

Office Use Only:

Terminal Number _____

**TOTAL PACKAGE EXPRESS, INC.
CINCINNATI, OHIO**

APPLICATION FOR INDEPENDENT CONTRACTORS

FAX COMPLETED APPLICATION TO THE CINCINNATI SAFETY OFFICE AT (513) 741-5507

APPLICANT: READ AND SIGN BEFORE SUBMITTING THIS APPLICATION:

I understand that the information in this application will be used and that prior employers will be contacted for purpose of investigations as required by sections 382,383,390 &391 of the Federal Motor Carrier Safety Regulations. I hereby authorize the release of all information requested, including the results of any test to Total Package Express Inc.

* _____
Signature of applicant Referred by: Date of application

PRINT NEATLY

COMPLETE ALL ITEMS

NAME _____ SOCIAL SECURITY NO. _____
(Last) (First) Middle

Date of Birth _____ Phone number _____ CELL PHONE # _____

Owner/Operator Yes No Will be driving for: _____ E-MAIL INFO. _____

Tractor: _____ Trailer: _____
Year Make Year Make

GIVE 3 CONSECUTIVE YEARS HISTORY OF RESIDENCE

Present address _____ (Street or box no.) (City) (State) (Zip code)
How long? _____ month _____ year To: _____ month _____ year
Previous address _____ (Street or box no.) (City) (State) (Zip code)
How long? _____ 20 _____ To: _____ 20 _____
Next previous address _____ (Street or box no.) (City) (State) (Zip code)
How long? _____ 19 _____ To: _____ 19 _____

DRIVING QUALIFICATIONS

C.D.L. _____ Do you have a restricted C.D.L. YES NO
(State) (C.D.L. No.) (Expiration date)

Have you been driving regularly for the last 5 years? Yes No Number of states _____ Physical _____
(Expiration date)

Type of equipment	Approximate years	Approximate no. miles	Commodities hauled	Van	Flats	Other
Straight truck						
Tractor-semi-city						
Tractor-semi-road						

How many years/months have you hauled steel? _____ Coils _____ Sheets _____ Pipe _____ bars/mesh _____ Other _____

How many years/months have you hauled machinery? _____ Road machinery _____ Tool machinery _____ O/D loads _____

**ATTENTION: TERMINAL MANAGER - REQUIRED INFORMATION -
ALONG WITH THIS APPLICATION PLEASE SEND A LEGIBLE COPY OF THE
FOLLOWING: 1) ALL REALSE AND DISCLOSURE FORMS 2) LONG FORM PHYSICAL
3) COMMERCIAL DRIVERS LICENSE. NO DRIVER CAN BE APPROVED WITHOUT
ALL THIS INFORMATION BEING IN THE CINCINNATI SAFETY OFFICE.**

You are required to furnish all of your past employment for the last 10 years, starting with the date of this application. Any gaps in between employers of 30 days or more must be account for with an explanation. Failure to follow these instructions will delay your application's processing. A past employment verification will be obtained from HireRight.

MOST RECENT

Motor Carrier _____

Address _____
(Street) (City) (State)

Phone number A/C _____ Contact person _____

Worked From: _____ 20 ____ To: _____ 20 ____

Was this a full time driving job? Yes ____ No ____ Were you subject to the FMCSR'S under this employer? Yes ____ No ____

Did you perform a safety sensitive function for this company? Yes ____ No ____ **(Job was designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40)**

Commodities hauled: Steel ____ Machinery ____ Road Machinery ____ Lumber ____ Other _____

Why did you leave? _____

NEXT

Motor Carrier _____

Address _____
(Street) (City) (State)

Phone number A/C _____ Contact person _____

Worked From: _____ 20 ____ To: _____ 20 ____

Was this a full time driving job? Yes ____ No ____ Were you subject to the FMCSR'S under this employer? Yes ____ No ____

Did you perform a safety sensitive function for this company? Yes ____ No ____ **(Job was designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40)**

Commodities hauled: Steel ____ Machinery ____ Road Machinery ____ Lumber ____ Other _____

Why did you leave? _____

NEXT

Motor Carrier _____

Address _____
(Street) (City) (State)

Phone number A/C _____ Contact person _____

Worked From: _____ 20 ____ To: _____ 20 ____

Was this a full time driving job? Yes ____ No ____ Were you subject to the FMCSR'S under this employer? Yes ____ No ____

Did you perform a safety sensitive function for this company? Yes ____ No ____ **(Job was designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40)**

Commodities hauled: Steel ____ Machinery ____ Road Machinery ____ Lumber ____ Other _____

Why did you leave? _____

You are required to furnish all of your past employment for the last 10 years, starting with the date of this application. Any gaps in between employers of 30 days or more must be account for with an explanation. Failure to follow these instructions will delay your application's processing. A past employment verification will be obtained from HireRight.

