



P.O. Box 313 • 1202 Ipsen Road • Belvidere, Illinois 61008-0313

Phone: (815) 332-2484 • Fax: (815) 332-9589

E-mail: Transport@gallanotruckinginc.com • Web Site: www.gallanotruckinginc.com  
ICCMC354762

# INDEPENDENT CONTRACTOR APPLICATION

In compliance with Federal and State Equal Employment Opportunity Commission (EEOC) laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job-related disability.

DATE OF APPLICATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

All questions on this form must be completed. Please Print and Use Ink.

Name: _____ Last First Middle			Social Security Number: _____		
Address: _____			County: _____		
City, State, Zip: _____			Home Phone Number: ( ) _____		
Address For Past Three Years	Street _____		City _____	State & Zip Code _____	How Long? _____
	Street _____		City _____	State & Zip Code _____	How Long? _____
Date of Birth _____ (Required for Truck Drivers)	Height _____	Weight _____			

Do you have the legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	List any local, city or county taxes you are subject to: _____
Are you now employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, how long since leaving your last employment? _____	What school district do you live in? _____
Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached driver job description)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain below. _____ _____	

EMERGENCY INFORMATION				
In case of emergency, contact:	Name	Relationship	Phone Number ( ) _____	City, State

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. List complete mailing address, street number, city, state, and zip code.

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

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

EMPLOYER		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATES	
NAME:		FROM		TO	
		MO.	YR.	MO.	YR.
ADDRESS:		POSITION HELD:			
CITY:		STATE:	ZIP:	SALARY/WAGE:	
CONTACT PERSON:		REASON FOR LEAVING:			
		PHONE #: (    )			
EMPLOYER		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATES	
NAME:		FROM		TO	
		MO.	YR.	MO.	YR.
ADDRESS:		POSITION HELD:			
CITY:		STATE:	ZIP:	SALARY/WAGE:	
CONTACT PERSON:		REASON FOR LEAVING:			
		PHONE #: (    )			
EMPLOYER		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATES	
NAME:		FROM		TO	
		MO.	YR.	MO.	YR.
ADDRESS:		POSITION HELD:			
CITY:		STATE:	ZIP:	SALARY/WAGE:	
CONTACT PERSON:		REASON FOR LEAVING:			
		PHONE #: (    )			
EMPLOYER		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATES	
NAME:		FROM		TO	
		MO.	YR.	MO.	YR.
ADDRESS:		POSITION HELD:			
CITY:		STATE:	ZIP:	SALARY/WAGE:	
CONTACT PERSON:		REASON FOR LEAVING:			
		PHONE #: (    )			

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

**EMPLOYMENT HISTORY**

<b>EMPLOYER</b> May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>DATES</b>	
NAME:		FROM MO.                      YR.	TO MO.                      YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
CONTACT PERSON:		PHONE #: (    )	
REASON FOR LEAVING:			
<b>EMPLOYER</b> May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>DATES</b>	
NAME:		FROM MO.                      YR.	TO MO.                      YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
CONTACT PERSON:		PHONE #: (    )	
REASON FOR LEAVING:			
<b>EMPLOYER</b> May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>DATES</b>	
NAME:		FROM MO.                      YR.	TO MO.                      YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
CONTACT PERSON:		PHONE #: (    )	
REASON FOR LEAVING:			
<b>EMPLOYER</b> May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>DATES</b>	
NAME:		FROM MO.                      YR.	TO MO.                      YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
CONTACT PERSON:		PHONE #: (    )	
REASON FOR LEAVING:			

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

DRIVER	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
<b>LICENSES</b>				

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?      YES       NO
- B. Has any license, permit or privilege ever been suspended or revoked?      YES       NO
- C. Have you ever been convicted of a felony?      YES       NO
- D. Have you ever tested positive for a pre-employment or random Drug or Alcohol Test in the past Three (3) years?      YES       NO
- \*\*If you answered yes to any of these questions please provide details on a separate sheet\*\**

**DRIVING EXPERIENCE**

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

**LIST STATES OPERATED IN FOR LAST FIVE YEARS:**

### DRIVING RECORD

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

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
Mo. Day Yr.			
LAST ACCIDENT: / /			
NEXT PREVIOUS: / /			
NEXT PREVIOUS: / /			
NEXT PREVIOUS: / /			

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

LOCATION	DATE	CHARGE	PENALTY

### EDUCATION

CIRCLE HIGHEST GRADE COMPLETED    1 2 3 4 5 6 7 8    HIGH SCHOOL    1 2 3 4    COLLEGE    1 2 3 4

LAST SCHOOL ATTENDED

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

### EXPERIENCE AND QUALIFICATIONS – OTHER

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

\_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN THOSE SHOWN ELSEWHERE IN THIS APPLICATION:

\_\_\_\_\_

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

\_\_\_\_\_

### TO BE READ AND SIGNED BY APPLICANT

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at an employment decision. Specifically, I understand that consumer reports may be requested from DAC Services. These reports may include the following types of information: previous employers, dates of service, reason for termination, accidents, etc. I further understand that such reports may contain from federal, state or other agencies, information concerning my driving record, criminal record, workers' compensation claims, etc. I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. I further authorize TLC to release any and all information regarding myself to any of its' lessees that TLC may consider assigning me to.

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

Date \_\_\_\_\_

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





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### REQUEST FOR INFORMATION FROM A PREVIOUS EMPLOYER

I hereby authorize you to release the following information to Gallano for purposes of investigation as required by Sections 391 and 382 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_  
Fax #: \_\_\_\_\_

Sir or Madam:

The individual below has been given an offer of employment with our company for a position as a(n) OWNER OPERATOR and states that he/she was employed by your company as a(n) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. We appreciate your time in completing, in confidence, the information requested below.

