

## Request for Check of Driving Record

I hereby authorize \_\_\_\_\_ (Employer) to generate a Motor Vehicle Report for the purpose of investigation as required by § 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number and State of Issuance

\_\_\_\_\_  
Date of Expiration

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### Fair Credit Reporting Act Disclosure Statement

In accordance with the FAIR CREDIT REPORTING ACT (Public Law 91-508), as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that consumer reports verifying your previous employment, drug and alcohol test results, and driving record may be obtained on you for employment purposes.

I acknowledge the receipt of the above disclosure and authorize \_\_\_\_\_  
Company name  
to obtain consumer reports on me for employment purposes. The authorization is ongoing in the event such a report is needed in the future.

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

\_\_\_\_\_  
Date

# **Independent contractor Driver qualification file**

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ICC MC: \_\_\_\_\_ / US DOT: \_\_\_\_\_

# Independent contractor qualification file

Name \_\_\_\_\_

1. Application for independent contractor
2. Commercial driver license / Social security card
3. Driver authorization to release information / DMV Record printout
4. Request information from previous employer
5. Inquiry to State agencies / DMV Pull notice
6. Annual review of driving record
7. Annual driver's certification of violations
8. Medical examiner's certificate /Drug test by FMSCA regulation
9. Acknowledge receipt of FMCSR / Alcohol & Drug training form
10. FMCSA National Registry of Certified Medical Examiners print out
11. W-9 form
12. Independent contractor hauler agreement
13. Driver vehicle inspection report
14. Driver's road test examination
15. Cargo training acknowledgment
16. Disclosure of information
17. Qualifications of drivers / receipt of driver's rights
18. Unauthorized Passengers
19. Notification of license suspensions/revocations – Number of CDLs
20. Driver's certificate of CDL regulation
21. Log falsifications / Emergency contact

# APPLICATION FOR INDEPENDENT DRIVER OR OWNER OPERATOR

Miran Support LLC 4858 BRIDGE LN APT 8 MASON, OH 45040

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, region, sex, national origin, age, marital status, or non-job related medical condition or handicap - Equal Opportunity contractor.

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_ How long? \_\_\_\_\_  
STREET

Telephone \_\_\_\_\_ Mobile phone \_\_\_\_\_  
CITY STATE ZIP CODE

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Commercial Driver's License No. \_\_\_\_\_ State of Issue \_\_\_\_\_ Exp. Date \_\_\_\_\_

List your previous addresses for the past 3 years:

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

## EXPERIENCE IN THE OPERATION OF MOTOR VEHICLES

If don't have any experience in the operation of motor vehicles please, check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, REEFER, TANK, FLAT, ECT)	DATES		APPROX. NO. OF MILES (Total)
		From	To	
TRUCKS				
TRUCK TRACTORST				
SEMI TRAILERS				
FULL TRAILERS				
POLE TRAILERS				
OTHERS				

(ATTACH A SHEET IF MORE SPACE IS NEEDED)

## ACCIDENT RECORD

Please list all motor vehicle accidents in which you were involved for the past 3 years, listing the most recent accident first. If none, check here

DATES	NATURE OF ACCIDENT	FATALITIES	PERSONAL INJURES

# VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES (Other than violations involving only parking)

Please list all motor vehicle violations of which you were convicted or forfeited bond or collateral during the past 3 years. If none, check here

LOCATION	DATE	CHARGE	PENALTY

(ATTACH A SHEET IF MORE SPACE IS NEEDED)

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

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

IF THE ANSWER TO THE ABOVE QUESTIONS IS YES, ATTACH A STATEMENT GIVING DETAILS.

## PREVIOUS EMPLOYMENT RECORD

Dot Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown.  
Please list the most recent employers first.

EMPLOYER		DATE	
NAME		From Mo            Yr	To Mo            Yr
ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	REASON FOR LEAVING
CONTACT PERSON	PHONE NUMBER	Were you subject to the FMCSR DOT-alcohol and Drug testing?	

EMPLOYER		DATE	
NAME		From Mo            Yr	To Mo            Yr
ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	REASON FOR LEAVING
CONTACT PERSON	PHONE NUMBER	Were you subject to the FMCSR DOT-alcohol and Drug testing?	

EMPLOYER		DATE	
NAME		From Mo            Yr	To Mo            Yr
ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	REASON FOR LEAVING
CONTACT PERSON	PHONE NUMBER	Were you subject to the FMCSR DOT-alcohol and Drug testing?	

(ATTACH A SHEET IF MORE SPACE IS NEEDED)

## TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended) I hereby release employers from all liability in responding to inquiries and releasing information in connection with my employment application.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

# DRIVER'S WRITTEN AUTHORIZATION TO RELEASE INFORMATION

HAVE EACH DRIVER-APPLICANT SIGN THIS FORM BEFORE CONDUCTING THE MANDATORY SAFETY PERFORMANCE HISTORY BACKGROUND INVESTIGATIONS.

## DRIVER RELEASE

**To be completed by applicant**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to release information  
APPLICANT NAME PREVIOUS EMPLOYER NAME  
that verifies my previous employment and Safety Performance History as required by: 49 CFR PART 391.23 within 30 days of receiving this authorization.

By signing this release I acknowledge that the information released will be used by the Prospective contractor named below when making their hiring decision and will be kept confidential.

\_\_\_\_\_  
Driver's Full Name (print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor I Authorized Motor Carrier Representative Signature

\_\_\_\_\_  
Date

# REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

DRIVER'S NAME \_\_\_\_\_ DRIVER'S CDL#: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_  
CITY \_\_\_\_\_ SSN#: \_\_\_\_\_

MAIL TO PREVIOUS EMPLOYER: \_\_\_\_\_ REQUESTED BY PROSPECTIVE EMPLOYER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMAIL:

#### Authorization of Release

I, \_\_\_\_\_, do hereby authorize \_\_\_\_\_ To contact my previous employer(s) in accordance with current US DOT rules and regulation as set forth in 49 CFR 382.413 in order to obtain the following information for the preceding two years:  
I fully understand the above, and do hereby give my consent to obtain the information required by 49 CFR 382.413

\_\_\_\_\_  
Driver's Signature Date Witness's Signature Date

### Alcohol & Drug History

§40.25

Has the driver participated in the RANDOM controlled substances testing program for the previous 12 months? Y\_\_ N\_\_

**Please provide all of the documentation from the driver's past alcohol and drug testing results and documentation of participation in another/any drug testing program.**

1. Has the above named driver had an alcoholic test with a result of 0.04 alcohol concentration or greater. Yes  No   
2. Has the above named driver verified positive for controlled substances test result? Yes  No   
3. Has the above named driver refused a required test for alcohol or drugs during the past 12 months? Yes  No

If the answer to any of the above is yes, please identify the Substance Abuse Professional that administered treatment as required by the U.S. Department of Transportation.