NEXT

Motor Carrier _____

Address _____
(Street) (City) (State)

Phone number A/C _____ Contact person _____

Worked From: _____ 20 ____ To: _____ 20 ____

Was this a full time driving job? Yes ____ No ____ Were you subject to the FMCSR'S under this employer? Yes ____ No ____

Did you perform a safety sensitive function for this company? Yes ____ No ____ **(Job was designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40)**

Commodities hauled: Steel ____ Machinery ____ Road Machinery ____ Lumber ____ Other _____

Why did you leave? _____

NEXT

Motor Carrier _____

Address _____
(Street) (City) (State)

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Worked From: _____ 20 ____ To: _____ 20 ____

Was this a full time driving job? Yes ____ No ____ Were you subject to the FMCSR'S under this employer? Yes ____ No ____

Did you perform a safety sensitive function for this company? Yes ____ No ____ **(Job was designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40)**

Commodities hauled: Steel ____ Machinery ____ Road Machinery ____ Lumber ____ Other _____

Why did you leave? _____

NEXT

Motor Carrier _____

Address _____
(Street) (City) (State)

Phone number A/C _____ Contact person _____

Worked From: _____ 20 ____ To: _____ 20 ____

Was this a full time driving job? Yes ____ No ____ Were you subject to the FMCSR'S under this employer? Yes ____ No ____

Did you perform a safety sensitive function for this company? Yes ____ No ____ **(Job was designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40)**

Commodities hauled: Steel ____ Machinery ____ Road Machinery ____ Lumber ____ Other _____

Why did you leave? _____

NEXT

Motor Carrier _____

Address _____
(Street) (City) (State)

Phone number A/C _____ Contact person _____

Worked From: _____ 20 ____ To: _____ 20 ____

Was this a full time driving job? Yes ____ No ____ Were you subject to the FMCSR'S under this employer? Yes ____ No ____

Did you perform a safety sensitive function for this company? Yes ____ No ____ **(Job was designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40)**

Commodities hauled: Steel ____ Machinery ____ Road Machinery ____ Lumber ____ Other _____

Why did you leave? _____

DRIVING HISTORY

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

B. Has your license permit or privilege ever been revoked or suspended? ___ Yes ___ No

If answer to either "A" or "B" is yes give full explanation below. _____

**ACCIDENT RECORD FOR LAST FIVE YEARS (IF NONE ENTER "NONE")
(MUST INCLUDE AUTOMOBILE AND TRUCK)**

Date	Type Collision, Upset, Cargo	Injury - Fatality - Neither	Location, City & State	Auto Truck	Chargeable Non-Chargeable

**TRAFFIC CONVICTIONS AND BOND FORFEITURES FOR PAST 5 YEARS (IF NONE ENTER "NONE")
(Must include automobile and truck)**

Date	Location, City & State	Charge	Auto Truck	Penalty

PHYSICAL HISTORY

Are you or have you been addicted to alcohol? _____

Do you use amphetamines or drugs? _____

Have you a mental, nervous, or psychiatric disorder? _____

Have you ever failed or refused any drug or alcohol test? ___ Yes ___ No If yes you must talk to the Cincinnati safety office.

Have you ever filed an application with TOTAL PACKAGE EXPRESS INC. before? ___ Yes ___ No

What year _____ Where _____

DRIVER INFORMATION

YOU AS A PROSPECTIVE DRIVER HAVE THE FOLLOWING RIGHTS REGARDING THE INVESTIGATIVE INFORMATION TOTAL PACKAGE EXPRESS, Inc. RECEIVES FROM YOUR PAST EMPLOYERS.

- 1) THE RIGHT TO REVIEW INFORMATION PROVIDED BY PREVIOUS EMPLOYERS.**
- 2) THE RIGHT TO HAVE ERRORS IN THE INFORMATION CORRECTED BY THE PREVIOUS EMPLOYER AND FOR THAT PREVIOUS EMPLOYER TO RE-SEND THE CORRECTED INFORMATION.**
- 3) THE RIGHT TO HAVE A REBUTTAL STATEMENT ATTACHED TO THE ALLEGED ERRONEOUS INFORMATION, IF THE PREVIOUS EMPLOYER AND YOU CANNOT AGREE ON THE ACCURACY OF THE INFORMATION.**

This certifies that this application was completed by me and that all entries on it are true and complete to the best of my knowledge. I further certify that the only valid Commercial Driver's License that I now currently possess is the license that I have indicated on the front page of this application.

