Forest Products Transportation
Truck Owner - Truck Driver
Compliance & Safety
2023

The Road to Successful Trucking

Provided by

Forest Insurance Center Agency, Inc.
Risk Control Services

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INTRODUCTION

Forest Products Transportation Truck Owner - Truck Driver Compliance & Safety booklet is designed and intended to provide assistance to truck owners in understanding some important items that are required by the Federal Motor Carrier Safety Administration (FMCSA). This is a guide to encourage and help truck owners with compliance, as well as, provided additional information to enhance driver safety. For a complete list of Regulations go to:

https://www.fmcsa.dot.gov/

Knowledge of FMCSA Regulations is Important

It is expected that every truck owner, as well as, driver have a working knowledge of the rules, regulations and controls as stated in the Federal Motor Carrier Safety Regulations, as they apply to owners and drivers. The regulations noted in this Truck Owner Booklet are the most common involving you and your vehicle.

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PART 390 - FEDERAL MOTOR CARRIER SAFETY REGULATIONS

§ 390.3 General applicability.

(e) Knowledge of and compliance with the regulations.

1) Every employer shall be knowledgeable of and comply with all regulations contained in this subchapter that are applicable to that motor carrier's operations.
2) Every driver and employee involved in motor carrier operations shall be instructed regarding, and shall comply with, all applicable regulations contained in this subchapter.

FMCSA
Federal Motor Carrier Safety Administration

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ALWAYS REMEMBER - FMCSA Compliance is crucial when involved in a crash whether at fault or not!

FMCSA-SMS PROFILE IMPORTANCE

Your company's safety evaluation appears online and is available to the public at the FMCSA Safety Measurement System (SMS) website. FMCSA updates your data once a month with information from roadside inspections. SMS assesses motor carriers' safety performance in each of the seven Behavior Analysis and Safety Improvement Categories: Unsafe Driving, Hours-of-Service Compliance, Driver Fitness, Controlled Substances/Alcohol, Vehicle Maintenance, Hazardous Materials Compliance, and Crash Indicator. The last 24 months of information is used to create a company safety performance profile for your operation.

Review SMS information at: https://ai.fmcsa.dot.gov/SMS/Search/Index.aspx

Review your SMS evaluation on a regular basis to verify the information used is correct. As previously noted, anyone can review your information. This is also a good way for you to see any patterns of violations by drivers or maintenance issues that need addressing. Litigation attorneys often use this information to evaluate potential legal actions when a crash occurs.

What is a CAB Report?

CAB is an independent transportation research firm available to insurance carrier's to use during their underwriting process. Your CAB score as a motor carrier is tremendously important to insurance companies. This score is generated by the Central Analysis Bureau (CAB), which has been providing this data for over seven decades. As a transportation research firm, CAB collects millions of data points on carriers then calculates a rating that reflects risk.

The CAB scoring system will go back several years to reflect variables such as violations, accidents, and claims history. The system puts alerts on data with above-average scores. A few alerts can adversely impact decisions as to whether the insurer will provide coverage or not.

Driver's MVR information, years of experience and vehicle condition are major considerations by insurance underwriters. If a review of your company's FMCSA-SMS profile/CAB analysis score indicates excessive equipment violations or driver violations it can affect your opportunity to attain a competitive insurance quote. Even worse, a negative review can and often do result in a declination to quote by the underwriter.

FMCSA Documentation – Where do I Start?

Documentation is an important element for your operation to be compliant with FMCSA Regulations. Listed below are some of the Documents needed. For a more complete list go to:

https://www.fmcsa.dot.gov/safety/new-entrant-safety-assurance-program

Driver Related Documents

- Drivers list
- Driver's file for each driver
  - Driver's Application for employment
  - Driver's License (copy)
  - Pre-Hire Driver's Motor Vehicle Record (MVR)
  - Previous Employer Requests & Responses
  - Medical Card/Medical Examiner's Certificate
  - Pre-Employment Drug & Alcohol Test Results
  - Drug & Alcohol Testing Program/Policy

Vehicle Related Documents

- Vehicle List
- Vehicle Inspection
- Driver Pre/Post trip inspections needing repairs
- Vehicle repairs verification
- Hazardous Materials (if applicable)
- Shipping Papers (if applicable)

Carrier Related Documents

- Proof of Insurance
- Safety Program Information
- Drug & Alcohol Program
- Accident Register

Know what Not to Do!

Knowing what is required to be compliant with FMCSA Regulations is a good starting point, but knowing what is not acceptable is just as important. Listed below are important considerations when managing your operation.

Items will result in a failed Safety or Compliance audit:

- Operating without having in effect the required minimum level of financial responsibility coverage.
- Using a physically unqualified driver.
- Knowingly using a disqualified driver. (non-CDL related)

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- Failing to implement an alcohol and controlled substance program (carriers with CDL drivers only).
- Using a driver known to have tested positive for a controlled substance or an alcohol concentration 0.04 or greater.
- Failing to implement a random controlled substance and/or alcohol testing program.
- Using a driver who has refused to submit to an alcohol or controlled substance test as required.
- Knowingly using a driver who does not possess a CDL as required.
- Allowing, requiring, or permitting an employee suspended, revoked, or cancelled CDL to drive.
- Failing to require a driver to make records of duty status (log books).
- Failing to correct out of service defects listed by a driver on the driver vehicle inspection report before the CMV is operated again.
- Requiring or permitting the operation of a CMV declared “out-of-service” before repairs are made.

Additional Important FMCSA Requirements

A Vehicle Maintenance Policy must be in Place: All trucking operations must have a vehicle maintenance policy in place and must keep maintenance records for all vehicles. They must be maintained for 1 year.

Pre-Trip/Post-Trip inspections: Every driver is required to perform pre-trip/post trip inspection as required by FMCSA and instructed by the employer. When deficiencies or need repairs are noted, the driver must complete a written report and provide it to the appropriate party for repairs to be completed and verified before the next trip.

Annual Vehicle Inspection Report: Every commercial vehicle, including each segment of a combination vehicle requires periodic inspection that must be performed at least once every 12 months. Proof of the Annual Inspection must be kept with the vehicle and available for verification by law enforcement.

Handheld cell phone use prohibited: CDL drivers are not allowed to text while operating a truck and must use hands free device to talk. If a CDL driver is caught texting while driving, he can be charged a heavy fine. If the owner of the trucking operation is found to allow drivers or require drivers to use a handheld device, then they can be fined several thousand dollars and lose their authority.

Due to potential changes in laws and guidelines that effect the transportation industry, we strongly recommend visiting www.fmcsa.dot.gov for the most up to date information available on subjects that may affect your operation.

