



Driver Qualification File Checklist

Driver Name: _____

Date of Driving Status: _____

Section 1 Employment Information

- _____ Application for Employment (2 pages)
- _____ Fair Credit Reporting Act Disclosure Statement
- _____ Request for Check of Driving Record
- _____ Pre-Screening Program Release Form
- _____ Employment Verification/Safety Performance History(Previous Employer for preceding 3 years)
- _____ Driver's Right to Due Process
- _____ *MVR – Current State (obtained from applicant)*
- _____ *Copy of Applicant CDL (obtained from applicant)*

Section 2 Medical/Drug & Alcohol

- _____ Pre-Employment Drug & Alcohol Test Notification Form
- _____ Previous Pre-Employment Employee Drug & Alcohol Test Statement
- _____ Company Drug & Alcohol Policy Certification of Receipt
- _____ *Medical Examiner Report (Long Form) (obtained from medical examiner)*
- _____ *Medical Examiner's Certificate (obtained from medical examiner)*
- _____ *Pre-Employment Written Alcohol & Drug Test Results (obtained from testing facility)*
- _____ *Pre-Employment Federal Chain of Custody Form – (obtained from testing facility)*

Section 3 Other DOT Forms

- _____ Certification of Driver's Road Test
- _____ Certification of Compliance with Driver's License Requirements
- _____ Driver's Statement of On-Duty Hours – for Newly Hired
- _____ Certification of Violations/Annual Review of Driving Record

Section 4 Miscellaneous Forms

- _____ US Department of Justice Employment Eligibility Verification (I-9)
- _____ Logging Off Duty for Meal Stops
- _____ No Rider Policy
- _____ *Copy of Social Security Card (obtained from applicant)*
- _____ *FMCSA Regulations Training Manual (company provides)*
- _____ *Brake Inspection Certification (optional)*



DRIVER QUALIFICATION FILE

EMPLOYMENT INFORMATION

SECTION

1



DRIVER'S
APPLICATION FOR EMPLOYMENT
ALL SECTIONS MUST BE FULLY COMPLETED

COMPANY ALI TRANSPORTATION, LLC MAILING ADDRESS 3032 YADKIN ROAD SUITE C 201
CITY, STATE AND ZIP CODE CHESAPEAKE, VA 23323

NAME (please print) _____
(FIRST) (MIDDLE) (MAIDEN NAME if applicable) (LAST)

ADDRESS _____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

CELL NUMBER _____ EXPECTED RATE OF PAY \$ _____

PREVIOUS THREE YEARS RESIDENCY

(STREET) (CITY) (STATE & ZIP) #YEARS _____

(STREET) (CITY) (STATE & ZIP) #YEARS _____

(STREET) (CITY) (STATE & ZIP) #YEARS _____

ATTACH SHEET IF MORE SPACE IS NEEDED

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE _____ LICENSE NUMBER _____ TYPE _____ EXP DATE _____

DRIVING EXPERIENCE

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

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
_____	_____	_____	_____	yes _____ no _____
_____	_____	_____	_____	yes _____ no _____
_____	_____	_____	_____	yes _____ no _____

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

DATE (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ATTACH SHEET IF MORE SPACE IS NEEDED

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked: Yes _____ No _____

If yes, explain _____



EMPLOYMENT RECORD

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record.)

Must list the complete mailing address: street number and name, city, state, phone number and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)

AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes _____ No _____

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)

AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes _____ No _____

Yes _____ No _____

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)

AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes _____ No _____

FOURTH LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)

AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes _____ No _____

FIFTH LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes _____ No _____

SIXTH LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes _____ No _____

SEVENTH LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes _____ No _____

EIGHTH LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes _____ No _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 understand, also, that I am required to abide by all rules and regulations of ALI Transportation, LLC.

"I understand that information I provide regarding current and/or previous 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(d) and (e). 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 re-send 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."

DATE

APPLICANT'S SIGNATURE

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.

DATE

APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.



FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 901-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number



REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to: ALI TRANSPORTATION, LLC, for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

.....
In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208). I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of the report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

(Signature of Requester)

(Date)

TO: **ALI Transportation, LLC.**
3032 Yadkin Road Suite C 201
Chesapeake, VA 23323

The following named person has made application with our company for the position of _____
In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____
In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

ALI Transportation, LLC
(Name of Company)

(Typed /Printed Name)

3032 Yadkin Road Suite C 201
(Address)

(Title)

Chesapeake VA 23323
(City) (State) (Zip)

(Signature)



ALI TRANSPORTATION, LLC.

3032 YADKIN ROAD SUITE C 201

CHESAPEAKE, VA 23323

Employment Verification – Safety Performance History

In Compliance with FMCSR 391.23 and FMC Regulation 40.321 B, please respond to this inquiry as quickly and accurately as possible. For additional information or to respond verbally, please call ALI TRANSPORTATION LLC at 757-673-3401. Please fax the information back to 757-673-6636 / 757-673-3545.

I hereby give permission to release the information noted below as used for employment purposes only.

Applicants signature: _____ Date _____

Applicant's Name _____	Applicant's Social Security Number _____
Employer _____	Dates of Employment from _____ to _____
Phone _____	Position: Driver/Safety-Sensitive _____ Other _____
Fax _____	If multiple periods of employment, please list other dates below
City/State _____	_____
Eligible for Rehire: Yes <input type="checkbox"/> No <input type="checkbox"/> Reason for Leaving: Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Other <input type="checkbox"/> explain _____	
Work Record? Satisfactory <input type="checkbox"/> Company Policy Violations <input type="checkbox"/> Unsatisfactory Safety Review <input type="checkbox"/> Late/Missed Stops <input type="checkbox"/>	
Driving Experience? Tractor/Trailer <input type="checkbox"/> Straight Truck <input type="checkbox"/> Other <input type="checkbox"/> Areas Operated in? 48 states <input type="checkbox"/> Regional <input type="checkbox"/> Local <input type="checkbox"/>	

DOT Accident History

Complete the following for all accidents, as defined in FMCSR 390.15(b), involving the applicant that occurred with the three year period preceding the date of the employment application.

If None Check Here

Date	City	State	Injuries	Fatalities	Description

Other Accident History

Complete the following for other accidents/incidents involving the applicant that were reported to insurers or retained under internal company policies.

If None Check Here

Date	City	State	Description

Drug and Alcohol Testing History

Complete the following for all DOT tests conducted within the three year period preceding the date of employment application.

****Please make a YES or NO selection for EACH question****

Has applicant had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has applicant had a controlled substance test with verified positive result?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has applicant refused an alcohol or controlled substance test?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has applicant violated any other DOT testing regulations (FMCSA subpart B, part 382, 49CFR PT40)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you received information from a previous employer that this individual violated DOT testing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If this applicant has violated a dot drug and alcohol regulation, did applicant complete as SAP-prescribed rehabilitation program while in your employ including return-to-duty and follow up tests? If yes, please provide documentation)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If this applicant successfully completed an SAP's rehabilitation program and remained in your employ, did applicant subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test or refuse to be tested?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Certification of Employment Record

Previous Employer's Signature _____ Date _____

For use by: ALI Transportation, LLC., Internal Tracking Purposes Only

This form was: Faxed Emailed Mailed Date(s) _____

Sent by: _____ Date _____



DRIVER'S RIGHT TO DUE PROCESS REGARDING INVESTIGATION INTO PREVIOUS SAFETY PERFORMANCE HISTORY AND DRUG AND ALCOHOL TESTING VERIFICATION

Under U.S. DOT §391.23(i) you have the following rights regarding the investigation information that will be provided.

RIGHT TO REVIEW

You have the right to review information provided by previous employers. You must make a request in writing and it must be received no later than thirty (30) days after being employed or being denied employment. We have five (5) business days after receipt of the written request, or after receiving the information from a previous employer, to provide this information to you. If you have not arranged to pick up or receive the requested records within thirty (30) day of us making them available, we may consider you have waived your request to review the records.

