SAFETY PERFORMANCE HISTORY RECORDS REQUEST

| PART 1: | то в | E COMPLETE | BY PROSPEC | TIVE EMPLOYEE | |
|---|---|--|---|--|---|
| I (Driet Names) | | | | | |
| I, (Print Name) | First | M.I. | Last | Soc | al Security Number |
| Hereby authorize: | | | | | Date of Birth |
| Previous Employe | r: | | | Email: _ | Date of Birtin |
| Street: | | | | | |
| City, State, Zip: _ | | | | Fax No.: | |
| To release and for Substances Testin | ward the information reng records within the pre | quested by section evious 3 years fro | on 3 of this docume m(employme | ent concerning my Alent application date) | cohol and Controlled |
| To: | Prospective Employer: | | | | |
| | Attention: | | | Telephone: | |
| | Street: | | | | |
| | City, State, Zip: | | | | |
| | n §40.25(g) and 391.23(ch as fax, email, or lette | | information must | be made in a written | form that ensures |
| | oyer's fax number: | | | | |
| Prospective emplo | oyer's email address: _ | | | | |
| | Applicant's | Signature | | | Date |
| This information is | being requested in cor | npliance with §40 | .25(g) and 391.23 | | |
| PART 2: | ТО | BE COMPLET | ED BY PREVIOU | JS EMPLOYER | |
| The applicant page | ned above was employe | | NT HISTORY | | |
| | | • | | | |
| | | | | | |
| Did he/she dri Bus □ Cargo Ta | ve motor vehicle for you nk □ Doubles/Triples | i? Yes □ No □ □ Other (Speci | I If yes, what type y) | ? Straight Truck □ | Tractor-Semitrailer □ |
| | aving your employ: Disc y performance history to | | | | 1 |
| ACCIDENTS: Co applicant in the 3 this driver. | mplete the following for years prior to the applic | any accidents inc ation date shown | cluded on your acc above, or check D | ident register (§390. I here if there is no a | 15(b)) that involved the accident register data for |
| Date | Locati | | # Injuries | # Fatalities | Hazmat Spill |
| 1 | | | | | |
| 2 | | | | | |
| 3. | | | | | |
| Please provide inf | ormation concerning an | y other accidents | involving the appl | icant that were repor | ted to government |
| Any other remarks | | | | | |
| | | | | | |
| | | | | | |
| | | Signature: | | | |
| | | | | | |
| 1 | | TIUC | | Date. | |

PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3

| PART 3: | TO BE COMPLETED BY PREVIOUS EMPLOYER |
|--|--|
| | DRUG AND ALCOHOL HISTORY |
| | ubject to Department of Transportation testing requirements while employed by this employer, please n the dates of employment from to, complete bottom of Part 3, |
| Driver was subject | to Department of Transportation testing requirements from to |
| | son had an alcohol test with the result of 0.04 or higher alcohol concentration? NO □ |
| | son tested positive or adulterated or substituted a test specimen for controlled substances? NO □ |
| Has this per | son refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or ubstance test? |
| 4. Has this per | rson committed other violations of Subpart B of Part 382, or Part 40? NO □ |
| If this person rehabilitation documentat | n has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed n program in your employ, including return-to-duty and follow-up tests? If yes, please send ion back with this form. NO □ |
| 6. For a driver driver subse | who successfully completed a SAP's rehabilitation referral and remained in your employ, did this equently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? |
| | e questions, include any required DOT drug or alcohol testing information obtained from prior previous revious 3 years prior to the application date shown on page 1. |
| Name: | |
| | |
| Street: | |
| City, State, Zip: _ | Telephone: |
| Part 3 Completed | by (Signature): Date: |
| PART 4a: | TO BE COMPLETED BY PROSPECTIVE EMPLOYER |
| This form was (che | eck one) Faxed to previous employer Mailed Emailed Other |
| Ву: | Date: |
| PART 4b: | TO BE COMPLETED BY PROSPECTIVE EMPLOYER |
| | hen information is obtained. |
| Information receive | ed from: |
| Recorded by: | Method: □ Fax □ Mail □ Email □ Telephone |
| | Other |
| | |

