

Driver Qualification File Checklist

[49 CFR 391](#) explains the minimum requirements for commercial motor vehicle drivers. Motor carriers are required to maintain a [qualification file](#) for each of their drivers. The following checklist will help you ensure that each driver qualification file is complete.

✓	Form/Inquiry/Note to Include	Must Retain Document For
	Inquiry To State Agencies for Driving Record – Annual – 49 CFR 391.25 (a) and (c) Motor carriers must contact State agencies annually for an updated copy of each driver’s MVR.	3 years from date of execution
	Review of Driving Record – Annual – 49 CFR 391.25 (c) (2) At least once every 12 months, the carrier must collect a current motor vehicle record (MVR) from the State issuing a driver’s license, and review the MVR to determine whether the driver still meets the minimum requirements for safe driving, and to confirm they are not disqualified pursuant to 49 CFR 391.15. A note including the name of the person who performed this review and the date must be retained in the file with the MVR.	3 years from date of execution
Ongoing Updates	Driver’s Certification of Violations – Annual – 49 CFR 391.27 At least once every 12 months, drivers must submit a list of all convicted violations of motor vehicle traffic laws and ordinances during the previous 12 months. Carrier must review this and compare it with the driver’s annual MVR. Note: Drivers who have provided information required by 49 CFR 383.31 need not repeat information in this annual list of violations.	3 years from date of execution
	Medical Examination Report and Medical Examiner’s Certificate – 49 CFR 391.43 All commercial drivers are required to pass a physical exam conducted by a licensed medical examiner at least once every 24 months. The carrier must retain a copy of this certificate. For CDL drivers; the carrier must retain a copy of the CDLIS motor vehicle record, which contains the examination information.	3 years from date of execution
	Employer note verifying that medical examiner is listed on National Registry of Certified Medical Examiners – Non-CDL drivers: 49 CFR 391.51(b)(9)(i) ; CDL drivers: 49 CFR 391.51(b)(9)(ii) A note must be included in the driver’s qualification file to verify that the medical examiner is listed on the National Registry of Certified Medical Examiners .	3 years from date of execution
	Driver’s Application for Employment – 49 CFR 391.21 A driver must not drive a CMV unless an application for employment is completed and signed.	Life of employment + 3 years after termination
Initial DQ File Documents	Driver’s Road Test Certificate or Equivalent* – 49 CFR 391.31(e) A person must not drive a commercial motor vehicle until he/she has successfully completed a road test and has been issued a certificate.	Life of employment + 3 years after termination
	Inquiry to Previous Employers: Safety Performance History Records Request – 49 CFR 391.23(a)(1)and(b) Carriers must investigate the driver’s employment record during the preceding three years. This investigation must be completed within 30 days of the date employment begins. Carrier must retain a record of the request and all response documentation.	Life of employment + 3 years after termination