As previously noted, it is very important for you to check your FMCSA SMS score on a regular basis to make sure the violations are for your trucks and not some other trucking operation by mistake.

We have found that contacting your state's local FMCSA field office directly is a great source for information and assistance.

(See list of State FMCSA Field Offices on the next page)

FMCSA Service Center and Field Offices

The field organizations deliver program services to the Federal Motor Carrier Safety Administration's (FMCSA) partners and customers. This organization consists of Field Operations, Service center and State-level motor carrier division offices. These offices are here to answer your questions and to provide you with guidance concerning the Federal Motor Carrier Safety Regulations

FMCSA Information Line

1200 New Jersey Avenue SE
Washington, DC 20590
Phone: 800-832-5660

Midwestern Service Center

4749 Lincoln Mall Drive
Suite 300A
Matteson, IL 60443
Phone: (708) 283-3577
Fax: (708) 283-3579
(services the following states)
IA IL IN KS MI MN MO NE OH WI

FMCSA State Field Offices

Michigan Division USDOT FMCSA
315 W. Allegan Room 219
Lansing, MI 48933
Phone: (517) 853-5990
Fax: (517) 377-1868

Minnesota Division 380 Jackson Street
Galtier Plaza , Suite 500
St. Paul, MN 55101
Phone: (651) 291-6150
Fax: (651) 291-6001

Wisconsin Division 1 Point Place
Suite 101
Madison, WI 53719-2809
Phone: (608) 662-2010
Fax: (608) 829-7540

Iowa Division 105 6th Street
Ames, IA 50010-6337
Phone: (515) 233-7400
Fax: (515) 233-7494

Driver Qualification File Checklist

For information required by FMCSA to be included in DQ file go to: *https://csa.fmcsa.dot.gov/safetyplanner/documents/Forms/Driver%20Qualification%20Checklist_508.pdf*

- ✓ **Application for Employment – (**sample page 38)
  - *https://csa.fmcsa.dot.gov/SafetyPlanner/documents/Forms/Drivers_Employment_Application_508.pdf*
- ✓ **Request for Information from Previous Employer –** (sample page 42)
  - *https://csa.fmcsa.dot.gov/safetyplanner/documents/Forms/Safety-History-Records-Request_tagged.pdf*
- ✓ **3 Years' Inquiry to State Agency for Driver's Record and Annual Inquiry to State Agency for Driver's Record:**
  - MI - Driver Record Subscription Service Provides companies with driving records of employees on an annual basis or more frequently if there are violations posted to the record. To order driver motor vehicle reports: Call 517-322-6281 or 517-322-1544 or visit: *commercialservices@michigan.gov*
  - WI – go to any WI DMV office or on-line: *https://wisconsindot.gov/Documents/formdocs/mv2896.pdf*
  - MN – go to any MN DVS office or on-line: *https://dps.mn.gov/divisions/dvs/forms-documents/Pages/records-forms.aspx.*
  - IW - go to any Iowa Driver's License Service Center office or on-line: *https://iowadot.gov/mvd/onlineservices/.*
- ✓ **Annual Review of Driving Record –** (sample page 45)
  - For information required by FMCSA go to: *https://csa.fmcsa.dot.gov/safetyplanner/documents/Forms/Annual%20Review%20of%20Driving%20Record_508.pdf*

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Driver Qualification File Checklist (continued)

- ✓ **Driver's Certification of Violations** – (sample page 46)
    - For information required by FMCSA go to: *https://csa.fmcsa.dot.gov/safetyplanner/documents/Forms/Annual%20Driver's%20Certification%20of%20Violations_508.pdf*

- ✓ **Driver's Road Test Examination** – (sample page 47)
    - For information required by FMCSA go to: *https://www.fmcsa.dot.gov/sites/fmcsa.dot.gov/files/docs/spe-certificate-package.pdf*

- ✓ **Controlled Substance Test Data**
    - Substances sought in the test procedure; location and date of the collection; identity of those who performed the collecting, analyzed the specimen, and served as MRO; whether the test was positive or negative (but **no quantitative data**), and substances identified if positive.

- ✓ **Multi trailer-combination** vehicle training (or grandfathering) certificate (if applicable).

- ✓ **HAZMAT** training endorsement certificates (if applicable).

Drug and Alcohol Clearinghouse (DACH)

In January of 2020, the FMCSA established the Commercial Driver's License (CDL) Drug and Alcohol Clearinghouse (DACH). The DACH database contains information pertaining to violations of the U.S. DOT controlled substances (drug) and alcohol testing program for holders of CDLs.

The Clearinghouse rule requires FMCSA-regulated employers, medical review officers, substance abuse professionals, consortia/third party administrators, and other service agents to report to DACH information related to violations of the drug and alcohol regulations in 49 Code of Federal Regulations, Parts 40 and 382 by current and prospective employees.

The Clearinghouse final rule requires the following:

- **Employers must query the Clearinghouse for current and prospective employees' drug and alcohol violations before permitting those employees to operate a commercial motor vehicle on public roads.**
- **Employers must annually query the Clearinghouse for each driver they currently employ.**

Compliance Date: January 6, 2020

The Clearinghouse provides FMCSA and employers the necessary tools to identify drivers who are prohibited from operating a CMV based on DOT drug and alcohol program violations and ensure that such drivers receive the required evaluation and treatment before operating a CMV on public roads. Information maintained in the Clearinghouse enables employers to identify drivers who commit a drug or alcohol program violation while working for one employer, but who fail to subsequently inform another employer. Records of drug and alcohol program violations will remain in the Clearinghouse for five years, or until the driver has completed the return-to-duty process, whichever is later.

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For more information or to **Register** go to:
https://clearinghouse.fmcsa.dot.gov/Learn

Important Information Update About the Drug & Alcohol Clearinghouse and CDL issuance, renewals, and endorsements

Clearinghouse-II Final Rule: CDL Downgrades

As required in the Clearinghouse-II final rule, beginning November 18, 2024, State Driver Licensing Agencies (SDLAs) must query the Clearinghouse before issuing, renewing, upgrading, or transferring CDLs and CLPs, and must review a driver's information when notified by the Clearinghouse of a status change. SDLAs will be required to remove the CDL or CLP privilege from the driver's license of an individual subject to the CMV driving prohibition, which would result in a downgrade of the license until the driver complies with the return-to-duty (RTD) requirements.

Employers with FMCSA Portal accounts
https://clearinghouse.fmcsa.dot.gov/Resource/Index/Registration-Instructions-Employer-with-Portal

Registration: CDL Drivers
https://clearinghouse.fmcsa.dot.gov/Resource/Index/Registration-Driver-Instructions

How do owner-operators meet their Clearinghouse obligations?