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PAGE 1 PART 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

PAGE 2 PART 4a: Prospective Employer

- Complete the information
- Send to Previous Employer

PAGE 1 PART 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

PAGE 2 PART 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

PAGE 2 PART 4b: Prospective Employer

- Record receipt of the information
- Retain the form

RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY

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

S391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

| PART 1: | COMPLETED BY THE DRIVER/APPLICANT | |
|--|--|--|
| TO: | | |
| | Prospective Employer: | |
| | Street/P.O. Box: | |
| | City, State, Zip: Telephone # | |
| FROM: | Driver/Applicant: Social Security/I.D. # | |
| | Street: | |
| | City, State, Zip: Telephone # | |
| I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records. This information should be: sent to me at the above address. l will arrange to pick up. | | |
| Driver/Applicant S | Signature: Date:// | |
| PART 2: | COMPLETED BY THE PROSPECTIVE EMPLOYER | |
| | nust be provided to the applicant within five (5) business days of receiving the written request. If the | |
| prospective emplo | byer has not yet received the requested information form the previous employer(s), then the five-business- begin when the prospective employer receives the requested safety performance history information. | |
| Information supp | plied to: | |
| Name: | | |
| Street: | | |
| City, State, Zip: _ | | |
| Comments: | | |
| By: Signatu | ure/person providing information Telephone # Release Date:// | |

SAFETY PERFORMANCE HISTORY INFORMATION DRIVER/APPLICANT REBUTTAL

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

- §391.23(j)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.
 §391.23(j)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:
 - (i) Forward a copy of the rebuttal to the prospective motor carrier employer;
 - (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirements.

| PART 1: | COMPLETED BY THE DRIVER/APPLI | CANT |
|---------------------|---|-------------------------------------|
| TO: | Por in a Foods on | |
| | Previous Employer: | |
| | Street/P.O. Box: | |
| | City, State, Zip: | |
| | Telephone: Fax: | · |
| FROM: | Driver/Applicant: | |
| | | Social Security # |
| | Street: | |
| | City, State, Zip: Tele | |
| | I this rebuttal to my previous employer requesting that it be attached to sequent prospective employers. | o my Safety Performance History and |
| provided to educe | in quality prospective simple years. | |
| Reason for the re | ebuttal (attach documents as necessary): | |
| - | | |
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| | | |
| | | _ |
| I request that this | s rebuttal be sent to the attached list of motor carriers. | _ |
| · | Signature: | Date:/ |
| Driver/Applicant | Signature | M D Y |
| DADTO | COMPLETED BY THE BREVIOUS TO | OLOVED. |
| PART 2: | COMPLETED BY THE PREVIOUS EMP | PLOYER |
| Received by: | | |
| Cianatura | | Date: / / |
| oignature: | | Date:/// |

CORRECTION REQUEST OF ERRONEOUS SAFETY PERFORMANCE HISTORY INFORMATION

This request is made by the driver/applicant in compliance with the Department of Transportation regulations, §391.23, investigations and inquiries, paragraphs (j)(1) and (2) as printed below.