_____ Date

_____ Application's Signature

**TOTAL PACKAGE EXPRESS, INC.
CINCINNATI, OHIO 45247**

- 1) I understand that Total Package Express is under no obligation to qualify me, and that any lease I am offered will not be for any specified period of time, and that my lease is terminable by either party at will or with or without notice or cause, and that no representative of Total Package Express has authority to enter into any agreement with me contrary to the foregoing. I understand that nothing contained in my lease application, or in granting of an interview, is intended to create a lease agreement between Total Package Express and myself for either lease agreement or for the providing of any benefits. I understand that none of the benefits or policies in any handbook issued to me by Total Package Express are intended by reason of its publication to confer any rights or privileges to any benefits or policies, or entitles me to remain leased by Total Package Express or to change my status as an "at will" leased operator. I understand that all statements and provisions in the handbook are procedural or are guideline and that Total Package Express has the right to change any policy, benefit, or procedure at any time without notice.
- 2) I understand I will be required to submit to and pass a drug test, an alcohol test, or other tests, as required, as a condition of pre-lease agreement and thereafter as warranted by Total Package Express policy and/or federal regulations. I understand that Total Package Express may contract with a third party to assist in the administration of drug and alcohol testing and agree to the party being provided with all information to which Total Package Express is entitled and subject to the same confidentiality requirements as Total Package Express. I further understand that any offers made to me will be contingent on the results of the tests. A positive reading from any test will automatically null and void any offer or consideration made to me.
- 3) Under the authority granted me by CFR parts 40, 382 and 391, I hereby authorize and require my previous and/or current employers as well as any other person or company provided by me in writing or by verbal interview by whom I was employed or to whom I applied for employment in the last three year period preceding the date on this application to release the date, type of test and results of all drug and alcohol test taken by me, including the date and type of test for refusals by me to take drug or alcohol test, to the safety department at Total Package Express. If I tested positive on any controlled substance test, had an alcohol test with 0 concentration of 0.04 or greater, or refused to take any drug or alcohol test. I also authorize the release of all information concerning my referral to a Substance Abuse Professional (SAP) including all reports pertaining to my evaluation and treatment (if required by SAP). I authorize the release by whatever means is most expedient and agree to hold harmless any past employer or any person or company I apply with as well as their employees, agents, or representatives from all liability or damage that may arise from the release of the information specifically authorized here.
- 4) If leased, I agree to abide by and observe all company rules and regulations.
- 5) It is understood that an investigative consumer report pursuant to the Fair Credit Reporting Act may be made whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This included information as to my character, general reputation, personal characteristic, and mode of living. By signing this application, I hereby consent to Total Package Express obtaining this report.
- 6) I hereby authorize Total Package Express to obtain any medical documentation or information concerning my past or present medical history. I hereby release all such persons from any liability or damages.
- 7) I hereby authorize, without liability, any person or organization, including but not limited to any educational institution, training facility or any institution, whose name I have given as a reference or by whom I have been previously employed, to furnish Total Package Express any information they may have concerning my character, habits, financial responsibility, job performance, reason for leaving employment, and all information concerning my employment or training to give such information to other companies and carriers requesting such information. I hereby release all such persons and organizations from any claim for damages of any kind which may occur to me by reason of furnishing such information. I hereby authorize any law enforcement agency or court of record to furnish Total Package Express information concerning Motor Vehicle Record, or any felony or misdemeanor of which I have been convicted.
- 8) I hereby authorize Total Package Express, as required by the Federal Motor Carrier Safety Administration (FMCSA) regulations section 391.23, to investigate and compile a complete history of my former work history together with any other information concerning my ability, personal character, credit, and arrest record. I do hereby authorize any present and past employers or lessor to furnish my previous work history record with them, with any reason for my separation; and any/all information which said company may have concerning me to the company's investigating agency. I authorize the release of information for purposes of investigation of drug and alcohol results as required by sections §382.405(f), §382.413, and §382.701 of the FMCSA regulations. I authorize Total Package Express, Inc. to contact _____, to request verification of past employment, up to and including drug and alcohol results.

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.

Date _____ Applicant's Signature _____

SSN# _____ Applicant's Name (printed) _____

Driver License Number _____ State _____



Total Package Express, Inc.