An owner-operator (an employer who employs himself or herself as a CDL driver, typically a single-driver operation) is subject to the requirements pertaining to employers as well as those pertaining to drivers. Under the Clearinghouse final rule, an employer who employs himself or herself as a CDL driver must designate a consortium/third-party administrator (C/TPA) to comply with the employer's Clearinghouse reporting requirements (§ 382.705(b)(6)).

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Federal Motor Carrier Safety Administration

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For more information or to **Register** go to:
https://clearinghouse.fmcsa.dot.gov/Learn

SAMPLE COMPANY POLICY AND SAFETY MANUAL

Company Name

Company street/mailing Address

Company city/state/zip code

SAMPLE ***Disclaimer:*** *This information is provided in the interest of simplification and understanding various rules, laws, and best practices related to safety and compliance. We make no assentation or guarantee that following this information will result in a safer workplace or compliance with any law or agency rule or that this information is 100% current with any law or rule. All information should be verified with appropriate sources as it relates to your unique business and situation. We accept no responsibility or liability related to any information provided. This information is provided on a voluntary and proactive basis in order to help others. Material provided is often summarized and simplified in nature and each person or business reviewing is responsible for their own situation and applicability.*

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SAMPLE INTRODUCTION

This manual is designed to provide drivers, employees, and all other concerned parties with information regarding the operational policies, safety policies and general practices of this company.

A wide scope of information is provided herein. However, it is not the intent of the company to list all its programs, policies and or procedures in this manual. It is also understood that the information contained herein is subject to change at the discretion of the company. Additional policies and directives may be issued at any time.

It is the intent of this company to operate safely and in accordance with the regulations set forth by the Department of Transportation and all other applicable agencies. Nothing in this manual is designed to supersede these regulations.

All drivers are expected to operate safely and courteously on the highways. Evidence that this requirement is not being honored will result in the immediate revocation of the safety clearance of the offending driver.

SAMPLE Company Vehicle Policy

1. It is the company's policy that company vehicles provided for employees be used only for company business and may only be driven by the employee.
2. Any personal use of the company vehicle is to be made in writing or a noted phone conversation with a company executive officer, stating the nature of each personal use.
3. The company may allow employees to drive company vehicles home at night and on weekends for convenience and/or security purposes. This may also be in case of client/project emergencies that these employees may be called upon to handle.
4. Employees driving company vehicles are required to wear safety belts (seat belts) any time the vehicle is driven.
5. Use of a cell phone while driving, without Bluetooth capability, is prohibited. Texting while driving is prohibited. If it becomes necessary to write down information as a result of a phone call, find a safe location and park your vehicle.
6. Use of any hand-held device while driving is prohibited.
7. It is the employee's responsibility to have the scheduled maintenance service performed on the vehicle to which he/she has been assigned. Also, the employee is responsible to insure the cleanliness of the vehicle.
8. All maintenance records should be maintained and be readily available for inspection and audit.
9. Any employee convicted of DUI while driving a company vehicle will be terminated immediately.
10. Employees driving company vehicles may be observed on a random basis, after call-in complaints, and after an accident. If negative results are found, disciplinary action up to and including termination of employment may be required.
11. The company gas cards are to be used only in conjunction with the company vehicle.

Drivers who violate the rules governing company vehicle use or use of hand-held communication devices shall be subject to disciplinary action up to and including termination.

I have received and read the above policy on company vehicles and hand-held devices and agree to comply with it.

Employee Name Printed _____

Employee Name Signed _____

Date of Vehicle Issue _____

Supervisor Signature _____

SAMPLE GENERAL POLICIES AND INFORMATION

1. **All drivers** are expected to operate within the limits set forth in the federal regulations, and local, municipal, and state laws of all jurisdictions operated in. This is inclusive of logging regulations, weight limitations, speed limits, and physical requirements. Drivers who violate these laws will be subject to disciplinary action by the company.

2. **Seat belts** are to be worn at all times while driving.

3. **Cell Phones use** - At no time shall a cell phone be used to text or call while traveling down the road. A hands-free device must be used. If cited for using a device, you will face disqualification and/or termination of employment.

4. **Drugs and alcohol** are strictly prohibited in any vehicle operating on behalf of the Company and It is expressly forbidden for any employee or agent of the company to come onto company property under the influence of any illegal drug or alcohol.

5. **Firearms** are strictly prohibited in all vehicles operating on behalf of the company

6. **Pets/animals** of any kind are expressly forbidden from being in any vehicle operating on behalf of the company.

7. **Passengers** are not allowed.

8. **Public Image:** All customers, employees and members of the general public are to be treated with respect and courtesy.

9. **Accidents** must be reported to the company as soon after the accident as possible. Failure to report accidents will result in the revocation of the driver's safety clearance.

10. **Route Selection**: All trucks are expected to use the shortest practical routes. Out of route miles will be charged back to the driver at the current fuel costs. If a direct route is unsafe due to mountains, narrow highways, or other reasons, please advise your dispatcher and obtain approval for alternate routing.

11. **Roadside Inspections**: All roadside inspections must be turned into the company as soon as possible. If you or your truck are placed out of service, call your dispatcher immediately. Remember, it is your responsibility to inspect your equipment and notify the company of any defects. If you receive a citation for faulty equipment, you are responsible for paying the ticket.

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12. **Overweight**: It is the policy of the company to operate in a legal manner. Your load weight is your responsibility. Immediately report any determination of overweight load concerns to your supervisor. If you fail to report overweight issues to your supervisor and receive an overweight ticket, you are responsible for the payment of that ticket.

13. **Paperwork**: All paperwork must be turned in as soon after delivery as possible. Paperwork should include the signed bill of loading, scale tickets, fuel receipts, the completed trip report, your logs, any toll tickets, and any other expenses that you need to be reimbursed for. You will not be paid for a load unless all the paperwork is turned in.

14. **Freight Claims**: If you are responsible for load and count, you will also be responsible for all shortages or damages. Check your load as it is going onto the truck and as it is coming off. If it is a sealed load or a SLC load, verify the unload count. Immediately call dispatch if there are any damages or shortages. Do not sign for damages or shortages until you have talked to dispatch.

15. **Breakdowns**: In the event of a breakdown, call the shop immediately. Do not attempt to repair the truck unless it is a minor problem that you feel comfortable repairing. Remember to put out your triangles as necessary.

16. **Fuel Stops:** Fuel should be purchased only at authorized fuel stops. If such stops have not been designated, it is the responsibility of the driver to help control fuel costs by buying fuel at the lowest prices available.

17. **Deliveries** are to be made in a timely fashion. This company will not ask any driver to violate state or federal laws in order to make an on-time delivery. However, so long as the scheduling allows for on-time deliveries, drivers are expected to meet their appointment times.