§391.23(j)(1) Driver wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

§391.23(j)(2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

| PART 1: | arrier employer, there is no need to notification of the completed B | Y THE DRIVER/APPLICANT |
|--|---|--|
| то: | Prospective Employer: | |
| | | |
| | | Telephone # |
| FROM: | | |
| | Social Security/I.D. # | |
| | | |
| | | Telephone # |
| I request correct | | ty Performance History. Please forward to the following |
| prospective emp | oloyer: Company Name: | |
| | Attention: | |
| | Street: | |
| | City, State, Zip: | |
| Explanation of d | esired correction (attach documents as | necessary) |
| | | |
| | | |
| Driver/Applicant | Signature: | Date:/ |
| Driver: Retain COPY 4 DRIVER RECORD for your files, Submit copies 1, 2, and 3 to your previous employer. | | |
| | | M D Y |
| | etain COPY 4 DRIVER RECORD for yo | M D Y |
| PART 2: Disposition of t Information w Return copy | cetain COPY 4 DRIVER RECORD for you COMPLETED BY the requested information: was corrected and forwarded to the prosent as notified on/ that to a to the driver. | M D Y ur files, Submit copies 1, 2, and 3 to your previous employer. THE PREVIOUS EMPLOYER spective motor carrier employer. the previous employer does not agree to correct the data. |
| PART 2: Disposition of t Information w Return copy | COMPLETED BY the requested information: was corrected and forwarded to the prosess notified on/ that to a to the driver. Int to: Company Name: | M D Y ur files, Submit copies 1, 2, and 3 to your previous employer. THE PREVIOUS EMPLOYER spective motor carrier employer. the previous employer does not agree to correct the data. |
| PART 2: Disposition of t Information w Return copy | cetain COPY 4 DRIVER RECORD for you COMPLETED BY the requested information: was corrected and forwarded to the prosent as notified on/ that to a to the driver. | M D Y ur files, Submit copies 1, 2, and 3 to your previous employer. THE PREVIOUS EMPLOYER spective motor carrier employer. the previous employer does not agree to correct the data. |
| PART 2: Disposition of t Information w Return copy | COMPLETED BY the requested information: was corrected and forwarded to the pros ras notified on/ that to 3 to the driver. ht to: Company Name: Attention: Street: | M D Y ur files, Submit copies 1, 2, and 3 to your previous employer. THE PREVIOUS EMPLOYER spective motor carrier employer. the previous employer does not agree to correct the data. |
| Driver: R PART 2: Disposition of to the driver we return copy Information services and the driver we return the driver we retur | COMPLETED BY the requested information: was corrected and forwarded to the pros as notified on/ that to a to the driver. Attention: Street: City, State, Zip: | M D Y ur files, Submit copies 1, 2, and 3 to your previous employer. THE PREVIOUS EMPLOYER spective motor carrier employer. the previous employer does not agree to correct the data. |
| Driver: R PART 2: Disposition of to the driver we return copy Information services and the driver we return the driver we retur | COMPLETED BY the requested information: was corrected and forwarded to the pros ras notified on/ that to 3 to the driver. ht to: Company Name: Attention: Street: | M D Y ur files, Submit copies 1, 2, and 3 to your previous employer. THE PREVIOUS EMPLOYER spective motor carrier employer. the previous employer does not agree to correct the data. |
| Driver: R PART 2: Disposition of to the driver we return copy comments: Comments: By: | COMPLETED BY the requested information: was corrected and forwarded to the pros as notified on/ that to a to the driver. Attention: Street: City, State, Zip: | M D Y ur files, Submit copies 1, 2, and 3 to your previous employer. THE PREVIOUS EMPLOYER spective motor carrier employer. the previous employer does not agree to correct the data. |
| Driver: R PART 2: Disposition of to the driver we return copy Information services Comments: By: Signature | COMPLETED BY the requested information: was corrected and forwarded to the prosens notified on / that to a to the driver. Attention: Street: City, State, Zip: ure/person providing information | M D Y ur files, Submit copies 1, 2, and 3 to your previous employer. THE PREVIOUS EMPLOYER spective motor carrier employer. the previous employer does not agree to correct the data. Release Date: / / / Telephone # M D Y |
| Driver: R PART 2: Disposition of to linformation with the driver with Return copy Information series Comments: | COMPLETED BY the requested information: was corrected and forwarded to the prosens notified on / that to a to the driver. Attention: Street: City, State, Zip: ure/person providing information | M D Y ur files, Submit copies 1, 2, and 3 to your previous employer. THE PREVIOUS EMPLOYER spective motor carrier employer. the previous employer does not agree to correct the data. Release Date:// Telephone # M D Y THE PROSPECTIVE MOTOR CARRIER EMPLOYER |
| Driver: R PART 2: Disposition of to a linformation of the driver was return copy of the linformation series. Comments: By: Signature PART 3: The corrected in | COMPLETED BY the requested information: was corrected and forwarded to the prosect of the driver. Int to: Company Name: Attention: Street: City, State, Zip: COMPLETED BY | M D Y ur files, Submit copies 1, 2, and 3 to your previous employer. THE PREVIOUS EMPLOYER spective motor carrier employer. The previous employer does not agree to correct the data. Release Date:// |

Title

Signature