's Road Test Examination

Driver's Name _____ Phone _____

Driver's Address _____

City _____ State _____ Zip _____

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given a test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor that the carrier intends to assign.

Rating of Performance

- _____ The pre-trip inspection. (As required by Sec. 392.7)
- _____ Placing the equipment in operation.
- _____ Use of vehicle's controls and emergency equipment.
- _____ Operating the vehicle in traffic and while passing other vehicles.
- _____ Turning the vehicle.
- _____ Braking and slowing the vehicle by means other than braking
- _____ Backing and parking the vehicle
- _____ Other

Explain _____

Type of equipment used in giving test: _____

Date _____

Examiner's Signature _____

If the road test is successful completed the person who gave it shall complete a certificate of driver's road test.

Remarks: _____

CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31 (e)(f)(g)).

CERTIFICATION OF ROAD TEST

Driver's Name _____

Social Security Number _____

Operator's or Chauffeur's License Number _____

This is to certify that the above named driver was given a road test under my supervision on

_____ DATE

Consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of Examiner

Title

CHARIOTS OF HIRE, 1204 TOPSIDE ROAD, LOUISVILLE, TN 37777

Organization and Address of Examiner

**CHARIOTS OF HIRE
1204 TOPSIDE ROAD.
LOUISVILLE, TN 37777**

EQUIVALANT OF ROAD TEST

Pursuant to FMCSR 391.33 a valid Tennessee Commercial Drivers license

_____ was accepted from _____

In place of, and as equivalent to, the Road Test Required by 391.31.

Prior Employer Check Form

Page 1

CHARIOTS OF HIRE 1204 TOPSIDE ROAD LOUISVILLE, TN 37777

Telephone#: **865-522-8108**

Fax# **865-522-4647**

Driver Applicant Name: _____

Social Security No. _____

I hereby authorize and request _____ (Enter Prior Employer Company Name and Address, Telephone & Fax number)

to release any and all information pertaining to my employment records as required by 49 CFR Section 391.23 and Section 40.25(b) to the above named company. You are released from any and all liability which may result from releasing such information. The Federal Motor Carrier Safety Regulation require that this information be released as part of Driver Qualification Process. Per 49 CFR Section 40.25(h), you are required to immediately release this information.

391.23(f) A prospective motor carrier employer must provide to the previous employer the driver's written consent meeting the requirements of §40.321(b) for the release of the information in paragraph (e) of this section. If the driver refuses to provide this written consent, the prospective motor carrier employer must not permit the driver to operate a commercial motor vehicle for that motor carrier.

(g) After October 29, 2004, previous employers must:

(g)(1) Respond to each request for the DOT defined information in paragraphs (d) and (e) of this section within 30 days after the request is received (**Drug and Alcohol Testing Information must be immediately released**). If there is no safety performance history information to report for that driver, previous motor carrier employers are nonetheless required to send a response confirming the non-existence of any such data, including the driver identification information and dates of employment.

(g)(2) Take all precautions reasonably necessary to ensure the accuracy of the records.

(g)(3) Provide specific contact information in case a driver chooses to contact the previous employer regarding correction or rebuttal of the data.

(g)(4) Keep a record of each request and the response for one year, including the date, the party to whom it was released, and a summary identifying what was provided.

Driver Signature: _____

Date: _____

Witnessed by: _____

The above applicant states that he/she worked for you. Employment dates from _____ to _____

1. Type of equipment driven | Straight truck | Tractor semi-trailer | Bus Trailer used. | Van | Flatbed | Refrigerated | Cargo Tank | Triples | Doubles

2. Was the applicant safe and efficient? Yes No
Remarks:

3. Did the applicant have any accidents? Yes No

Date	Location City, ST	Towed	Injury	Fatal

4. Reason for leaving your employ. | Discharged | Laid off | Resigned | Other:

How was the driver in:	EXCELLENT	GOOD	POOR
Quality of work			
Cooperation with others			
Safety Habits			
Personal Habits			
Driving Skills			
Attitude			

Required information from Section 382.413 and 40.259b)

Controlled Substance and Alcohol Testing Information

1. Has the above named individual had an alcohol test with a breath alcohol concentration of 0.04 or greater while in your employ? Yes No

2. Has the above named individual had a controlled substance test with a positive result while in your employ? Yes No

3. Has the above individual refused a controlled substance test or alcohol test while in your employ? Yes No

4. Other violations of DOT Agency Drug and Alcohol testing regulations? Yes No Attached Not Attached

5. Do you have documentation of the employee's successful completion of the 49 CFR Subpart O return to duty requirements? Yes No- Attached Not Attached

Signed by: _____ Date: _____

By Prior Employer Official Title: _____

With Reference to question number 5, please identify the Substance Abuse Professional you referred the driver to if he/she tested positive or refused testing.

Name: _____

Street Address: _____

City: _____ State: _____

Phone#: _____

NOTE: Failure to furnish information as required by 49 CFR 382.413 & 40.25 will result in the above named individual being removed from any CDL driving position.

You are required to release this information immediately per 49 CFR 382.405(f) & 40.25(h). Fines and penalties for not releasing this information is found in 49 CFR 382.507 under 49 USC 521(b).

Fines and penalties for not releasing this information is found in 49 CFR 382.507 under 49 USC 521(b).

We reserve the right to notify the US DOT Federal Motor Carrier Safety Administration in the event the above information is not received.

Mailed On:	Faxed On:
Verified by Phone-Talked to:	
Signature:	Date:

DRIVER'S RECEIPT

This issue of the FMCSR Motorcoach/Bus Pocketbook includes all revisions issued on or before May 12, 2008.

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK. In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Parts 380, 382, 383, 387, 390-396, Title 49 of the Code of Federal Regulations and/or Part 655 of the Federal Transit Authority as contained therein.

REMOVABLE PAGE - PULL SLOWLY FROM TOP RIGHT CORNER

X _____ X _____
DRIVER'S SIGNATURE DATE

CHARLOTTE OF HIRE, INC.
COMPANY

COMPANY SUPERVISOR'S SIGNATURE

6/08

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place it in the driver's qualification file.