

# AMERICAL TRANSPORTATION INC

## Service Authorization

This form should be sent to AMERICAL TRANSPORTATION INC, Inc. **at the time services are rendered.** Applicants WILL NOT be processed if authorization form is not completely filled out and signed by the Company representative. One form should be submitted for each applicant sent for qualification. Please fill out this form in its entirety.

Today's Date:		Company Name: <b>AMERICAL TRANSPORTATION INC</b>	
<b>DRIVER</b>			
Last Name:		First Name:	
Interviewed By:	Driver Type:	Date Sent to AMERICAL TRANSPORTATION INC:	
Years of Experience:	Flatbed (yrs):	Van (yrs):	Other (yrs):
Moving Violations (last 3 years):		Accidents (last 3 years):	
<b>SERVICES</b>			
<input type="checkbox"/> MVR (Motor Vehicle Record)	<input type="checkbox"/> Nationwide Criminal Check	<input type="checkbox"/> PSP (Pre-employment Screening Program)	<input type="checkbox"/> Sex Offender Check
<input type="checkbox"/> Physical: <input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT	<input type="checkbox"/> County Criminal Check	<input type="checkbox"/> SSN Trace	<input type="checkbox"/> File Audit
<input type="checkbox"/> Driver Orientation	<input type="checkbox"/> Drug Test: <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Random <input type="checkbox"/> Post-Accident <input type="checkbox"/> Follow-up <input type="checkbox"/> Other		
<input type="checkbox"/> Past Employment Verification	<input type="checkbox"/> Breath Alcohol Test: <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Random <input type="checkbox"/> Post-Accident <input type="checkbox"/> Other		
<input type="checkbox"/> Truck Inspection	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<b>AUTHORIZATION</b>			
Authorized Signature:		Printed Name:	

<b>*****STOP***** FOR AMERICAL TRANSPORTATION INC USE ONLY *****STOP*****</b>					
<b>DRIVER PROCESSING</b>					
<b>MVR:</b> (State):	Date:	By:	<b>Criminal Check</b>	Date:	By:
<b>PSP</b>	Date:	By:	<b>SSN Trace</b>	Date:	By:
<b>Physical</b>	Date:	By:	<b>Drug Test</b>	Date:	By:
<b>Breath Alcohol</b>	Date:	By:	<b>Orientation</b>	Date:	By:
<b>Truck Inspection</b>	Date:	By:	<b>File Audit</b>	Date:	By:
<b>Sex Offender Check</b>	Date:	By:		Date:	By:
	Date:	By:		Date:	By:
<b>Billing Code:</b>	<b>Billing Date:</b>		<b>Submitted By:</b>		
<b>BILLING</b>					
Representative:		Signature:		Date:	
Inv#:					

# AMERICAL TRANSPORTATION INC

Driver's name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

DL#: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_ [ ]CDL

Completed and signed application

10 years of employment history

Request for past employment verification and drug and alcohol inquiries from the past three years

Driver physical exam Exp Date: \_\_\_\_\_

Verified through Eligibility Website  Verified on MVR  Doctor Certified  Renewed Med Cert Verified

Valid License Exp Date: \_\_\_\_\_

Other credentials:  Social Security Card  TWIC  Resident Card

MVR (Original) Date: \_\_\_\_\_

PSP Report  Signed Release

MVR (Annual) Exp Date: \_\_\_\_\_

Certificate of violations

Annual review of driving record

New-hire data sheet

Pre-employment drug test results Date: \_\_\_\_\_  COC

Previous pre-employment drug & alcohol statement

Received copy of drug & alcohol policy

Consent for DOT drug & alcohol testing

Employment Eligibility Verification (I-9)

MCS-21 Form  Fax Confirmation  Results

Hazardous Materials Training: Exp. Date: \_\_\_\_\_

H<sub>2</sub>S (Hydrogen Sulfide) Training: Exp. Date: \_\_\_\_\_

Road Test Certificate/Test

VERIFIED BY: \_\_\_\_\_

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

Billed

# DRIVER'S APPLICATION

**AMERICAL TRANSPORTATION INC**

**217 Airtex Dr**

**Houston, TX 77090**

## **AUTHORIZATION** *(Sign and Date Below)*

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at a decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer 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. 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 **AMERICAL TRANSPORTATION INC**. 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 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.