Please return form via fax to 815-332-9589 Attention: \_\_\_\_\_, Gallano Trucking Representative.

1. Name of offeree:		SS#:
2. Employed from:	to:	as(n):
3. Did he/she drive a motor vehicle for you? <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Bus <input type="checkbox"/> Other _____		
4. If a tractor-trailer, what type of trailer? <input type="checkbox"/> Dryvan <input type="checkbox"/> Flatbed <input type="checkbox"/> Reefer <input type="checkbox"/> Hopper <input type="checkbox"/> Dump <input type="checkbox"/> Lowboy <input type="checkbox"/> Tanker <input type="checkbox"/> Container		
5. What states did he/she drive in? _____		
6. Were Dot Logs Required to be kept? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Was he/she an on-time and dependable driver? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Was his/her overall work record satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Reason for leaving your employ: <input type="checkbox"/> Discharged; reason _____ <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Military		
10. Is he/she eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain _____		
11. Please advise of any injuries, illnesses or prescribed medications: _____		
12. Please advise dates and details of any accidents or tickets: _____		
13. Do you know of any reason why this offeree could not perform all the required duties of this position? _____		
14. Comments regarding safety habits, awards, work ethics, skills, attitude, etc.: _____		
15. In the past 3 years did he/she:		
test 0.04 or greater for alcohol	<input type="checkbox"/> Yes	<input type="checkbox"/> No
test positive for Controlled Substance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
refuse to be tested while in your employ	<input type="checkbox"/> Yes	<input type="checkbox"/> No
To your knowledge: fail a drug or alcohol test for a previous employer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES to any of the D&A questions, please provide date failed or refused _____		
If YES to the above, please provide the Substance Abuse Professional's name _____		
Address _____ and phone number _____		

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

# MOTOR VEHICLE CERTIFICATION OF VIOLATIONS AND ANNUAL REVIEW OF DRIVING RECORD

**MOTOR CARRIER INSTRUCTIONS:** Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27).

## COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
ADDRESS (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE      EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
(If you have had no violations, check the following box - <input type="checkbox"/> None)			

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Date of Certification \_\_\_\_\_ Driver's Signature \_\_\_\_\_

## COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

**MOTOR CARRIER INSTRUCTIONS:** Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements                       Is disqualified to drive a motor vehicle pursuant to Section 391.15  
 Does not adequately meet satisfactory safe driving performance

Action taken with driver: \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

The Federal Motor Carrier Safety Regulations Title 49 United States Code of Federal Regulations, Section 382.301, Pre-employment testing requirement apply to driver-applicants of this company.

**382.301 Pre-employment testing requirements**

(a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.

(b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.

(c) Prior to collection of a urine sample under 382.113 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my Employment Application, I consent to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-employment Urinalysis Consent Agreement.

\_\_\_\_\_  
Applicant's Name (Print)

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

\_\_\_\_\_  
Month Day Year

**Witnessed By:**

\_\_\_\_\_  
Company Representative's Signature

\_\_\_\_\_  
Month Day Year

## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific instructions on page 2.

Name	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/>	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Social security number
+

or

Employer identification number
+

*Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.*

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

**Sign Here**

Signature of  
U.S. person ▶

Date ▶

### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

*Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.*

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

### Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.





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Employee's Name

Company/Department

This is to certify that I have been provided educational materials that explain the requirements of § 382.601 and my employer's policies and procedures with respect to meeting the requirements.

1. Designated person to answer questions about the materials.
2. Categories of drivers subject to part 382.
3. Information about the safety-sensitive functions and when compliance is required.
4. Specific information concerning prohibited driver conduct.
5. Circumstances under which a driver will be alcohol and/or drug tested.
6. Test procedures, integrity of the testing processes, and the validity of the test.
7. Explanation of what will be considered a refusal to submit to a test and the consequences.
8. Consequences for Part 382 Subpart B violations including removal from safety-sensitive functions and § 382.605 procedures.
9. Consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.
10. Information on the affects of alcohol and controlled substances use on an individual's health, work, personal life, signs and symptoms of a problem, available methods of intervening when a problem is suspected, and
11. Other information:

Employee's Signature

Date

Authorized Employer Representative

Date



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When using a driver for the first time, Motor Carriers shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which the driver was last relieved from duty prior to beginning work for the carrier. Federal Motor Carrier Safety Regulations 395.8(j)(2). Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) \_\_\_\_\_

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

Motor Vehicle Operator's License Number \_\_\_\_\_

Type of License \_\_\_\_\_ Issuing State \_\_\_\_\_

DAY	1 <small>(Sat)</small>	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge, and that I was last relieved from work at

\_\_\_\_\_ A.M. On \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year  
 \_\_\_\_\_ P.M. Time

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

Date \_\_\_\_\_

### DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

A driver must report to the carrier all on-duty time including time working for other employers.

Are you currently working for another employer?

Yes  No

Do you intend to work for another employer while still employed by this company?

Yes  No

I hereby certify that the information above is true. I also understand that once I become employed with this company, if I begin working for any additional employer(s), I must inform this company immediately of such employment activity.

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

Date \_\_\_\_\_

Witness: \_\_\_\_\_

Company Representative \_\_\_\_\_

Date \_\_\_\_\_

**MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS**

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

1. In connection with your application for employment with Gallano Trucking Inc ("Prospective Employer"), it 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize Gallano Trucking ("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 consenting to 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.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

-----  
I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a driver's written or electronic consent prior to accessing the driver's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective driver's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.