RIGHT TO HAVE ERRORS CORRECTED

You have the right to have errors corrected in the information from your previous employer and for that previous employer to re-send the corrected information to us. You must send the request for the correction directly to the previous employer that provided the records to us. The previous employer must either correct and forward the information to us, or notify you within fifteen (15) days of receiving your request that it does not agree to correct the data. If the previous employer corrects the data and forwards it to us, we will notify you.

RIGHT TO REBUTTAL

You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information. If you wish to rebut the information, you must send the rebuttal to your previous employer with instructions to include the rebuttal in that driver's safety performance history. Within five (5) business days of receiving a rebuttal, the previous employer must forward a copy of the rebuttal to us.

TIMING

You have the right to send a rebuttal first, without making a request for a correction, or you may send the request for a correction, then a rebuttal.

REPORTING TO THE FMCSA

You may (but are not required to) report failure of previous employers to correct information or include a rebuttal to the Federal Motor Carrier Safety Administration.

The above statement was received and read by me:

Driver's Signature

Date

Please Print Name



DRIVER QUALIFICATION FILE

MEDICAL/DRUG & ALCOHOL

SECTION

2



**PREVIOUS PRE-EMPLOYMENT EMPLOYEE
ALCOHOL AND DRUG TEST STATEMENT**

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Company Name: ALI TRANSPORTATION, LLC.

Street: 3032 YADKIN ROAD SUITE C 201

City: CHESAPEAKE

State, Zip: VA 23323

Prospective Employee Name: _____ ID Number: _____
(Print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)



TEST NOTIFICATION

Part 382 – Controlled Substances and Alcohol Use Testing applies to driver of this company.

Subsection 382.113 Requirement for notice.

Before performing an alcohol or controlled substances test under this part, each employer shall notify a driver that the alcohol or controlled substances test is required by this part. No employer shall falsely represent that a test is administered under this part.

Company Name: ALI TRANSPORTATION, LLC.

Driver/Applicant Name: _____
(Print) (First, M.I., Last)

You are hereby notified the following test will be administered in compliance with the Federal Motor Carrier Safety Regulations.

1. The test is scheduled: Date: _____

Location: _____

Time: _____

2. Check type of Test: Alcohol Controlled Substance

3. Check reason for test: Pre-employment Random Reasonable suspicion

Post-accident Return to duty Follow-up

4. Appointment instructions/comments:

I understand as a condition of my employment with this company, the above identified test is required.

Driver/Applicant's Signature

Date

Witnessed by: Company Representative

Date



ALCOHOL AND DRUG EMPLOYEE'S CERTIFIED RECEIPT

Employee's Name

ALI TRANSPORTATION, LLC.
Company / Department

This is to certify that I have been provided educational materials required by 382.601 and my employer's policies and procedures with respect to meeting the Part 382 requirements. The materials include detailed discussion of the following checked (X) items:

- _____ 1. The designated employer representative to answer questions about the materials.
- _____ 2. The categories of drivers subject to Part 382.
- _____ 3. Information regarding safety-sensitive functions and periods of the workday in which compliance is required.
- _____ 4. Information regarding driver conduct.
- _____ 5. Circumstances under which a driver will be tested.
- _____ 6. Testing procedures.
- _____ 7. Tests administered in accordance with Part 382, as required.
- _____ 8. An explanation of what will be considered a refusal to submit to a test and the consequences.
- _____ 9. The consequences for Part 382 Subpart B violations including removal from safety-sensitive functions and Part 40 Subpart O procedures.
- _____ 10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.
- _____ 11. Information on the affects of alcohol and controlled substances in regards to:
- an individual's health
- work
- personal life
* signs and symptoms of a problem
* available methods of intervening when a problem is suspected

Employee's Signature

Date

Authorized Employer Representative

Date



Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26.001 pounds or more, can transport more than 15 people, or transports hazardous materials that requires placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Part 383 and 391 of the Federal Motor Carrier Safety Regulations contain requirements with which you as a driver must comply. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) POSSESS ONLY ONE LICENSE: You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION: Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date _____

Notes: _____



DRIVER QUALIFICATION FILE

OTHER DOT FORMS

SECTION

3



Certification of Driver's Road Test

Driver's Name _____

License Number _____ State _____

Type of Unit _____

This is to certify that the above-named driver was given a
road test under my supervision on _____ 201____,
consisting of approximately _____ miles of driving.