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

## **PERSONAL INFORMATION:** Please Print CLEARLY. *Please list all addresses for past 3 years.*

\_\_\_\_\_  
LAST NAME *APELLIDO* FIRST NAME *NOMBRE* MI

\_\_\_\_\_  
STREET ADDRESS *DIRECCION* NO. CITY CIUDAD STATE ZIP

\_\_\_\_\_  
STREET ADDRESS *DIRECCION* NO. CITY CIUDAD STATE ZIP

( ) -- ( ) --  
HOME PHONE TELEFONO ALT. PHONE OTRO TELEFONO

--- --- / /  
SOCIAL SECURITY *SEGURO SOCIAL* DATE OF BIRTH FECHA DE NACIMIENTO

\_\_\_\_\_  
LICENSE NUMBER STATE CLASS EXPIRATION DATE [ ] CDL

**DRIVING EXPERIENCE**

Type of Equipment <i>TIPO DE EQUIPO</i>	Years of Experience <i>AÑOS DE EXPERIENCIA</i>	Years/Miles Driven <i>MILLAS MANEJADAS</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**ACCIDENT RECORD** (*Previous Three Years*) *ACCIDENTES*

Accident Dates	Type of Accident	Fatalities	Injuries
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**TRAFFIC CONVICTIONS** (*Previous Three Years*) *CITACIONES*  
(Excluding parking violations)

Location	Date	Charge
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**LICENSE AND CRIMINAL BACKGROUND**

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

YES       NO

B. Has any license, permit or privilege ever been suspended or revoked?

YES       NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS:

\_\_\_\_\_

Have you ever been arrested and/or convicted of a misdemeanor or felony?

YES       NO

If yes, please explain fully. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered. \_\_\_\_\_

\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE: (      ) \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_



**PREVIOUS EMPLOYMENT**

All driver applicants to drive in interstate or intrastate commerce must provide the following information on all employers during the preceding three (3) years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. **LIST ALL EMPLOYMENT FOR LAST 10 YEARS—PLEASE ACCOUNT FOR ALL TIME.**

Present or Last Employer: *EMPLEADO PRESENTE*

Name of Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_  
Were you subject to the FMCSRs+ while employed? [ ] Yes [ ] No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? [ ] Yes [ ] No

Employer: *EMPLEADO*

Name of Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_  
Were you subject to the FMCSRs+ while employed? [ ] Yes [ ] No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? [ ] Yes [ ] No

Employer: *EMPLEADO*

Name of Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_  
Were you subject to the FMCSRs+ while employed? [ ] Yes [ ] No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? [ ] Yes [ ] No

Employer: *EMPLEADO*

Name of Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_  
Were you subject to the FMCSRs+ while employed? [ ] Yes [ ] No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? [ ] Yes [ ] No

Employer: *EMPLEADO*

Name of Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs+ while employed? [ ] Yes [ ] No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? [ ] Yes [ ] No

Employer: *EMPLEADO*

Name of Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs+ while employed? [ ] Yes [ ] No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? [ ] Yes [ ] No

Employer: *EMPLEADO*

Name of Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs+ while employed? [ ] Yes [ ] No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? [ ] Yes [ ] No

Employer: *EMPLEADO*

Name of Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs+ while employed? [ ] Yes [ ] No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? [ ] Yes [ ] No

Employer: *EMPLEADO*

Name of Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs+ while employed? [ ] Yes [ ] No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? [ ] Yes [ ] No

Employer: *EMPLEADO*

Name of Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs<sup>+</sup> while employed?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40?  Yes  No

Employer: *EMPLEADO*

Name of Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs<sup>+</sup> while employed?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40?  Yes  No

Employer: *EMPLEADO*

Name of Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs<sup>+</sup> while employed?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40?  Yes  No

Employer: *EMPLEADO*

Name of Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs<sup>+</sup> while employed?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40?  Yes  No

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

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

X \_\_\_\_\_  
Signature of Applicant *FIRMA* Date *FECHA*

# ***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 91-508, 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/contract purposes. These reports are required by Sections 382.413, 391.23, and 391.25, of the Federal Motor Carrier Safety Regulations.**

*De acuerdo con las provisiones de la Sección 604 (b)(2)(A) del Acto Justo de la Cobertura del Crédito, la Ley Pública 91-508, como enmendado por el Crédito al consumidor que Informa el Acto de 1996 (Titula II, Subtítulo D, el Capítulo yo, de la Ley Pública 104-208), usted es informado que informa verificando su empleo previo, la droga previa y los resultados de la prueba de alcohol, y su registro que maneja se pueden obtener en usted para propósitos de arrendamiento contrato. Estos informes son requeridos por Secciones 382,413, 391,23, y 391,25, de las Regulaciones Federales de la Seguridad de Transporte Automotriz.*