18. **Delivery Time Delay:** If, for any reason, a driver foresees that an appointment time cannot be met, dispatch or supervisor must be notified as soon as possible so that they can coordinate with the customer.

SAMPLE GENERAL DRIVING SAFETY RULES

These Safety Rules were established for the protection of each employee. All employees are requested to cooperate in observing these rules and to help make sure that the truck is safe and properly maintained. VIOLATION OF ANY COMPANY SAFETY RULE REQUIRES DISCIPLINARY ACTION UP TO AND INCLUDING DISMISSAL. OUR POLICY HAS ALWAYS BEEN AND WILL CONTINUE TO BE:

SPEED:

1. Drive at a speed consistent with speed laws, the road, traffic and weather conditions.
2. Log trucks have a higher center of gravity so reduce speed for curves and turns.

RIGHT-OF-WAY:

1. Never use the size of your vehicle to assert your right-of-way. Always yield the right-of-way.
2. Keep right except to pass or turn left.
3. Approach intersections, driveways and other access points with caution.
4. Come to a full stop and do not block crosswalks when at a main thoroughfare.
5. Always yield right-of-way to emergency vehicles exhibiting a warning signal.

TAILGATING/SAFE FOLLOWING DISTANCES:

1. Always follow another vehicle at a distance sufficient for you to stop safely if the vehicle makes an unexpected or emergency stop.
2. Always follow another vehicle at a distance that allows traffic passing to return to the right lane.

PASSING:

1. Pass only when possible to do so without risk.
2. Activate turn signal when changing lanes and sound your horn when passing. Remember - A turn signal only indicates an indication to change lanes: it does not establish a right-of-way privilege or guarantee that the driver can change lanes safely.
3. Never try to pass when approaching a curve, hill, bridge, or place where vision ahead or to the sides is obstructed.
4. Do not pass more than one vehicle at a time.

BEING PASSED:

1. When being passed, stay well to the right and reduce speed if necessary to allow the other vehicle to finish passing.
2. Never signal the driver of an overtaking vehicle that it is safe to pass. This transfers part of the responsibility for safe passing from the overtaking driver to yourself.
3. Be alert for vehicles attempting to pass unsafely.
4. Dim your lights at night after being passed to prevent glare in the other driver's mirror.

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MEETING OTHER VEHICLES:

1. If a vehicle is approaching in your lane, slow down, pull far to the right and do not switch lanes to avoid collision.
2. At night dim headlights within 500 feet of an on-coming driver.

STOPPING AND PARKING:

1. Do not stop on the open highway unless necessary; but, if necessary, pull the unit as far right as you can, completely off the traveled portion of the highway, if possible.
2. When parking outside the city limits, set emergency warning signals out, ahead of and behind the vehicle at distances prescribed.
3. When parking, set the parking brake, put the transmission in the lowest forward gear or reverse, and turn the wheels toward the curb on a downgrade or level ground, and away from the curb on an upgrade.

CURVES AND TURNS:

1. Common sense dictates care and reduced speed when rounding turns or curves.
2. Stay in your own lane on curves.
3. Position your vehicle in the proper lane for the maneuver you are about to make in city traffic.
4. Signal your intention to turn for a least 100 feet in towns and 500 feet on the open road.
5. Watch your off track. The rear wheels of any vehicle follow a shorter path than the front wheels in a turn.
6. Cut off your turn signal after turning.

BACKING:

1. Plan your route to keep backing to a minimum.
2. Inspect your line of travel before backing.
3. Be sure the helper directing you has a clear view and that you can clearly see and hear him/her.

RAILROAD CROSSINGS:

1. Do not rely only on warning signals or flaggers to warn of approaching trains.
2. Never cross the tracks unless there is enough room on the other side for your whole rig.
3. Move across tracks without delay without stopping on the tracks.
4. Slow down when crossing tracks to avoid abuse to equipment.
5. When stopping at crossings, stop from 15-20 feet from the nearest rail.
6. Always approach a crossing as if a train were coming.

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CLEARANCES:

1. Know your height so that if a posted clearance exceeds the height of your unit by six inches or less, you can slow down to avoid bouncing into the obstruction on rough roads.
2. Road repairs, rough roads, ice, snow, floods and empty equipment may cause difficulty where clearance is otherwise adequate.

SPECIAL PRECAUTIONS:

1. Heed posted warnings.
2. Report all arrests, citations, and fines to your employer.
3. Slow down for road crews.
4. Pull off the road if bad weather or other hazardous conditions are too serious for safe driving.
5. Keep exhaust noise to a minimum in quiet zones - around hospitals, schools, residential areas.
6. Reduce speed in school zones and when passing through small towns.
7. Use your engine as a brake on long hills. Gear down at the top of the hill.
8. Use caution with log trailers due their high center of gravity and ease of rollovers.

AVOIDING FATIGUE:

1. Obtain proper rest before beginning a trip.
2. Avoid heavy foods and alcoholic beverages.
3. Beware of prescribed or illegal drugs and their effect on driving such as drowsiness, hallucination and dizziness.
4. Keep your eyes moving; don't allow your eyes to become fixed on the road.
5. Wear good quality sunglasses when necessary.
6. Stop periodically for rest (at least every two hours) and light exercise.
7. Listen to the radio, have light conversation, sing, chew gum, etc. & keep your vehicle ventilated.
8. Maintain good physical condition.
9. If you become drowsy, the choice is clear: Stop and sleep!

SAMPLE ADDITIONAL DRIVER RESPONSIBILITIES

1. Conduct a thorough pre-trip vehicle inspection, including any trailers, at the start of the trip.
2. Check the load-securing devices once truck reaches public road and within the first 25 miles after beginning the trip. Note both inspections on your log sheet.
3. Keep brakes adjusted. Have more than 1/4 inch of brake lining on all brakes with proper adjustment.
4. See that all trailer connections (Pull check) are properly made before starting to load the truck.
5. Make sure that nobody enters the cab while the truck is being loaded.
6. Make sure your trailer is properly loaded and secured to the truck and that the air equipment is in good working order before leaving.
7. Make sure the load is safe to transport before leaving.
8. Communication equipment and CB radios are for emergency use only. Do not ever use obscenities on the radios.
9. There will be no alcoholic beverages in company vehicles at any time.
10. No passengers are permitted, except with permission of management.
11. Carefully and accurately fill out log book.