\_\_\_\_\_  
NAME TELEPHONE or [ ] check here if it is unknown if the driver received treatment.

### Employment History

§391.23

THE ABOVE REFERENCED INDIVIDUAL STATES THAT HE/SHE WAS EMPLOYED BY YOU AS A COMMERCIAL MOTOR VEHICLE DRIVER \_\_\_\_\_ TRUCK DRIVER \_\_\_\_\_ BUS DRIVER OTHER \_\_\_\_\_

YOU REPLY WILL BE HELD IN STRICT CONFIDENCE AND WILL IN NO WAY INVOLVE YOU IN ANY RESPONSIBILITY

1. Please state the dates of employment for this driver: From \_\_\_\_\_ To \_\_\_\_\_  
2. What kind(s) of work did the applicant do? \_\_\_\_\_  
3. Did the applicant drive motor vehicles for you? Passenger car \_\_\_\_\_ Straight Truck \_\_\_\_\_  
Bus \_\_\_\_\_ Tractor-Semi-trailer \_\_\_\_\_ Other (Specify) \_\_\_\_\_  
4. Was the applicant a safe and efficient driver? \_\_\_\_\_  
5. Give the dates of vehicles accidents in which he/she was involved. \_\_\_\_\_  
6. Reason for leaving employment? \_\_\_\_\_  
7. Was the applicant's general conduct satisfactory? \_\_\_\_\_

\_\_\_\_\_  
Name of Company Name of Employer  
\_\_\_\_\_  
Signature Date

# ANNUAL REVIEW OF DRIVING RECORD

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Driver's Name \_\_\_\_\_ Driver's CDL#: \_\_\_\_\_  
Address \_\_\_\_\_ State of issue \_\_\_\_\_  
City \_\_\_\_\_ SSN#: \_\_\_\_\_

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This day I reviewed the driving record of the above driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Material Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicle, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that:

- the driver meets the minimum requirements for safe driving, or  
 the driver is disqualified to drive a motor vehicle pursuant to 391.15

_____	_____
Reviewer's Name	Title
_____	_____
Signature	Date

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- the driver meets the minimum requirements for safe driving, or  
 the driver is disqualified to drive a motor vehicle pursuant to 391.15

_____	_____
Reviewer's Name	Title
_____	_____
Signature	Date

---

- the driver meets the minimum requirements for safe driving, or  
 the driver is disqualified to drive a motor vehicle pursuant to 391.15

_____	_____
Reviewer's Name	Title
_____	_____
Signature	Date

---



# ANNUAL REVIEW OF DRIVING RECORD

---

Driver's Name \_\_\_\_\_ Driver's CDL#: \_\_\_\_\_  
Address \_\_\_\_\_ State of issue \_\_\_\_\_  
City \_\_\_\_\_ SSN#: \_\_\_\_\_

---

This day I reviewed the driving record of the above driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Material Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicle, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that:

- the driver meets the minimum requirements for safe driving, or  
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Reviewer's Name	Title
Signature	Date

---

- the driver meets the minimum requirements for safe driving, or  
 the driver is disqualified to drive a motor vehicle pursuant to 391.15

---

Reviewer's Name	Title
Signature	Date

---

- the driver meets the minimum requirements for safe driving, or  
 the driver is disqualified to drive a motor vehicle pursuant to 391.15

---

Reviewer's Name	Title
Signature	Date

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# ACKNOWLEDGMENT OF RECEIPT AND REVIEW OF CONTRACTOR'S CONTROLLED SUBSTANCES EDUCATION MATERIALS AND ALCOHOL POLICY

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- I acknowledge that my contractor provided me with a company drug and alcohol testing policy and education materials. I have reviewed my employer's policy, which includes following information on 49 CFR PART 40 AND PART 382.
- Information about safety sensitive functions and hours of compliance
- Categories of drivers who are subject to 49 CFR PART 382
- Identity of the Designated Employer Representative
- Prohibitions
- Circumstances for controlled substances and alcohol testing
- Collection procedures and safeguards
- The requirement to submit to testing
- What constitutes a refusal to submit and attendant consequences
- Consequences of violating the prohibitions, including removal from safety sensitive functions
- Administrative action for an alcohol concentration greater than 0.02 but less than 0.04
- Information on the effects of alcohol and controlled substances use
- Additional state requirements

Driver Full Name \_\_\_\_\_

Driver Signature \_\_\_\_\_

Contractor Representative Name \_\_\_\_\_

Contractor Representative Signature \_\_\_\_\_

**PROVIDE COPY TO DRIVER**

# ACKNOWLEDGE RECEIPT OF

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"FEDERAL MOTOR CARRIER SAFETY REGULATIONS»

I acknowledge receipt of the Federal Motor Carrier Safety regulations. I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation. PARTS 40,382,383,387, 390-397,3 99. Code of Federal Regulations (CFR) as contained therein.

"ALCOHOL AND DRUG TESTING INFORMATION FOR CONTRACTORS AND TRAINING»

I acknowledge receipt of publication entitled "Alcohol and Drug Testing Information for Employees". In addition, I have received training in alcohol and drug abuse.

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Driver's Name

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Driver's Signature

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Date

The above named person had been mailed or has received the above-described material

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Company Representative's Signature

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

# ALCOHOL & DRUG HISTORY

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## Federal Motor Carrier Safety Regulations Part 40.25

DRIVER'S NAME: \_\_\_\_\_

DRIVER'SCDL#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE OF ISSUE: \_\_\_\_\_

CITY: \_\_\_\_\_

SSN#: \_\_\_\_\_

Have you had an alcoholic test with a result of 0.04 alcohol concentration or greater?

Yes  No

Have you tested positive for controlled substances test?

Yes  No

Have you refused a required test for alcohol or drugs during the past 12 months?

Yes  No

If the answer to any of the above is yes, please provide explanation and identify the Substance Abuse Professional that administered treatment as required by the U.S. Department of Transportation.