✓	Form/Inquiry/Note to Include	Must Retain Document For
	<p>Safety Performance History Records: Driver Correction or Rebuttal (if applicable) — 49 CFR 391.23(j)(2) and 49 CFR 391.23(j)(3)</p> <p>Carriers must maintain a record of both the request for a driver’s safety performance history and any related documentation, for example if a driver documents that information in the history is inaccurate.</p>	Life of employment + 3 years after termination
	<p>Inquiry To State Agencies for 3-Year Driving Record — 49 CFR 391.23(a)(1)and(b)</p> <p>Carriers must contact State agencies for the driver’s MVR for the past three years. Request must be made within 30 days of hire. MVR must be kept in the driver’s personnel file, and updated annually. See “Review of Driving Record” entry above.</p>	Life of employment + 3 years after termination
	<p>Pre-Employment Drug and Alcohol Documents — 49 CFR 40.25(j); 49 CFR 382.301</p> <p>Employers must ask potential employees if they have tested positive or refused to test, on any pre-employment drug or alcohol test within the past three years. If the potential employee admits to having a positive test or refused to test, that individual must not perform safety-sensitive functions until the successful completion of the return-to-duty process. Documentation demonstrating completion of return-to-duty process must be retained in the driver qualification file.</p>	See Controlled Substances and Alcohol chapter for recordkeeping requirements.
The following additional documents are only required for certain types of drivers, or in specific situations.		
	<p>Entry-Level Driver Training Certificate — 49 CFR 380.509(b)</p> <p>All CDL drivers with less than one year experience must provide this certificate.</p>	3 years from date of execution
	<p>Longer Combination Vehicle (LCV) Driver Training Certificate — 49 CFR 380.401</p> <p>A driver must not operate an LCV unless the driver can produce an LCV Driver Training Certificate or an LCV Driver Training Certificate of Grandfathering.</p>	Life of employment + 3 years after termination
	<p>Longer Combination Vehicle (LCV) Certificate of Grandfathering — 49 CFR 380.111</p>	Life of employment + 3 years after termination
	<p>Multiple-Employer Drivers — 49 CFR 391.63</p>	Life of employment + 3 years after termination
	<p>Skill Performance Evaluation Certificate — 49 CFR 391.49</p>	3 years from date of execution

Initial DQ File Documents

This is an example driver employment application. Carriers do not need to use this exact form, but must have a completed and signed employment application for all drivers that contains the information listed in [49 CFR 391.21](#).

DRIVER EMPLOYMENT APPLICATION

[COMPANY NAME, ADDRESS, PHONE NUMBER, AND EMAIL]
An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States? YES NO

PREVIOUS THREE YEARS RESIDENCY					
<i>Attach additional sheet if more space is needed</i>					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

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

Attach additional sheet if more space is needed. Check this box if none

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

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

If yes, explain

Has any license, permit, or privilege ever been suspended or revoked? YES NO

If yes, explain

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

SECOND (MOST RECENT) EMPLOYER

NAME				PHONE			
ADDRESS							
POSITION HELD			FROM MO/YR			TO MO/YR	
REASON FOR LEAVING						SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)							
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO							

THIRD (MOST RECENT) EMPLOYER

NAME				PHONE			
ADDRESS							
POSITION HELD			FROM MO/YR			TO MO/YR	
REASON FOR LEAVING						SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)							
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO							

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				Y	N	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			

Company Name _____

Company Address _____

email: _____

Phone Number: _____

Drug Test Order

Date

This document serves as an order for driver who has been identified below to go to Texas Alcohol & Drug located in Uvalde TX to submit the following drug test.

Type of Drug Test (Circle One)

-Pre-Employment

-Accident

-Random

Driver Name: _____

Owner Name: _____

Owner

DRUG/ALCOHOL TESTING CONSENT FORM

I, _____, hereby give my consent to authorize my employer known as _____ and the testing laboratory designated to conduct analytical tests deemed necessary, on an ongoing basis, to determine the absence or the presence of

- Alcohol - Class A Drugs (heroin, cocaine, etc.) - Class B Drugs (cannabis, amphetamines, etc.)

in my body through the use of urine, hair, blood, breath or any sample as specified by statute and regulation.

I give my consent to release the results of the test(s) and other medical information from the laboratory to my employer pursuant to statute or regulation with the condition that the results may not be used in any criminal proceeding.

My employer may request proof that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name. If requested, I agree to provide such proof within 72 hours.

I have the right to request a re-test of the initial specimen at a licensed laboratory of my choice if and when I have a positive test for drugs. All requests for a re-test of the sample must be made within ten (10) working days of the receipt of the original positive test result. The results of the samples must be forwarded to me by the appointing authority of the licensed laboratory.

I further understand that a positive test, refusal to authorize this form, refusal to take the test, or failure to produce a specimen, may result in disciplinary action up to and including dismissal in accordance with any local, State, or Federal statute, regulation, and policy.

Employee Signature _____ **Print** _____

Date _____