SAMPLE PERSONAL SAFETY

Injuries are very costly to you, to everyone. You must report every injury to the dispatcher as soon as possible. To avoid personal injury, you should observe carefully, the following safety rules:

1. Always use a flashlight at night while walking around checking equipment.
2. Keep the running board, fenders, and bumpers free of diesel oil, grease and ice to avoid slipping while entering or leaving the cab or when checking the equipment.
3. Do not jump from the equipment, platform to the ground. Always use three points of contact when climbing into or out of the cab.
4. Wear hard hat, safety glasses and high visibility clothing whenever your duties place you on the ground or near the possibility of any overhead hazards.
5. When using a bar to tighten or loosen binders, make certain the bar is not in a position to cause injuries in case it slips or the strap/cable breaks.

SAMPLE What to do at the Scene of an Accident

Although we strive to operate accident free, we know that an accident can occur at any time. If you are involved in an accident, please follow these guidelines.

1) Secure the scene. This may consist of putting out triangles, activating the 4-ways on all vehicles, setting out flares, (If there is no spill or volatile chemicals such as gas, diesel fuel, etc…) and using other persons for traffic control. In the case of minor accidents, it may be advisable to move the damaged vehicles from the roadway. However, if doing so, please photograph or otherwise verify the location of both vehicles prior to moving them.

2) Notify the police immediately, give them your location and tell them of any injuries.

3) Notify the company as quickly as possible.

4) Get out your accident kit and begin obtaining all information that is asked for on the accident report.

5) If the other party is willing to accept the blame, ask them to note that in writing.

6) Obtain the names, addresses and phone numbers of any witnesses. If people refuse to provide the above information, record their license plate number and provide that information to the insurance company representative.

7) Make no statements to anyone other than the police, and then only respond to questions that they ask.

8) If you have a camera, take photographs of all aspects of the accident scene.

9) Photograph all four sides of all vehicles involved.

10) Photograph skid marks, gouge marks, and debris that is in the road as a result of the accident. In these photographs, try to get some landmarks in the background to help identify the location of the items.

11) Photograph any temporary situations such as illegally parked vehicles, obscured signs, etc. that were contributory to the accident.

(Continued on next page)

12) Photograph the other parties involved. In particular, if they seem healthy and are leaning over, or otherwise showing back and leg mobility, photograph those actions to verify the limits of their injuries.

13) Photograph the license plates of all vehicles stopped at the accident scene. These might very well be witnesses that could not otherwise be discovered.

14) Comply with the drug and alcohol testing requirements if necessary. Remember, you must drug and alcohol test if:
    a) it is a fatal accident.
    b) it is a personal injury accident and you received a citation or it is a property damage accident that results in one or more of the vehicles being towed and you received a citation.

All accidents will be evaluated by the company for preventability. Any driver who has 2 preventable accidents in a 3-year period will lose their safety clearance and will likely be terminated.

SAMPLE CONTROLLED SUBSTANCES, ILLEGAL ALCOHOL USE, DISHONESTY

Drug and Alcohol testing -
It is required by Federal Law that each Carrier and driver is enrolled in a drug and alcohol program.

REFUSAL TO TEST: Refusal to submit to the types of drug and alcohol tests employed by this company will be grounds for refusal to hire driver/applicants and to terminate employment of existing drivers. A refusal to test is defined as conduct that would obstruct the proper administration of a test. A delay in providing a urine, breath or saliva specimen could be considered a refusal. If a driver cannot provide a sufficient quantity of urine or breath, he/she will be evaluated by a physician of the Company's choice. If the physician cannot find a legitimate medical explanation for the inability to provide a specimen (either breath or urine), it will be considered a refusal to test. In that circumstance the driver has violated one of the prohibitions of the regulations.

Any driver applicant who is found to be under the influence of an illegal drug or prescribed controlled substance shall be eliminated from consideration for employment.

Any driver who is found to be in possession of, or under the influence of any illegal drug or controlled substance shall, without recourse, be terminated.

Any driver who is found to be operating a company vehicle while under the influence of alcohol or who is found to be in possession of alcohol while on a company vehicle shall, without recourse, be terminated.

Any driver who commits an act of dishonesty while in the scope of employment shall, without recourse, be immediately terminated, and shall not be eligible for rehire. Acts of dishonesty shall include, but not be limited to the following:

a) Theft of company equipment.
b) Criminal conversion of company property.
c) Illegal use or possession of drugs or controlled substances.
d) Operating a vehicle under the influence of alcohol.
e) Making false statements or statements that are materially incorrect with the intent of misleading the company regarding any action that might jeopardize the well
f) being of the company.
g) Any act of violence against an employee, customer, or any member of the general public while acting as a representative of this company.
h) Any act of a malicious or destructive nature that affects the well-being of the company or its employees.
i) Conviction of a felony while in the scope of employment.
j) The above rules shall apply to all employees, independent contractors, and representatives of this company.

SAMPLE HOURS of SERVICE and DRIVER's DAILY LOG

All drivers are expected to operate within the laws set forth by the DOT.

(Understanding that HOS and ELD regulations have been adjusted and revised several times in recent years, we recommend companies seek the most recent regulations when developing company policy related to HOS.)

SAMPLE **COMPANY POLICY AND SAFETY MANUAL**

Company Name
Company street/mailing Address
Company city/state/zip code

RECEIPT FOR SAFETY MANUAL

I hereby certify that I have received the company safety manual and that I have read and understand all the information contained therein. I further agree to abide by the provisions that are set forth in the manual.

Date_____ Signed_____

LEVEL 1 AUDIT/COMPLIANCE REVIEWS

The following documentation/records should be available during this audit compliance review.

GENERAL: (https://safer.fmcsa.dot.gov/CompanySnapshot.aspx)

_____ 1. Latest "SafeStat" Motor Carrier Profile Latest
_____ 2. "SafeStat" Report
_____ 3. Latest "Safer System" Report

AUTHORITY:

_____ 1. DOT Authority & State Authority Hazardous
_____ 2. Material Authority (if applicable)
_____ 3. International Authority (NAFTA) (if applicable)

VEHICLE COMPLIANCE:

_____ 1. List of Equipment (Tractors & trailers) (Owned, leased, rented)
_____ 2. Driver Vehicle Inspection Reports for last 3 months
_____ 3. Annual Vehicle Inspection Reports for last 12 months

DRIVER COMPLIANCE:

_____ 1. List of Drivers and Independent Contractors
_____ 2. Driver Qualification Files & Checklist
_____ 3. Drug & Alcohol Test Results for last 12 months
_____ 4. Driver HOS Logs for last 6 months & supporting documentation
_____ 5. Log Auditing Program

HAZARDOUS MATERIALS:

_____ 1. List of Hazardous Materials Transported
_____ 2. HAZMAT Training Endorsement

ACCIDENTS:

_____ 1. DOT Accident Register and DOT Reportable Accidents
_____ 2. Loss Run for previous 3 years
_____ 3. Mileage Report for last 12 months

INSURANCE:

_____ 1. Certificate of Insurance (Additional Insured)
_____ 2. MCS-90 Endorsement
_____ 3. Hold Harmless Agreement

RISK MANAGEMENT/LOSS PREVENTION:

_____ 1. Driver Policy & Procedure Manual
_____ 2. Outline of Orientation, Training & Safety Programs

Updating Your Registration or Authority Overview

Any time a carrier or other regulated entity changes its name or address, or other details in their record, they should update their US DOT and operating authority record with FMCSA in a timely manner. In addition, FMCSA requires all entities under its jurisdiction to update their information every two years:

US DOT Numbers:

- Routine Updates
- Biennial Updates
- Inactivate/Deactivate
- Reactivate

Operating Authority (MC/FF Numbers):

- Name Changes
- Address Changes
- Reinstate
- Revoke

Routine USDOT Number Updates

To view a company's current information, go to **SAFER System's Company Snapshot**. Updates can be done online via the FMCSA online registration system with your US DOT PIN, or by filing an MCS-150 form. See below for more information on updating your US DOT number information.

Biennial Updates

The Federal Motor Carrier Safety Administration (FMCSA) requires all entities under its jurisdiction to update their information every two years. You are required to provide this update every two years even if your company has not changed its information, has ceased interstate operations since the last update, or is no longer in business and you did not notify FMCSA.

FMCSA
Federal Motor Carrier Safety Administration

For information on registration updates go to:
https://www.fmcsa.dot.gov/registration/updating-your-registration

Form MCS-150 and Instructions - Motor Carrier Identification Report

About this Form

Please note: After December 12, 2015, MCS-150 forms can ONLY be used to update a USDOT number, not for initial registration with FMCSA. First-time applicants must use the Unified Registration System (URS). For more information about URS, or to apply for the first time go to: https://www.fmcsa.dot.gov/registration/unified-registration-system

The Federal Motor Carrier Safety Administration (FMCSA) registration process requires that companies define the type of business operation (Motor Carrier, Broker, Shipper, Freight Forwarder and/or Cargo Tank Facility) that they plan to establish. FMCSA's responsibilities include monitoring and enforcing compliance with the Federal Motor Carrier Safety Regulations (FMCSR) and the Hazardous Materials Regulations (HMR) governing both safety and financial responsibility.

The Agency's focus on both concerns is reflected in the dual path of its current registration process. Companies may find that they are subject to both registration requirements - USDOT Number - and Interstate Operating Authority.

These instructions assume that the applicant has determined that a USDOT Number is required to update the US DOT number registration and that the MCS-150 form must be submitted. Again, this form can only be used to update existing registrations as of December 12, 2015.

Filing Options

There are two options for filing the necessary forms to update a USDOT Number:

- Completing and filing the required MCS-150 forms online, or
- Scan and upload a completed, printed and signed MCS-150 to our web form (this is the best option and will provide you with a tracking number for your submission)
- Filling out, printing, and signing a copy and mailing it to the FMCSA
- Faxing a signed copy to: 202-366-3477

FMCSA strongly encourages applicants to use the electronic online update process since it has built-in edit checks and simple yes-and-no questions for easy, accurate completion. It is also significantly faster than applying by mail. The estimated time to complete the form online is approximately 20 minutes.

FMCSA
Federal Motor Carrier Safety Administration

ADDITIONAL COMMON FILINGS

MCS-90

Endorsement for Motor Carrier Policies of Insurance for Public Liability under Sections 29 and 30 of the Motor Carrier Act of 1980.
This endorsement must be attached to the auto liability policy of certain regulated motor carriers to ensure that federally mandated coverage (e.g., required liability limits and environmental restitution coverage) is in place.

Form E Filing

A Form E filing certifies that your Liability insurance complies with the state's financial responsibility laws. Form E is submitted to the department of your business' home state that regulates intrastate trucking. See also Motor Carrier Act (MCA) of 1980; Motor carrier policy.

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Driver's Vehicle Inspection Report

Pre/Post Trip - Check ANY Defective Item and Give Details under "Remarks."

Date:_____

Truck/Tractor # _____

- ❑ Air Compressor
- ❑ Air Lines
- ❑ Battery
- ❑ Brake Accessories
- ❑ Brakes
- ❑ Carburetor
- ❑ Clutch
- ❑ Defroster
- ❑ Drive Line
- ❑ Engine
- ❑ Fifth Wheel
- ❑ Front Axle
- ❑ Fuel Tanks
- ❑ Heater
- ❑ Horn
- ❑ Lights
  - Head – Stop
  - Tail – Dash
  - Turn Indicators
- ❑ Mirrors
- ❑ Muffler
- ❑ Oil Pressure
- ❑ On-Board Recorder
- ❑ Radiator
- ❑ Rear End
- ❑ Reflectors
- ❑ Safety Equipment
  - Fire Extinguisher
  - Flags – Flares – Fuses
  - Spare Bulbs & Fuses
  - Spare Seal Beam
- ❑ Springs
- ❑ Starter
- ❑ Steering
- ❑ Tachograph
- ❑ Tires
- ❑ Transmission
- ❑ Wheels
- ❑ Windows
- ❑ Windshield Wipers
- ❑ Other

TRAILER(S) NO(S). _____

- ❑ Brake Connections
- ❑ Brakes
- ❑ Coupling Chains
- ❑ Coupling (king) Pin
- ❑ Doors
- ❑ Hitch
- ❑ Landing Gear
- ❑ Lights – All
- ❑ Roof
- ❑ Springs
- ❑ Tarpaulin
- ❑ Tires
- ❑ Wheels
- ❑ Other

Remarks: _____

_____

_____

_____

_____

_____

_____

❑ Condition of the above vehicle is satisfactory

Driver's Signature _____ Date _____

❑ Above Defects Corrected

❑ Above Defects Need NOT Be Corrected For Safe Operation Of Vehicle

Mechanic's Signature _____ Date _____

Driver's Signature _____ Date _____

101

Vehicle History Record	
Report Numbe	FLEET UNIT #
DATE	

Annual Vehicle Inspection Report

MOTOR CARRIER OPERATOR	INSPECTOR'S NAME (PRINT OR TYPE)
ADDRESS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. o YES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION (3) AND COMPLETE o LIC. PLATE NO. o VIN o OTHER
VEHICLE TYPE o TRACTOR o TRAILER o TRUCK o (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED

ITEM	OK	NEEDS REPAIR	REPAIRED DATE
1. BRAKE SYSTEM			
a. Service Brakes			
b. Parking Brake System			
c. Brake Drums or Rotors			
d. Brake Hose			
e. Brake Tubing			
f. Low Pressure Warning Device			
g. Tractor Protection Valve			
h. Air Compressor			
i. Electric Brakes			
j. Hydraulic Brakes			
k. Vacuum Systems			
2. COUPLING DEVICES			
a. Fifth Wheels			
b. Pintle Hooks			
c. Drawbar/Towbar Eye			
d. Drawbar/Towbar Tongue			
e. Safety Devices			
f. Saddle-Mounts			
3. EXHAUST SYSTEM			
a. Any exhaust system determined to be leaking ot a point forward of or directly below the driver/sleeper compartment.			
b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2), or (3).			
c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor			
4. FUEL SYSTEM			
a. Visible leak			
b. Fuel tank filler cap missing			
c. Fuel tank securely attached			
5. LIGHTING DEVICES			
All lighting devices and reflectors required by Section 393 shall be operable.			
6. SAFE LOADING			
a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.			
b. Protection against shifting cargo			

ITEM	OK	NEEDS REPAIR	REPAIRED DATE
7. STEERING MECHANISM			
a. Steering Wheel Free Play			
b. Steering Column			
c. Front axle beam and ALL steering components other than steering column			
d. Steering Gear Box			
e. Pitman Arm			
f. Power Steering			
g. Ball and Socket Joints			
h. Tie Rods and Drag Links			
i. Nuts			
j. Steering System			
8. SUSPENSION			
a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its			
b. Spring Assembly			
c. Torque, Radius, or Tracking Components			
9. FRAME			
a. Frame Members			
b. Tire and Wheel Clearance			
c. Adjustable Axle Assemblies (Sliding Subframes)			
10. TIRES			
a. Tires on any steering axle of a power unit.			
b. All other tires.			
11. WHEELS AND RIMS			
a. Lock or Side Ring			
b. Wheels and Rims			
c. Fasteners			
d. Welds			
12. WINDSHIELD GLAZING			
Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference			
13. WINDSHIELD WIPERS			
Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.			
List any other condition which may prevent safe operation of this vehicle.			

Instructions: Mark column entries to verify inspection: X OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, REPAIRED DATE.:----------

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

COMPANY VEHICLE POLICY

1. It is the company's policy that company vehicles provided for employees be used only for company business and may only be driven by the employee.
2. Any personal use of the company vehicle is to be made in writing or a noted phone conversation with a company executive officers, stating the nature of each personal use.
3. The company may allow employees to drive company vehicles home at night and on weekends for convenience and/or security purposes. This may also be in case of client/project emergencies that these employees may be called upon to handle.
4. Employees driving company vehicles are required to wear safety belts (seat belts) any time the vehicle is driven.
5. Use of a cell phone while driving, without Bluetooth capability, is prohibited. Texting while driving is prohibited. If it becomes necessary to write down information as a result of a phone call, find a safe location and park your vehicle
6. Use of any hand-held device while driving is prohibited.
7. It is the employee's responsibility to have the scheduled maintenance service performed on the vehicle to which he/she has been assigned. Also, the employee is responsible to insure the cleanliness of the vehicle.
8. All maintenance records should be maintained and be readily available for inspection and audit.
9. Any employee convicted of a DUI while driving a company vehicle will be terminated immediately.
10. Employees driving company vehicles may be observed on a random basis, after call in complaints, and after an accident. If negative results are found, disciplinary action up to and including termination of employment may be required.
11. The company gas cards are to be used only in conjunction with the company vehicle.

Drivers who violate the rules governing company vehicle use or use of hand-held communication devices shall be subject to disciplinary action up to and including termination.

I have received and read the above policy on company vehicles and hand-held devices and agree to comply with it.

Employee Name Printed _____

Employee Name Signed _____

Date of Vehicle Issue _____

Supervisor Signature _____

CONTRACTOR REQUIREMENTS

Through the years we have seen large losses filed against companies for accidents that occurred when contractors or sub-contractors failed to have sufficient insurance coverage. In order to help protect your company from losses that may occur as a result of something a contractor or sub-contractor may do, most carriers are requiring these actions on your part.

Seek legal advice to draft a written agreement that reflects your specific organization and its sub-contractors.

Some carriers are requiring these items be done prior to binding. If you use a contract trucker, truckers or subcontract loggers:

- If your contractor or sub-contractor has **ONE** or more employees, then you need a Certificate of Insurance for Workers Compensation Insurance to prevent a claim from their employee(s) because they are not covered by their employer.

- Obtain certificate of Auto/Truck Liability insurance from all subcontract haulers engaged by your organization prior to the start of their operations

- Review the certificates to determine that the subcontractor has at least $1,000,000 of CSL (Combined Single Limit) coverage and that the policy dates indicate that the policy will be in effect throughout the duration of their operations on your premises.

- Require subcontractors to include your organization on their insurance policies through an additional insured endorsement.

- Maintain a copy of each subcontractor's certificates of insurance for a minimum of three years following their operations performing work for you.

- Require all subcontractors by contract to abide by your organization's safety program including all safety policies and procedures.

- Require all subcontractors to enter into a service contract before work begins that includes "hold harmless" language clearly indemnifying your organization from any loss produced by, or arising from, any work they perform.

For more information about your company's contractor or sub-contractor exposures contact your insurance agent or agency

(SAMPLE) SUBCONTRACTOR AGREEMENT (LOGGERS/TRUCKERS)-INSURANCE ADDENDUM

THIS IS FOR SAMPLE PURPOSES ONLY, CONSULT AN ATTORNEY FOR QUESTIONS

This agreement is made ____*Todays DATE*_____, between ___*Name of your company/business and address*_____(hereafter "contractor") and ___*Name of Subcontractors business and address*_____ (here after "subcontractor").

Summary

Contractor desires to hire subcontractor for:

_____

_____*Describe General Scope of work/services hired for & Terms*_____

_____

Agreement

Subcontractor agrees that Contractor and Subcontractor work on an independent contractor basis. Nothing in their relationship or this agreement shall be construed to make subcontractor an employee of contractor.

This agreement shall be construed under the laws of the State of ___*(Insert state where document executed)*__ ____

This agreement may be cancelled upon 60 days written notice by one party delivered to the other. It may be cancelled at any time by mutual agreement of both parties.

If Subcontractor breaches this agreement contractor shall be entitled to collect all damages caused by such breach, including costs and reasonable attorney fees. Contractor may offset or withhold any payments due to subcontractor if this agreement is not complied with or breached.

Subcontractor agrees to hold harmless and indemnify contractor and its employees from all claims arising from a breach of this agreement and the scope of work/services performed by subcontractor to the fullest extent permitted by law. Subcontractor agrees to waive any and all subrogation rights against contractor in any situation regardless of fault.