\_\_\_\_\_  
Applicant's Signature    *FIRMA*

\_\_\_\_\_  
Date    *FECHA*

\_\_\_\_\_  
Print Name    *NOMBRE*

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



# SAFETY PERFORMANCE HISTORY

**TO BE COMPLETED BY: APPLICANT**

Printed Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

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

I hereby authorize previous employers to release and forward the information requested by concerning my Alcohol and Controlled Substances testing records within the previous three (3) years from date of application  
To:

**AMERICAL TRANSPORTATION INC**  
**217 Airtex Dr**  
**Houston, TX 77090**

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

**PREV. EMPLOYER:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**STREET:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**TO BE COMPLETED BY: PREVIOUS EMPLOYER**

## Section I Employment Verification

The applicant named above **WAS/IS NOT** employed/contracted by the Company.

The applicant named above **WAS/IS** employed/contracted by the Company:

Employed from: \_\_\_\_\_ to \_\_\_\_\_ as a \_\_\_\_\_

## Section II Experience

Did he/she drive a motor vehicle for you?  Yes  No. If yes, what type?

Tractor-Semi trailer  Straight truck  Bus  Cargo Tank  Other: \_\_\_\_\_

LENGTH AND TYPE OF TRAILER PULLED: \_\_\_\_\_

## Section III Separation Reason

Reason for leaving your employment:  Quit  Resigned  Lay Off

Comments: \_\_\_\_\_  Co. Terminated  Still Employed

## Section IV Accident Register (390.15(b))

None to Report (Sign Below)

Applicant was involved in the following accidents in the last three years:

Date	Location	Injuries	Fatalities	Hazmat Spill?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Section V Certification

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

# SAFETY PERFORMANCE HISTORY

APPLICANT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

## TO BE COMPLETED BY: PREVIOUS EMPLOYER

### Section I: DRUG AND ALCOHOL HISTORY

Driver **WAS NOT** subject to the Department of Transportation testing requirements while employed by employer. Fill out Section II DATES OF EMPLOYMENT: \_\_\_\_\_ TO: \_\_\_\_\_

Driver **WAS** subject to Department of Transportation testing requirements and the following questions apply while he/she was under employment/contract: In answering these questions, include any required DOT drug or alcohol testing information obtained from previous employers in the previous three (3) years prior to date of application.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive, adulterated, or substituted a test specimen for controlled substances?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employment, has driver subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?              | <input type="checkbox"/> | <input type="checkbox"/> |

### Section II If the answer to QUESTION 5 OR 6 is "Yes", please list SAP Professional Information:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE-ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

### Section III Affirmation: This form was filled out by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Company: \_\_\_\_\_

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

#### THIS FORM WAS:

FAXED  MAILED  EMAILED  VERBALLY  (OTHER) \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: (IF VERBAL) \_\_\_\_\_ BY: \_\_\_\_\_

INFORMATION OBTAINED FROM: \_\_\_\_\_



## Texas Commercial Driver License Self-Certification Affidavit



Federal Regulations along with the State of Texas Administrative Rules require a commercial driver to certify in one of the 4 categories listed below to determine if a medical certificate is required. If you select category one (1) or three (3), you must present a valid medical certificate.

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Maiden Name</b>
<b>Driver License Number</b>	<b>Birth Date</b>	<b>Social Security Number</b>	

I certify my commercial transportation is:

- Category 1. Non-accepted Interstate.** I operate or expect to operate in interstate commerce, am both subject to and meet the qualification requirements under 49 CFR part 391, and am required to obtain a medical examiner's certificate by § 391.45. *(CDL-4, CDL-10 box 7, medical certificate is required)*
  
- Category 2. Excepted Interstate.** I operate or expect to operate in interstate commerce, but engage exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68 or 398.3 from all or parts of the qualification requirements of 49 CFR part 391. *(CDL-10)*
  
- Category 3. Non-Excepted Intrastate.** I operate or expect to operate in intrastate commerce, and am subject to the physical qualifications of 49 CFR Part 391. *(CDL-5 part b, medical certificate is required)*
  
- Category 4. Excepted Intrastate.** I operate or expect to operate in intrastate commerce, and engage exclusively in transportation or operations that exempt me from meeting the medical standards of 49 CFR Part 391. *(CDL-5 part a, CDL-10 box 10 or box 11)*

I certify that I have read, understand and meet the above checked categories for a commercial driver license.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please email, fax, or mail the medical certificate (if applicable) and the Self-Certification affidavit to:

**Email (pdf format only):** [CDLMedCert@dps.texas.gov](mailto:CDLMedCert@dps.texas.gov)  
**Fax:** 512-424-2002  
**Mail:** Texas Department of Public Safety  
 Enforcement & Compliance Service  
 Attention: CDL Section  
 P.O. Box 4087  
 Austin, Texas 78773

**MOTOR VEHICLE  
DRIVER'S CERTIFICATION  
OF VIOLATIONS**

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during 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.