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

This certifies that the information provided above is true and correct:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by

\_\_\_\_\_  
Signature



# PLEASE READ BEFORE YOU SIGN INDEPENDENT CONTRACTOR HAULER'S AGREEMENT

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AGREEMENT made on \_\_\_\_\_ between, \_\_\_\_\_ herein  
to as LESSEE, after referred

Located at

USDOT# \_\_\_\_\_ EIN \_\_\_\_\_

AND \_\_\_\_\_ hereinafter referred to as LESSOR located at:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Truck VIN# \_\_\_\_\_

Trailer VIN# \_\_\_\_\_

## **WITNESSETH:**

(1) LESSEE is a motor contract carrier of property authorized by the Federal Highway Administration by Permit No. MC 1114413 to provide transportation of property under contract with shippers and receivers of general commodities.

(2) LESSOR is the owner of the tractor and trailer equipment described on top and it is duly authorized and empowered to execute this agreement.

**NOW THEREFORE**, in consideration of the representation made herein, the parties agree as follows:

(1) The LESSEE hereby leases the equipment and services of LESSOR, owned and described on top.

LESSOR certifies that equipment subject to this lease meets U.S. Department of Transportation (DOT) safety requirements and standards, and that LESSEE shall inspect such equipment and shall determine that such requirements and standards have been met at the time of execution of this lease.

(2) Possession of equipment will be transferred under the terms of this lease from LESSOR to LESSEE beginning at the date and time of execution of this agreement and continue until cancellation is served by either LESSEE or LESSOR in writing. At such time as this lease agreement is terminated, LESSOR agrees to furnish LESSEE with written receipt to show that LESSOR retakes possession of the equipment.

(3) During the tenure of this lease agreement, the LESSEE shall have exclusive possession, control, and use of the equipment, and shall assume complete responsibility for the operation of the equipment for the duration of the lease, LESSOR agrees to properly identify equipment with the Federal Highway Administration's "MC" number and the name of LESSEE.

(4) LESSEE agrees to comply with all safety regulations required by the Department of Transportation and the various States in which operation are conducted.

(5) In consideration for the use of the equipment and services of LESSOR, the LESSEE agrees to compensate LESSOR in the amount of \_\_\_ \_\_\_% of gross revenues for each trip ticket. LESSEE will provide all permitting necessary. LESSOR has a right to examine LESSEE'S documentation containing information for determining charges billed to the shipper.

(6) Payment shall be made within 15 days after submission of the necessary delivery documents and other paperwork concerning a trip in the service of LESSEE. Delivery documents and paperwork concerning a trip require before the LESSOR can receive payment in defined. As driver's log books require by the Department of Transportation, and those documents necessary for LESSEE to secure payment from shipper.

LESSEE may require the submission of additional documents by the LESSOR but not as a prerequisite to payment. Payment to the LESSOR shall not be made contingent upon submission of a bill of lading to which no exception have been taken. The LESSOR shall not set time limits for the submission by the LESSOR of required delivery documents and other paper work. LESSOR must complete all trip tickets and reports. Each trip report must be turned in before the next trip is assigned.

(7) The LESSEE has a legal obligation and the responsibility to maintain liability and cargo insurance coverage for the protection of the public as required by the Federal Highway Administration regulations under 49 U.S.C. 10927, as amended by Public Law 104-88. All insurance cost for the operation of LESSOR'S equipment while in the service of LESSEE shall be paid by LESSOR. If the cost of the insurance is initially paid by LESSEE, such costs will be charged-back in full to LESSOR.

(8) The LESSOR is responsible for providing all fuel, meals and lodging, repairs and maintenance to tractor and trailer, tolls, ferries, detention, etc. necessary in the operation of equipment while in the service of LESSEE. If it becomes necessary for LESSEE to pay or provide any item that LESSOR is responsible for, the LESSEE has a right to deduct such cost from LESSOR'S compensation at the time of payment or settlement. If such deduction becomes necessary, then LESSEE will provide LESSOR with a full explanation and/or documentation as to how the amount of each item is to be computed. The LESSOR is not required to purchase or rent any products, equipment, or service from LESSEE as a condition of entering into this lease agreement

(9) It is duty of LESSOR to properly determine the condition of the freight at the time such freight is picked-up from the shipper, and a further duty to transport the shipment to its destination in as nearly that same condition as when it was picked-up. The LESSOR will inspect all shipment at the time of loading and mark any exceptions or conditions on the bill of lading or receipt. At the destination, the LESSOR will again inspect the freight with the consignee and mark on the delivery receipt any exceptions to the condition or damages to the shipment that occurred during transit. Delivery receipts will be turned in to the LESSEE as part of the documentation required for payment. The LESSEE has a right to deduct for damages of freight in transit caused by LESSOR and not reimbursed by insurance. The LESSEE will provide a written explanation and itemization of any deductions for cargo or property damage made from compensation to LESSOR.



(10) The DRIVER is responsible for loading and unloading freight to and from the trailer, unless proper notations are made on the bill of lading that the driver is responsible. Except when the violation results from the acts or omissions of the LESSOR, the LESSEE shall assume the risks and costs of fines for overweight and oversize trailers when the trailers are preloaded, sealed or the load is containerized, or when the trailer or lading is otherwise outside the LESSOR'S control; and for improperly permitted over dimension and overweight loads and LESSEE shall reimburse LESSOR for any fines paid by the LESSOR.

(11) Escrow funds or moneys placed on deposit with LESSEE by LESSOR are not required under the terms of this agreement.

(12) It is agreed that the services of LESSOR under the terms of this lease agreement is that of an independent contractor and that no "contractor-employer" relationship exists between LESSOR and LESSEE. LESSOR is therefore responsible for providing his own workman's compensation, insurance, employment and income taxes, etc. Further, any drivers or employees of LESSOR are the complete responsibility of the LESSOR.

(13) This lease agreement may be canceled upon written notice by either LESSOR or LESSEE. It is agreed that any loads in transit will be delivered prior to final settlement. Any costs incurred by LESSEE to complete the delivery of a load in transit will be charged to the LESSOR. The LESSOR agrees to remove identification of the lease and return such signs or devices to the LESSEE. If identification has been painted directly on the equipment, then LESSOR agrees to furnish a photograph of both sides of the equipment showing identification has been removed or painted over. Failure to furnish evidence of the removal of identification from the equipment will result in the withholding of the final settlement.