Subcontractor agrees to maintain the following insurances for the duration of this agreement:

General Liability:

a. $1,000,000 per occurrence limits including products/completed operations
b. $2,000,000 per aggregate limits including products/completed operations
c. $500,000 timber trespass/overcut and $500,000 property damage due to fire
d. Contractor shall be listed as additional insured on subcontractors policy on a primary and non contributory basis with waiver of subrogation & certificate provided

Commercial Auto

a. $1,000,000 combined single limit liability for "any auto" or "all owned, hired, and non owned" with certificate provided.

Workers Compensation

a. $500,000/$500,000/$500,000 employers liability limits with certificate provided.

Subcontractor agrees that if insurances above are not in force during agreement contractor may withhold work, withhold payment, or take any other remedy against subcontractor.

SIGNED & DOCUMENTED BY BOTH PARTIES ALONG WITH NAMES OF BUSINESSES AND TITLES

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					
Attach additional sheet if more space is needed					
	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
PREVOIUSLY 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? ☐ 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

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? ☐ 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

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y	GRADUATE N	DETAILS
High School				☐	☐	
College				☐	☐	
Other				☐	☐	

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/previous 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)			

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____ _____
First M.I. Last Social Security Number

Hereby authorize: _____
Date of Birth

Previous Employer: _____ Email: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____.
(employment application date)

To: Prospective Employer: _____

Attention: _____ Telephone: _____

Street: _____

City, State, Zip: _____

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's fax number: _____

Prospective employer's email address: _____

_____ _____
Applicant's Signature Date

This information is being requested in compliance with §40.25(g) and 391.23.

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

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

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____

2. Reason for leaving your employ: Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐
If there is no safety performance history to report, check here ☐, sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check ☐ here if there is no accident register data for this driver.

	Date	Location	# Injuries	# Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

_____

_____

Any other remarks:

_____

_____

_____

Signature: _____

Title: _____ Date: _____

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?
   YES ☐ NO ☐
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
   YES ☐ NO ☐
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?
   YES ☐ NO ☐
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?
   YES ☐ NO ☐
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.
   YES ☐ NO ☐
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?
   YES ☐ NO ☐

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Part 3 Completed by (Signature): _____ Date: _____

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other _____

By: _____ Date: _____

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone

Date: _____ ☐ 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.

§391.23(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.
☐ I will arrange to pick up.

Driver/Applicant Signature: _____ Date: _____/_____/_____
M D Y

PART 2: COMPLETED BY THE PROSPECTIVE EMPLOYER

The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information form the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.

Information supplied to:

Name: _____

Street: _____

City, State, Zip: _____

Comments: _____

_____

By:

_____ _____ Release Date: _____/_____/_____
Signature/person providing information Telephone # M D Y

COPY 1 PROSPECTIVE EMPLOYER

This form is an example only. Requirements for the annual review of driving record can be found in 49 CFR 391.25.

ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the driver's motor vehicle record and other information described in 49 CFR 391.25 of the Federal Motor Carrier Safety Regulations.Complete the information requested below.

DRIVER NAME: LAST, FIRST, MI	SOCIAL SECURITY NUMBER		DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	**DRIVER'S LICENSE NUMBER**	**STATE**	**EXPIRATION DATE**

I have reviewed the driving record of the above named driver in accordance with 49 CFR 391.25 and find that he/she (check one):

☐ Meets minimum requirements for safe driving

☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15

Actions taken with driver:

MOTOR CARRIER NAME	MOTOR CARRIER ADDRESS		
REVIEWER PRINTED NAME	**REVIEWER SIGNATURE**	**TITLE**	**DATE OF REVIEW**

This form is an example only. Requirements for the annual driver's certification of violations can be found in 49 CFR 391.27.

ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier must at least once every 12 months, require each driver to prepare 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 of which he/she has forfeited bond or collateral during the preceding 12 months (49 CFR 391.27). Drivers who have provided information required by 49 CFR 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver will provide the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify (49 CFR 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

DRIVER NAME: LAST, FIRST, MI	SOCIAL SECURITY NUMBER		DATE OF EMPLOYMENT
HOME TERMINAL (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 (other than those I have provided under 49 CFR 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

☐ Check this box if you have had no violations in the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

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	DRIVER'S SIGNATURE
MOTOR CARRIER NAME	MOTOR CARRIER ADDRESS

REVIEWER PRINTED NAME	REVIEWER SIGNATURE	TITLE	DATE

This form is an example only. Certificates may look different, but should contain similar information.

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))

Driver's Name _____

Type of Power Unit _____

Type of Trailer(s) _____

If passenger carrier, type of bus _____

This is to certify that the above-named driver was given a road test under my supervision on _____ 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.

EXAMINER FIRST & LAST NAME | SIGNATURE OF EXAMINER | DATE

BUSINESS NAME AND ADDRESS OF ORGANIZATION

FINAL THOUGHTS

As previously noted in the introduction, The Forest Products Transportation Truck Owner - Truck Driver Compliance & Safety Booklet is designed and intended to provide assistance to truck owners in understanding some important items that are required by the Federal Motor Carrier Safety Administration (FMCSA). This is a guide to encourage and help truck owners with compliance, as well as, provide additional information to enhance driver safety.

Driver's MVR information, years of experience, vehicle condition and compliance with FMCSA regulations are major considerations by insurance underwriters. If a review of your company's FMCSA-SMS rating/CAB analysis score indicates excessive equipment violations or driver violations it can affect your opportunity to attain a competitive insurance quote. Even worse, a negative review can and often do result in a declination to quote by the underwriter.

FMCSA Compliance is crucial when involved in an accident at fault or not!

Disclaimer: *This information is provided in the interest of simplification and understanding various rules, laws, and best practices related to safety and compliance. We make no assentation or guarantee that following this information will result in a safer workplace or compliance with any law or agency rule or that this information is 100% current with any law or rule. All information should be verified with appropriate sources as it relates to your unique business and situation. We accept no responsibility or liability related to any information provided. This information is provided on a voluntary and proactive basis in order to help others. Material provided is often summarized and simplified in nature and each person or business reviewing is responsible for their own situation and applicability.*

The Road to Successful Trucking

Forest Products Transportation
Truck Owner - Truck Driver
Compliance & Safety

Forest Insurance Center Agency, In.
Risk Control Services
Toll free: 800-272-7805
www.forestinsurancecenter.com
Working Together to Meet Your Insurance Needs

FOREST INSURANCE CENTER
LOGGERS INSURANCE AGENCY
MAUCK INSURANCE AGENCY

Working Together to Meet Your Insurance Needs