5871 Cheviot Road Cincinnati, Ohio 45247
PH: 513-741-5500 Fax: 513-741-5507

OTHER DISCLOSURES, ACKNOWLEDGMENTS & AUTHORIZATIONS REGARDING BACKGROUND INVESTIGATION FOR QUALIFICATION PURPOSES

Disclosures

Investigative Consumer Report:

Total Package Express, Inc. (Company) may request an investigative consumer report about you from HireRight, LLC (“HireRight”), a consumer reporting agency, in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable). An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

Ongoing Authorization:

If the Company hires you or contracts for your services, the Company may obtain additional consumer reports and investigative consumer reports about you without asking for your authorization again, throughout your employment or your contract period, as allowed by law.

Summary of Rights under the Fair Credit Reporting Act:

A summary of your rights under the Fair Credit Reporting Act is being provided to you separately.

Information about HireRight’s privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

Acknowledgments & Authorization

I acknowledge that I have received and carefully read and understand the separate “Disclosure and Authorization Regarding Background Investigation for Employment Purposes”; and the separate “Summary of Rights under the Fair Credit Reporting Act” that have been provided to me by the Company. I also acknowledge receipt of and that I have carefully read and understand (as applicable), the separate California Disclosure and Summary of Rights under California Civil Code Section 1786.22; the separate New York Article 23-A; and the separate San Francisco Fair Chance Ordinance Official Notice that have been provided to me.

By my signature below, I authorize the preparation of background reports about me, including background reports that are “investigative consumer reports” by HireRight, and to the furnishing of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment or engagement for services (including independent contractor or volunteer assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain from HireRight

(or from a consumer reporting agency other than HireRight) additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period.

I understand that if the Company obtains a credit report about me, then it will only do so where such information is substantially related to the duties and responsibilities of the position in which I am engaged or for which I am being evaluated.

I understand that information contained in my employment (or contractor or volunteer) application, or otherwise disclosed by me before or during my employment (or contract or volunteer assignment), if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I understand that the information included in the background reports may be obtained from private and public record sources, including without limitation and as appropriate: government agencies and courthouses; educational institutions; and employers. Accordingly, I hereby authorize all of the following, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local government agencies and courts; educational institutions (public or private); testing agencies; information service bureaus; credit bureaus and other consumer reporting agencies; other public and private record/data repositories; motor vehicle records agencies; my employers; the military; and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my: employment and earnings history; education, credit, motor vehicle and accident history; drug/alcohol testing results and history; criminal history; litigation history; military service; professional licenses, credentials and certifications; social security number verification; address and alias history; and other information.

By my signature below, I also promise that the personal information I provide with this form or otherwise in connection with my background investigation is true, accurate and complete, and I understand that dishonesty or material omission may disqualify me from consideration for employment (or contractor or volunteer). I agree that a copy of this document in faxed, photocopied or electronic (including electronically signed) form will be valid like the signed original. I further acknowledge that I have received additional state law notices that I have reviewed and read.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____



Total Package Express, Inc.

5871 Cheviot Road Cincinnati, Ohio 45247
PH: 513-741-5500 Fax: 513-741-5507

DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR QUALIFICATION PURPOSES

Disclosure

Total Package Express, Inc. may request from a consumer reporting agency and for employment-related purposes, a “consumer report(s)” (commonly known as “background reports”) containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC (“HireRight”) will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize **Total Package Express, Inc.** to obtain the consumer reports described above about me.

Applicant Name _____

Applicant Signature _____ Date _____



Total Package Express, Inc.

5871 Cheviot Road Cincinnati, Ohio 45247
PH: 513-741-5500 Fax: 513-741-5507

DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES

NOTICE TO DRIVER: The Commercial Driver’s License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration’s (FMCSA) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check if the Clearinghouse has any information about you, both at the time of qualification and annually. When conducting an annual inquiry, the motor carrier has the option to request a “limited” report that *only* indicates whether the Clearing house has any information about you, it does not release any violations or testing information. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER: This consent authorizes you to run a “limited query” to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you performed for this driver, based on the authorization below.

AUTHORIZATION

_____, hereby authorize
(Driver’s printed Name)

TOTAL PACKAGE EXPRESS, Inc. to conduct “pre-employment” and “annual” limited queries of the FMCSA’s Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my qualification with Total Package Express, Inc ceases or until I am no longer subject to drug and alcohol testing rules in 49 CFR Part 382.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver’s Signature: _____

Driver’s License Number: _____ State: _____ Date: _____

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

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

In connection with your application for employment with **Total Package Express, Inc.** (“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 **Total Package Express, Inc.** (“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