(14) This AGREEMENT is to become **effective** \_\_\_\_\_ **for a period of one ( 1 ) year** from such date, and from year to year thereafter, subject to the right of either party hereto to cancel or terminate the AGREEMENT at any time with written notice of one party or the other.

**IN WITNESS WHEREOF**, this agreement has been entered into the executed by duly authorized representatives of LESSOR and LESSEE.

_____	_____	____/____/____
LESSEE NAME	LESSEE SIGNATURE	DATE
_____	_____	____/____/____
LESSOR NAME	LESSOR SIGNATURE	DATE

# DRIVER VEHICLE INSPECTION REPORT

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## Federal Motor Carrier Safety Regulations Part 396.11

(a) Report required. Every motor carrier shall require its drivers to report, and every driver shall prepare a report in writing at the completion of each day's work on each vehicle operated and the report shall cover at least the following parts and accessories:

- Service brakes including trailer brake connections
- Parking (hand) brake
- Lighting devices and reflectors
- Horn
- Rear vision mirrors
- Wheels and rims
- Steering mechanism
- Tires
- Windshield wipers
- Coupling devices
- Emergency equipment

(b) Report content. The report shall identify the vehicle and list any defect or deficiency discovered by or reported to the driver which would affect the safety of operation of the vehicle or result in its mechanical breakdown. If no defect or deficiency is discovered by or reported to the driver, the report shall so indicate. In all instances, the driver shall sign the report. On two-driver operations, only one driver needs to sign the driver vehicle inspection report, provided both drivers agree as to the defects or deficiencies identified. If a driver operates more than one vehicle during the day, a report shall be prepared for each vehicle operated.

(c) Corrective action. Prior to requiring or permitting a driver to operate a vehicle, every motor carrier or its agent shall repair any defect or deficiency listed on the driver vehicle inspection report which would be likely to affect the safety of operation of the vehicle.

(c)(1) Every motor carrier or its agent shall certify on the original driver vehicle inspection report which lists any defect or deficiency that the defect or deficiency has been repaired or that repair is unnecessary before the vehicle is operated again.

(c)(2) Every motor carrier shall maintain the original driver vehicle inspection report, the certification of repairs, and the certification of the driver's review for three months from the date the written report was prepared. (d) Exceptions. The rules in this section shall not apply to a private motor carrier of passengers (nonbusiness), a driveaway-towaway operation, or any motor carrier operating only one commercial motor vehicle.

This certifies that I am familiar with the above mentioned qualifications specified in the U.S. Department of Transportation Federal Motor Carrier Safety Administration Manual

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Driver's Signature

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Date

# 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 \_\_\_\_\_

State \_\_\_\_\_

Type of Power Unit \_\_\_\_\_

Type of Trailer(s) \_\_\_\_\_

If passenger earner, type of bus \_\_\_\_\_

This is to certify that the above-named driver was given a road test under my supervision on \_\_\_\_\_, 20\_\_, 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)

\_\_\_\_\_  
(Organization and Address of Examiner)

# CARGO TRAINING ACKNOWLEDGEMENT

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**No driver may, and no motor carrier may permit a driver to, operate a commercial vehicle unless the driver followed the regulations for inspecting, tying down and securing cargo. Although motor carriers and drivers who transport bulk materials only, may be exempt from the requirements, they must comply with the inspection requirements.**

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**I have been trained and instructed on the regulations for inspection, tying down and securing cargo that went into effect January 1, 2004. The training included:**

- Inspecting cargo
- General securing cargo standards
- Performance criteria of securing cargo systems
- Standards for securing cargo devices
- Securing particular articles of cargo
- Determining working load limits
- Determining aggregate working load limits
- Determining the minimum number of tie downs needed to secure cargo of different lengths and weight
- Front-end structure requirements

\_\_\_\_\_  
Driver's Full Name (print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor / Authorized Motor Carrier Representative Signature

\_\_\_\_\_  
Date

# DISCLOSURE OF INFORMATION

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**The Fair Credit Reporting Act  
Public Law 91-508 effective April 25, 1971 and Amendments  
(15 U.S.C. § 1681 et seq.)**

**TITLE VI-PROVISIONS RELATING TO CREDIT REPORTING AGENCIES  
AMENDMENT OF CONSUMER CREDIT PROTECTION ACT**

**604. Permissible purposes of reports**

"A consumer reporting agency may furnish a consumer report under the following circumstances and no other:

"(1) In response to the order of a court having jurisdiction to issue such an order, or a subpoena issued in connection with proceedings before a Federal grand jury.

"(2) In accordance with the written instructions of the consumer to whom it relates.

"(3) To a person which it has reason to believe-

"(A) intends to use the information in connection with a credit transaction involving the consumer on whom the information is to be furnished and involving the extension of credit to, or review or collection of an account of, the consumer; or

**"(B) intends to use the information for employment purposes; or**

"(C) Intends to use the information in connection with the underwriting of insurance involving the consumer; or

"(D) intends to use the information in connection with a determination of the consumer's eligibility for a license or other benefit granted by a governmental instrumentality required by law to consider an applicant's financial responsibility or status; or

"(E) Otherwise has a legitimate business need for the information in connection with a business transaction involving the consume.

This certifies that I am familiar with the above mentioned requirements by the U.S. Department of Transportation Federal Motor Carrier Safety Regulations

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Driver's Signature

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Date

# QUALIFICATIONS OF DRIVERS

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U.S. Department of Transportation Federal Motor Carrier Safety Administration PART 391

Motor carriers must assure that all drivers of commercial motor vehicles meet the minimum qualifications specified in Part 391.

## Driver Requirements

A driver must meet the following requirements:

1. Be in good health and physically able to perform all duties of a driver.
2. Be at least 21 years of age.
3. Speak and read English well enough to converse with the general public, understand highway traffic signs and signals, respond to official questions, and be able to make legible entries on reports and records.
4. Be able to drive the vehicle safely.
5. Know how to safely load and properly block, brace, and secure the cargo.
6. Have only one valid commercial motor vehicle operator's license.
7. Provide an employing motor carrier with a list of all motor vehicle violations or a signed statement that the driver has not been convicted of any motor vehicle violations during the past 12 months. A disqualified driver must not be allowed to drive a commercial motor vehicle for any reason.
8. Pass a driver's road test or equivalent.
9. Complete an application for contractor
10. Possess a valid medical certificate.

