BEYOND LOGISTICS

BEYOND LOGISTICS TRANSPORT

DRIVER QUALIFICATION FILE

FMCSA Driver Qualification Forms

Prepared in Compliance with

49 CFR Parts 40, 382, 383, 390 & 391

Professional Drive-Away Transportation Services
7228 Clarcona Ocoee Road
Unit 576
Clarcona, Florida 32710

DOT 3116347 | MC 85476

CONFIDENTIAL

For Authorized Employment Verification Use Only

BEYOND LOGISTICS TRANSPORT

Professional Drive-Away Transportation Services

Driver/Applicant Request for Safety Performance History Records

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Driver's Right to Review Safety Performance History

This request is made in accordance with **49 CFR §391.23(i)(2)**.

Drivers who have previous Department of Transportation-regulated employment during the preceding three (3) years have the right to request copies of the safety performance history information obtained by the prospective employer.

The prospective employer must provide the requested information within five (5) business days after receiving the request, or within five (5) business days after receiving the requested information from the previous employer(s), whichever occurs later.

Part 1 – To Be Completed by the Driver/Applicant

Prospective Employer Information

Prospective Employer	
Street / P.O. Box	
City, State, ZIP	
Telephone	

Driver/Applicant Information

Driver / Applicant Name	
Social Security / Driver ID	
Street Address	

City, State, ZIP	
Telephone	

Request

I am requesting copies of my Department of Transportation Safety Performance History records for the previous three (3) years.

I understand that I must arrange to receive or pick up these records within thirty (30) days after they become available, or my request may be considered withdrawn.

Delivery Preference

☐ Please mail the records to the address listed above.

☐ I will arrange to pick up the records.

Driver / Applicant Signature	Date
SIGN _____	

Part 2 – To Be Completed by the Prospective Employer

The requested information shall be provided within five (5) business days after receipt of this request, or within five (5) business days after receipt of the requested records from the previous employer(s).

Information Provided To

Name	
Street	
City, State, ZIP	

Comments

Completed By	**Telephone**
Release Date	**Signature** SIGN _____

Certification

I certify that the information released in response to this request is true and complete to the best of my knowledge and is provided in accordance with applicable Federal Motor Carrier Safety Administration (FMCSA) regulations.

Beyond Logistics Transport
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BEYOND LOGISTICS TRANSPORT

Safety Performance History Records Request

PART 1 – TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

Applicant Name First / M.I. / Last	
Social Security Number	
Date of Birth	
Previous Employer Information	
Previous Employer:	**Email:**
Street:	**Telephone:**
City, State, ZIP:	**Fax:**
Prospective Employer Information	
Employment Application Date:	**Prospective Employer:**
Attention:	**Telephone:**
Street:	**City, State, ZIP:**
Fax:	**Email:**

Authorization

I hereby authorize the previous employer identified above to release and forward the information requested in Part 3 of this document concerning my Alcohol and Controlled Substances Testing records for the previous three (3) years to the prospective employer identified above.

In compliance with **49 CFR §§40.25(g) and 391.23(h)**, release of this information shall be made in a written form that preserves confidentiality, including secure email, fax, electronic transmission, or written correspondence.

This request is made in accordance with **49 CFR §§40.25(g) and 391.23**.

Applicant Signature: _____	**Date:**

PART 2 – TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. ☐ Yes ☐ No

Employed As:	**From (MM/YYYY):**	**To (MM/YYYY):**

1. Did he/she drive a motor vehicle for you? ☐ Yes ☐ No

Vehicle Type(s): ☐ Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other:

2. Reason for leaving employment: ☐ Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty

☐ No safety performance history to report.

Date	Location	# Injuries	# Fatalities	Hazmat Spill

Other accidents reported to agencies/insurers or retained under company policy:

Remarks:

Signature:	**Title:**	**Date:**

PART 3 – TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG & ALCOHOL HISTORY

If the driver **was not subject** to Department of Transportation drug and alcohol testing requirements while employed by this employer, check the box below, complete the employment dates, sign, and return this form.

☐ Driver **was not** subject to DOT drug and alcohol testing requirements.

Employment Dates:

From:

To:

If the driver **was subject** to Department of Transportation testing requirements, complete the following:

Testing Period

From:

To:

In answering the following questions, include all DOT-required drug and alcohol testing information obtained from prior employers during the three (3) years preceding the employment application date.

1.

Has this individual had an alcohol test with a result of **0.04 or greater**?

☐ YES

☐ NO

2.

Has this individual tested **positive**, **adulterated**, or **substituted** a controlled substance test specimen?

☐ YES

☐ NO

3.

Has this individual **refused** to submit to a:

- Post-Accident Test
- Random Test
- Reasonable Suspicion Test
- Follow-Up Test

☐ YES

☐ NO

4.

Has this individual committed any other violation of **49 CFR Part 382 or Part 40**?

☐ YES

☐ NO

5.

If the individual violated a DOT Drug and Alcohol Regulation, did the individual successfully complete the **SAP-prescribed rehabilitation program**, including:

- Return-to-Duty Testing
- Required Follow-Up Testing

☐ YES

☐ NO

If **YES**, please attach supporting documentation.

6.

After successfully completing the SAP Program, while employed by your company, did the individual subsequently:

- Test 0.04 or greater on an alcohol test?
- Receive a verified positive drug test?
- Refuse to submit to testing?

☐ YES

☐ NO

PREVIOUS EMPLOYER CERTIFICATION

Previous Employer Certification	
Name	
Company	
Street Address	
City, State, ZIP	
Telephone	
Email	
Completed By (Print Name)	
Title	
Signature	
Date	

CERTIFICATION

I certify that the information provided above is accurate and complete to the best of my knowledge and is being provided in accordance with applicable Federal Motor Carrier Safety Administration (FMCSA) and U.S. Department of Transportation (DOT) regulations.

PART 4A – TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was sent to the previous employer by:

☐ Fax ☐ Mail ☐ Email ☐ Other:

Sent By:	**Date:**

PART 4B – TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete this section after the requested information has been received from the previous employer.

Information Received From	
Recorded By	
Method	☐ Fax ☐ Mail ☐ Email ☐ Telephone ☐ Other:
Date Received	

INSTRUCTIONS

- Page 1 – Part 1: Prospective Employee: Complete, sign, and return to the prospective employer.
- Page 2 – Part 2: Previous Employer: Complete accident history, sign, and continue to Part 3.
- Pages 3–5 – Part 3: Previous Employer: Complete drug and alcohol history and certification.

- Page 6 – Part 4: Prospective Employer: Record transmission and receipt of information; retain with the Driver Qualification File.