Signature of Examiner

Title

Organization and Address of Examiner:

ALI TRANSPORTATION, LLC
3032 YADKIN ROAD SUITE C 201
CHESAPEAKE, VA 23323



DRIVER STATEMENT OF ON-DUTY HOURS
(For Newly Hired Drivers)

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

Driver Name (Print) _____

Social Security Number _____

Driver's License: State _____ Number _____ Class _____ Endorsement(s) _____ Restriction(s) _____

Type of License _____ Issuing State _____

Table with 8 columns: Day (1-7), Date, Hours Worked, Total Hours.

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

Time _____ A.M. P.M. On _____ Day _____ Month _____ Year _____

Driver's Signature _____ Date _____

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? (check one) [] Yes [] No
At this time do you intend to work for another employer while still employed by this company? [] Yes [] No

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

Witness: Driver's Signature _____ Date _____
Company Representative _____ Date _____



MOTOR VEHICLE DRIVER'S

Certification of Violations / Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish 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 (Section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	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 provide under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

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

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

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

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

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

Action taken with driver: _____

Reviewed by: _____
Signature Date

Printed Name Title

Motor Carrier Name: ALI TRANSPORTATION, LLC 3032 YADKIN ROAD SUITE C 201 CHESAPEAKE, VA 23323



DRIVER QUALIFICATION FILE

MISCELLANEOUS FORMS

SECTION

4



OFF DUTY MEAL STOPS

Carrier: ALI Transportation, LLC.

Driver's Name _____

Date _____

Instructions

During any period of driving time not exceeding 11 hours, you may make one or more stops for meals and enter the time (minimum 15 minutes, maximum 4 hours), on your log as "off duty" time. When such a stop is made, you will ensure that your vehicle is properly parked and secured.

Safety Manager _____

Date _____

These instructions must be carried in your vehicle while driving. A copy will be placed in your driver qualification file.

I have received and understand the instructions stated above.

Driver's Signature

Date



NO RIDER POLICY

Due to changes in insurance regulations and increased security promoted by the Federal Motor Carrier Safety Administration, we are initiating a safety policy regarding riders in any equipment leased to and/or owned by:

ALI TRANSPORTATION, LLC.

Effective immediately, no riders are permitted in any equipment. This will now be without exception.

We strive to provide our employees with exceptional job security and we can only continue to expand this company if we are extremely cautious regarding our safety practices.

Please acknowledge your understanding and commitment to this policy by signing, dating and returning this memo to the personnel department. This document will remain in your personnel file. Deviation from this policy is grounds for dismissal.

Employee Name (Print)

Employee Signature

Company Representative

Date



AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

VA Code 46.2-208 classifies driver abstracts as privileged records and limits the release of an abstract of a driver's record to only an employer, potential employer, or authorized agent who has been authorized in writing by such driver to obtain the driver's record.

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. That the undersigned gives his or her consent to the release of their driving record ("MVR") for review by

Ali Transportation, LLC

Name of Employer of Potential Employer

2. That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.
3. That the undersigned gives his or her consent to the release of their driving record ("MVR") for review by

NANSEMOND INSURANCE AGENCY, INC.

Name of Agency

4. That the undersigned understands that his or her driving record may also be provided to insurance carriers for the purpose of determining the insurability of certain hazards.
5. That the undersigned authorizes release of and discussion of his or her driving record between potential employees and Nansemond Insurance Agency and any insurance company.

Name of Employee/Potential Employee: _____
(Print Full Name As It Appears On Your License)

License Number & State: _____

Date of Birth _____

Signature of Employee/Potential Employee: _____