## Examples of physical requirements (Section 391.41 provides the complete list of physical requirements)

1. Has no loss of a foot, a leg, a hand, or an arm
2. Has no established medical history or clinical diagnosis of diabetes requiring insulin for control
3. Has no clinical diagnosis of any disqualifying heart disease
4. Has no clinical diagnosis of high blood pressure
5. Has no clinical diagnosis of epilepsy
6. Has 20/40 vision or better with corrected lenses
7. Has distant binocular acuity of at least 20/40 in both eyes
8. Has the ability to recognize the colors (red, green and amber) of traffic signals
9. Has hearing to perceive a forced whisper
10. Has no history of drug (Schedule 1) use or any other substance identified in Appendix D
11. Has no clinical diagnosis of alcoholism

## Exemptions

There are provisions for an exemption to a disqualification for certain physical defects if the individual is otherwise qualified to drive.

## Additional instructions for medical examination

Additional instructions for the examining doctor are available from:

Director, Office of Bus and Trucks Standards and Operations  
Federal Motor Carrier Safety Administration  
400 Seventh Street, S.W. (MC-PS)  
Washington, DC 20590

## Limited exemptions

The following specific conditions and types of drivers are exempt from specific record keeping requirements: Drivers regularly employed before January 1, 1971 -Drivers who have been regular employees of a motor carrier for a continuous period that began before January 1, 1971 are exempt from:

1. Applications for employment
2. Road Tests

## Multiple employer drivers

Multiple-employer drivers- If a motor carrier employs a person as a driver on any basis, the motor carrier must have on file the driver's name, social security number, identification number, type, issuing state of his/her motor vehicle operator's license, medical certificate, road test and certificate, and controlled substance test results, even if that driver's primary employment is with another carrier.

Drivers furnished by other motor carriers- A motor carrier using a driver regularly employed by another motor carrier must have on file a signed written certificate that includes the driver's name and signature, certification of the driver's full qualifications, and expiration date of the driver's medical examiner's certificate.

## Disqualifying offenses

A driver is disqualified from operating a commercial motor vehicle on public highways, for the following offenses:

1. Revocation, suspension, or withdrawal of an operator's license
2. Conviction or forfeiture of bond for the following criminal offenses while driving a commercial motor vehicle:
  - o Driving a CMV while under the influence of alcohol.
  - o Driving a CMV while under the influence of a disqualifying drug or other controlled substance.
  - o Leaving the scene of an accident that involves a CMV.
  - o Using a CMV to commit a felony.
  - o Using a CMV to violate an Out-of-Service Order.

## Penalties

1 A first offender is disqualified for one year following conviction or forfeiture 2 For a second offense within three years, a driver is disqualified for three years.

This certifies that I am familiar with the above mentioned qualifications specified in Part 391 of the U.S. Department of Transportation Federal Motor Carrier Safety Administration.

---

Driver's Signature

---

Date of Certification

---

Reviewer's Signature

---

Title



# RECEIPT OF DRIVER'S RIGHTS

---

HAVE EACH DRIVER-APPLICANT SIGN THIS FORM BEFORE YOU ACCEPT HIS /  
HER CONTRACTOR APPLICATION.

## DRIVER REVIEW AND RECEIPT

- I acknowledge that Miran Support LLC has provided me with written instruction regarding my  
\_\_\_\_\_  
COMPANY NAME
- Rights as defined in Part 391.23(i)-(j) of the Federal Motor Carrier Safety Regulations. I have reviewed these materials which include information on the following:
- Right to Review Information - I have the right to review the information provided by my previous DOT regulated employer(s).
- Right to Request Corrections - I have the right to request corrections to information that my previous DOT - regulated employer(s) provides, which I believe contains errors.
- Right to Rebut Information - I have the right to rebut the information provided by my previous DOT - regulated employer(s).

\_\_\_\_\_  
Driver's Full Name (print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor / Authorized Motor Carrier Representative Signature

\_\_\_\_\_  
Date

# UNAUTHORIZED PASSENGERS

---

## Federal Motor Carrier Safety Regulations Part 392.60

Unauthorized persons not to be transported.

(a) Unless specifically authorized in writing to do so by the motor carrier under whose authority the commercial motor vehicle is being operated, no driver shall transport any person or permit any person to be transported on any commercial motor vehicle other than a bus. When such authorization is issued, it shall state the name of the person to be transported, the points where the transportation is to begin and end, and the date upon which such authority expires. No written authorization, however, shall be necessary for the transportation of: (a)(1) Employees or other persons assigned to a commercial motor vehicle by a motor carrier; (a)(2) Any person transported when aid is being rendered in case of an accident or other emergency; (a)(3) An attendant delegated to care for livestock.

(b) This section shall not apply to the operation of commercial motor vehicles controlled and operated by any farmer and used in the transportation of agricultural commodities or products thereof from his/her farm or in the transportation of supplies to his/her farm.

This certifies that I am familiar with the above mentioned qualifications specified in the U.S. Department of Transportation Federal Motor Carrier Safety Administration Manual

---

Driver's Signature

---

Date

# **NOTIFICATION OF DRIVER'S LICENSE SUSPENSION/REVOICATION**

---

## **Federal Motor Carrier Safety Regulations Part 383.33**

Notification of driver's license suspensions.

Each contractor who has a driver's license suspended, revoked, or canceled by a State or jurisdiction, who loses the right to operate a commercial motor vehicle in a State or jurisdiction for any period, or who is disqualified from operating a commercial motor vehicle for any period, shall notify his/her current contractor of such suspension, revocation, cancellation, lost privilege, or disqualification. The notification must be made before the end of the business day following the day the contractor received notice of the suspension, revocation, cancellation, lost privilege, or disqualification.

This certifies that I am familiar with the above mentioned qualifications specified in the U.S. Department of Transportation Federal Motor Carrier Safety Administration Manual

---

Driver's Signature

---

Date

---

## **NUMBER OF DRIVER'S LICENSES**

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### **§ 383.21 Number of drivers' licenses.**

No person who operates a commercial motor vehicle shall at any time have more than one driver's license. [64FR48110, Sept. 2, 1999]

This certifies that I am familiar with the above mentioned qualifications specified in the U.S. Department of Transportation Federal Motor Carrier Safety Administration Manual

---

Driver's Signature

---

Date

# Notice to Drivers & Certificate of Compliance

## Notice to Drivers

The commercial motor vehicle safety act of 1986 provides for stronger controls over drivers of commercial vehicles. The law applies to all drivers operating vehicles and combinations with a gross vehicle weight rating over 26000 lbs., and to any vehicle, regardless of weight, transporting hazardous materials in a quantity requiring placards.

The following provisions of this legislation became effective July 1, 1987:

- 1) No driver may possess more than one license, and no motor carrier may use a driver having more than one license.
- 2) A driver convicted of a traffic violation in any vehicle must notify the motor carrier and the state, which issued the license to that driver of the conviction within 30 days.
- 3) Any person applying for a job as a commercial vehicle driver must inform the prospective contractor of any previous employments as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
- 4) The federal motor carrier safety regulations require that a driver who loses any privilege to operate a commercial motor vehicle, or who is disqualified from operating a commercial motor vehicle, must advise the motor carrier the next business day after receiving notification.

**Penalties** - Any violation of the above is punishable by a fine not to exceed \$2500. Willful violation of (1) or (3), above or failure to notify the motor carrier within 30 days of the loss of any driving privilege to operate a commercial vehicle can result in criminal Penalties not to exceed \$5000 and 1 or 90 days in jail.

## Certification by Driver

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986.

Drivers Name \_\_\_\_\_ Social Sec. # \_\_\_\_\_

Address \_\_\_\_\_

License: State \_\_\_\_\_ Class \_\_\_\_\_ Number \_\_\_\_\_

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

# DRIVER'S CERTIFICATE OF TRAINING ON THE CDL REGULATIONS

The Commercial Driver's License, regulations define offenses that if committed can cause a driver's license to be suspended, revoked, cancelled or cause the driver to be disqualified from operating a commercial motor vehicle.

I have been trained and instructed on the DOT regulations and penalties that I am subject to if convicted of any of the following offenses while operating a commercial or non-commercial motor vehicle.

- Having an alcohol concentration of 0.04 or greater while operating a commercial vehicle
- Being under the influence of alcohol as by State law
- Being under the influence of a controlled substance
- Refusing to take an alcohol test as required by State law
- Leaving the scene of an accident
- Using a vehicle to commit a felony
- 1 Driving with a suspended, cancelled or revoked CDL.2 driving a commercial vehicle without a CDL
- 1 Speeding excessively. 2 Driving recklessly
- 1 Following too closely. 2 Driving a commercial vehicle without the proper class of commercial license.
- Violating a traffic law arising in connection with a fatal accident.
- Causing a fatality with a commercial vehicle
- Making improper or erratic lane changes

\_\_\_\_\_  
Driver's Full Name (print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor I Authorized Motor Carrier Representative Signature

\_\_\_\_\_  
Date

# LOG FALSIFICATIONS

## Federal Motor Carrier Safety Regulations Part 395.8

Driver's record off duty status.

a) Except for a private motor carrier of passengers (nonbusiness), every motor carrier shall require every driver used by the motor carrier to record his/her duty status for each 24 hour period using the methods prescribed in either paragraph (a)(1) or (2) of this section.

(1) Every driver who operates a commercial motor vehicle shall record his/her duty status, in duplicate, for each 24-hour period. The duty status time shall be recorded on a specified grid, as shown in paragraph (g) of this section. The grid and the requirements of paragraph (d) of this section may be combined with any company forms. The previously approved format of the Daily Log, Form MCS-59 or the Multi-day Log, MCS-139 and 139A, which meets the requirements of this section, may continue to be used.

(2) Every driver who operates a commercial motor vehicle shall record his/her duty status by using an automatic on-board recording device that meets the requirements of 11 395.15 of this part. The requirements of 11 395.8 shall not apply, except paragraphs (e) and (k) (1) and (2) of this section.

(b) The duty status shall be recorded as follows: (1) "Off duty" or "OFF;" (2) "Sleeper berth" or "SB" (only if a sleeper berth used). (3) "Driving" or "D." (4) "On-duty not driving" or "ON.»

(c) For each change of duty status (e.g., the place of reporting for work, starting to drive, on-duty not driving and where released from work), the name of the city, town, or village, with State abbreviation, shall be recorded.

Note:

If a change of duty status occurs at a location other than a city, town, or village, show one of the following (1) The highway number and nearest milepost followed by the name of the nearest city, town, or village and State abbreviation, (2) the highway number and the name of the service plaza followed by the name of the nearest city, town, or village and State abbreviation, or (3) the highway numbers of the nearest two intersecting roadways followed by the name of the nearest city, town, or village and State abbreviation.

(d) The following information must be included on the form in addition to the grid:

- (1) Date;
- (2) Total miles driving today;
- (3) Truck or tractor and trailer number;
- (4) Name of carrier;
- (5) Driver's signature/certification;
- (6) 24-hour period starting time (e.g. midnight, 9:00 a.m., noon, 3:00 p.m.);
- (7) Main office address;
- (8) Remarks;
- (9) Name of co-driver;
- (10) Total hours (far right edge of grid);
- (11) Shipping document number(s), or name of shipper and commodity;

(e) Failure to complete the record of duty activities of this section or 11 395.15 , failure to preserve a record of such duty activities, or making of false reports in connection with such duty activities shall make the driver and/or the carrier liable to prosecution.

(f) The driver's activities shall be recorded in accordance with the following provisions:

(1) Entries to be current. Drivers shall keep their records of duty status current to the time shown for the last change of duty status.

(2) Entries made by driver only. All entries relating to driver's duty status must be legible and in the driver's own handwriting.

(3) Date. The month, day and year for the beginning of each 24-hour period shall be shown on the form containing the driver's duty status record.

(4) Total miles driving today. Total mileage driven during the 24-hour period shall be recorded on the form containing the driver's duty status record.

(5) Commercial motor vehicle identification. The driver shall show the number assigned by the motor carrier, or the license number and licensing State of each commercial motor vehicle operated during each 24-hour period on his/her record of duty status. The driver of an articulated (combination) commercial motor vehicle shall show the number assigned by the motor carrier, or the license number and licensing State of each motor vehicle used in each commercial motor vehicle combination operated during that 24-hour period on his/her record of duty status.

(6) Name of motor carrier. The name(s) of the motor carrier(s) for which work is performed shall be shown on the form containing the driver's record of duty status. When work is performed for more than one motor carrier during the same 24-hour period, the beginning and finishing time, showing a.m. or p.m., worked for each motor carrier shall be shown after each motor carrier's name. Drivers of leased commercial motor vehicles shall show the name of the motor carrier performing the transportation.

(7) (Signature) \_\_\_\_\_ /certification. The driver shall certify to the correctness of all entries by signing the form containing the driver's duty status record with his/her legal name or name of record. The driver's signature certifies that all entries required by this section made by the driver are true and correct.

(8) Time base to be used. (i) The driver's duty status record shall be prepared, maintained, and submitted using the time standard in effect at the driver's home terminal, for a 24-hour period beginning with the time specified by the motor carrier for that driver's home terminal.

(ii) The term "7 or 8 consecutive days" means the 7 or 8 consecutive 24-hour periods as designated by the carrier for the driver's home terminal.

(iii) The 24-hour period starting time must be identified on the driver's duty status record. One-hour increments must appear on the graph, be identified, and preprinted. The words "Midnight" and "Noon" must appear above or beside the appropriate one-hour increment.

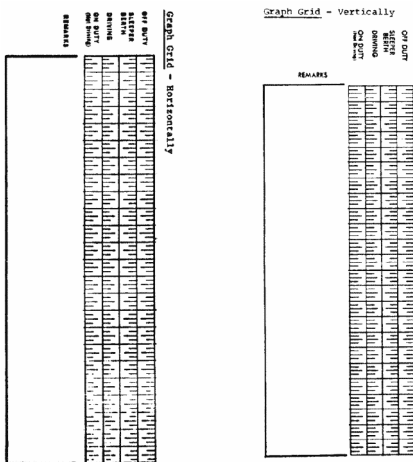
(9) Main office address. The motor carrier's main office address shall be shown on the form containing the driver's duty status record.

(10) Recording days off duty. Two or more consecutive 24-hour periods off duty may be recorded on one duty status record.

(11) Total hours. The total hours in each duty status: ff duty other than in a sleeper berth; off duty in a sleeper berth; driving, and on duty not driving, shall be entered to the right of the grid, the total of such entries shall equal 24 hours.

(12) Shipping document number(s) or name of shipper and commodity shall be shown on the driver's record of duty status.

(g) Graph grid. The following graph grid must be incorporated into a motor carrier record keeping system which must also contain the information required in paragraph (d) of this section.



(h) Graph grid preparation. The graph grid may be used horizontally or vertically and shall be completed as follows:

(1) Off duty. Except for time spent resting in a sleeper berth, a continuous line shall be drawn between the appropriate time markers to record the period(s) of time when the driver is not on duty, is not required to be in readiness to work, or is not under any responsibility for performing work.

(2) Sleeper berth. A continuous line shall be drawn between the appropriate time markers to record the period(s) of time off duty resting in a sleeper berth, as defined in 11 395.2 . (If a non-sleeper berths operation, sleeper berth need not be shown on the grid.) (3) Driving. A continuous line shall be drawn between the appropriate time markers to record the period(s) of driving time, as defined in 11 395.2 .

(4) On duty not driving. A continuous line shall be drawn between the appropriate time markers to record the period(s) of time on duty not driving specified in 11 395.2 .

(5) Location? Remarks. The name of the city, town, or village, with State abbreviation where each change of duty status occurs shall be recorded.

Note: If a change of duty status occurs at a location other than a city, town, or village, show one of the following: (1) The highway number and nearest milepost followed by the name of the nearest city, town, or village and State abbreviation, (2) the highway number and the name of the service plaza followed by the name of the nearest city, town, or village and State abbreviation, or (3) the highway numbers of the nearest two intersecting roadways followed by the name of the nearest city, town, or village and State abbreviation.

(i) Filing driver's record of duty status. The driver shall submit or forward by mail the original driver's record of duty status to the regular employing motor carrier within 13 days following the completion of the form.

j) Drivers used by more than one motor carrier.

(1) When the services of a driver are used by more than one motor carrier during any 24-hour period in effect at the driver's home terminal, the driver shall submit a copy of the record of duty status to each motor carrier.

The record shall include:

(i) All duty time for the entire 24-hour period;

(ii) The name of each motor carrier served by the driver during that period; and

(iii) The beginning and finishing time, including a.m. or p.m., worked for each carrier.

(2) Motor carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carriers.

(k) Retention of driver's record of duty status.

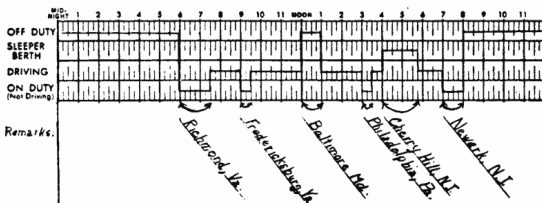
(1) Each motor carrier shall maintain records of duty status and all supporting documents for each driver it employs for a period of six months from the date of receipt.

(2) The driver shall retain a copy of each record of duty status for the previous 7 consecutive days which shall be in his/her possession and available for inspection while on duty.

Note: Driver's Record of Duty Status.

The graph grid, when incorporated as part of any form used by a motor carrier, must be of sufficient size to be legible.

The following executed specimen grid illustrates how a driver's duty status should be recorded for a trip from Richmond, Virginia, to Newark, New Jersey. The grid reflects the midnight to midnight 24 hour period.



Graph Grid (Midnight to Midnight Operation)

The driver in this instance reported for duty at the motor carrier's terminal. The driver reported for work at 6 a.m., helped load, checked with dispatch, made a pretrip inspection, and performed other duties until 7:30 a.m. when the driver began driving. At 9 a.m. the driver had a minor accident in Fredericksburg, Virginia, and spent one half hour handling details with the local police. The driver arrived at the company's Baltimore, Maryland, terminal at noon and went to lunch while minor repairs were made to the tractor. At 1 p.m. the driver resumed the trip and made a delivery in Philadelphia, Pennsylvania, between 3 p.m. and 3:30 p.m. at which time the driver started driving again. Upon arrival at Cherry Hill, New Jersey, at 4 p.m., the driver entered the sleeper berth for a rest break until 5:45 p.m. at which time the driver resumed driving again. At 7 p.m. the driver arrived at the company's terminal in Newark, New Jersey. Between 7 p.m. and 8 p.m. the driver prepared the required paperwork including completing the driver's record of duty status, driver vehicle inspection report, insurance report for the Fredericksburg, Virginia accident, checked for the next day's dispatch, etc. At 8 p.m., the driver went off duty.

(Approved by the Office of Management and Budget under control number 2125? 0016) (a) Report required. Every motor carrier shall require its drivers to report, and every driver shall prepare a report in writing at the completion of each day's work on each vehicle operated and the report shall cover at least the following parts and accessories:

This certifies that I am familiar with the above mentioned qualifications specified in the U.S. Department of Transportation Federal Motor Carrier Safety Administration Manual

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Federal Motor Carrier Safety Regulations

Retain for 3 years after the driver leaves your contractor



# EMERGENCY CONTACT

**In case of emergency please contact:**

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

## REFERENCES

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

## Driver Consent for Annual Limited Query

Company Name (Company):	
-------------------------	--

As stipulated in FMCSA rule §382.701 Drug and Alcohol Miran Support LLC In lieu of a full query, an employer may obtain the individual driver's consent to conduct a limited query to satisfy the annual query requirement. The limited query will tell the employer whether there is information about the individual driver in the Miran Support LLC but will not release that information to the employer. The individual driver may give consent to conduct limited queries that is effective for more than one year.

If the limited query shows that information exists in the Miran Support LLC about the individual driver, the employer must conduct a full query, within 24 hours of conducting the limited query. If the employer fails to conduct a full query within 24 hours, the employer must not allow the driver to continue to perform any safety-sensitive function until the employer conducts the full query and the results confirm that the driver's Miran Support LLC record contains no prohibitions.

The driver needs to register in the Miran Support LLC and provide consent in the Miran Support LLC for a full query to be fulfilled. If the driver fails to register and consent for the full query, the employer must not allow the driver to continue to perform any safety-sensitive function until the employer is able to conduct the full query and the results confirm that the driver's Miran Support LLC record contains no prohibitions.

I hereby consent to the employer listed above to perform unlimited limited queries to the FMCSA Drug and Alcohol Miran Support LLC to determine whether drug or alcohol violation information about me exists in the Miran Support LLC.

I understand that if the limited query conducted by the Company indicates that drug or alcohol violation information about me exists in the Miran Support LLC, FMCSA will not disclose that information to the Company without first obtaining additional specific consent.

I further understand that if I refuse to provide consent for (Company Name) to conduct a limited query of the Miran Support LLC, (Company Name) must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

This consent is valid for a period of five years or until my employment with the company is terminated.

Driver Name:		
CDL # with State of Issue:		
Driver Signature:		Date:



Miran Support LLC  
4858 BRIDGE LN APT 8 MASON  
OH 45040  
Tel: 307 509-09-87  
Email: info@miransupport.com

## MIRAN SUPPORT LLC DRIVER ORIENTATION ACKNOWLEDGEMENT SHEET

I acknowledge I reviewed the Miran Support LLC Driver Orientation presentation on the date listed below. I also received "Safety Regulations" pocketbook issued by Safety Manager & Associates and agree to review it.

I understand that it is my responsibility to read, understand and comply with the Handbook and policies outlined by Miran Support LLC.

Driver Signature: \_\_\_\_\_

Driver Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Safety Manager signature: \_\_\_\_\_

Training Reviewed (check all that apply)

\_\_\_\_\_ HR

\_\_\_\_\_ Safety

CC. Employee file



## RESPONSIBILITIES CONSENT FORM

Miran Support LLC is announcing that Owner Operators/Independent Contractors who contracted with Miran Support LLC are solely responsible for drivers in cab safety, insurance and all financial responsibilities. Owner Operators/Independent Contractors are responsible to cover the earnings to co-drivers from their own received paychecks. Co-Drivers cannot request any funds from Miran Support LLC at any time during or after their duties performed to Miran Support LLC

I, \_\_\_\_\_ hereby read and understand the contest of this consent form. I will bear all insurance, safety and financial responsibilities to any co-driver who will perform the duties starting from the time employment and after their termination from Miran Support LLC.

---

Drivers Signature

---

Date

# SOCIAL MEDIA POLICY

These guidelines apply to employees or contractors of Miran Support LLC who create or contribute to blogs, wikis, social networks, virtual worlds, or any other kind of social media during work hours and non-work hours. The list includes but is not limited to: Twitter, Facebook, pages/groups, Tumblr, Google+, Wikipedia, Pinterest, Instagram, YouTube, Foursquare, LinkedIn, WordPress, Vimeo or comments on online media stories.

**Note:** This Policy does not apply to employees' personal use of social media platforms outside of workhours where the employee makes no reference to company related topics.

## Social Media Specific Policy for Employees or Contractors

Take time to understand and follow these simple but important guidelines. Our overall goal is simple: to enable employees and contractors to participate online in a respectful, relevant way that protects our reputation and follows the letter and spirit of the law.

### Internet/Intranet Usage:

- a. Acceptable Use-Internet access is to be used primarily for business purposes. Any personal social media use must not interfere with normal business activities, must not involve solicitations, must not be associated with any for-profit outside business activity, and must not potentially embarrass the company, damage the company's reputation or its image.
- b. **Blocked Content** - The company at its sole discretion, reserves the right to restrict any posts company related to any internet side.
- c. Never represent yourself or the company in a false or misleading way. All statements must be true and not misleading; all claims must be substantiated.
- d. Post Meaningful, respectful comments-In other words, please avoid spam and remarks that that are off-topic or offensive.
- e. Stick to your area of expertise and feel free to provide unique, individual perspectives on non-confidential activities at the company.

Be smart about protecting yourself, your privacy, and the company's confidential information. What you publish is widely accessible and will be around for a long time, so consider the content carefully.

**Employee Full Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Direct Payment via ACH is the transfer of funds a consumer account for the purpose of making a payment.

I (we) authorize Miran Support LLC ("COMPANY") to electronically debit my (our) account and if necessary, electronically credit my (our) account to correct erroneous debits as follows:

Select one:

- ◇ Checking Account
- ◇ Saving Account

At the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Date(s) and / or frequency of debit(s) \_\_\_\_\_

I (we) understand that this authorization will remain in full force and effect until I (we) notify company Miran Support LLC located at 4858 BRIDGE LN APT 8 MASON, OH 45040 that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 2 weeks prior notice in order to cancel this authorization.

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

Address shown on the bank account \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_