\_\_\_\_\_  
(Driver's Signature)

\_\_\_\_\_  
(Date of Certification)

**AMERICAL TRANSPORTATION INC, 217 Airtex Dr Houston, TX 77090**

(Motor Carrier's Name and Motor Carrier's Address)

\_\_\_\_\_  
(Reviewed by: Signature)

SAFETY  
\_\_\_\_\_  
(Title)

**U.S. DEPARTMENT OF TRANSPORTATION  
MOTOR CARRIER SAFETY PROGRAM  
ANNUAL REVIEW OF DRIVING RECORD  
391.25**

X \_\_\_\_\_  
Name (Last, First, M.I.)

X \_\_\_\_\_  
(SSN)

This day I reviewed the driving record of the above-named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that

[ ] the driver meets the minimum requirements for safe driving, or

[ ] the driver is disqualified to drive a motor vehicle pursuant to 391.15

\_\_\_\_\_  
Date of Review

**AMERICAL TRANSPORTATION INC**  
Motor Carrier's Name

\_\_\_\_\_  
Reviewed by: Signature and Title

SAFETY

**MANDATORY USE FOR ALL ACCOUNT HOLDERS**  
**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS**  
**IMPORTANT DISCLOSURE**  
**REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with **AMERICAL TRANSPORTATION INC** ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the Data Qs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

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

I authorize **AMERICAL TRANSPORTATION INC** ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the Data Qs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language. NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5. LAST UPDATED 12/22/2015

**NEW HIRE DRIVER  
DATA SHEET**

Name (Print): \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_

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

**Instructions:** At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation, Rule 395.8(2), require you to furnish a statement of the amount of time worked during the last period of seven (7) consecutive days. In the spaces below, show the number of hours worked (on duty) in each of the last 7 days.

	1	2	3	4	5	6	7	TTL
DATE								
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 \_\_\_\_\_ on \_\_\_\_\_  
(Day) (Month) (Year)

(Signature) \_\_\_\_\_

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

Date \_\_\_\_\_

## **PREVIOUS PRE-EMPLOYMENT DRUG & ALCOHOL 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 the 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))

Prospective Employee/Contractor Name: \_\_\_\_\_

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

The prospective employee/contractor 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         Not Applicable

**I certify that the information provided on this document is true and correct.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

# AMERICAL TRANSPORTATION INC

## ACKNOWLEDGEMENT & EMPLOYEE COMMITMENT

I, the undersigned, certify that I have read and understand **AMERICAL TRANSPORTATION INC** Statement of Policy on Drug and Alcohol Abuse and have received a copy of the policy.

By accepting employment with the Company, I also consent to submit to urine, breath, and/or saliva for the testing of alcohol, drugs, and controlled substances and I agree to comply with all of the requirements of the Company, and with state or local laws and rules governing the use of drugs and controlled substances.

I understand that my failure to honor the terms of this Agreement will be grounds for the termination of my employment or the consideration of my application for employment.

I further understand that, notwithstanding the policy or this Acknowledgement and Employee Commitment, employment is at will, that the terms of my employment or employment itself may be terminated as the Company may choose in its sole discretion, that the Policy does constitute a contractual commitment or binding legal obligation on the Company and that the Policy does not create an employment contract between the Company and me.

---

(Employee\Contractor Signature)

---

(Printed Name)

---

(Date)



**CONSENT FOR DOT MANDATED  
CONTROLLED SUBSTANCE AND ALCOHOL TEST**

The Federal Motor Carrier Safety Regulations, Section 382.113...before performing an alcohol or controlled substance test under this part (382), each employer shall notify a driver that the alcohol or controlled substance test is required by part 382-Controlled Substance and Alcohol use and Testing.

382.301 Pre-Employment testing requirements:

(a) Prior to the first time a driver-applicant performs safety-sensitive functions for an employer, the driver shall undergo testing for controlled substance.

382.302 Post-Accident Testing

382.305 Random Testing

382.306 Reasonable Suspicion Testing

As a condition of my employment: I agree to controlled substance test for the drugs (Marijuana, Cocaine, Phencyclidine "PCP", Opiates, and Amphetamines) and Alcohol Test as required by part 382.

I understand a positive test for controlled substance or an Alcohol 0.04 or greater Alcohol concentration, will disqualify me from operating a commercial motor vehicle for this company.

This consent is given voluntarily in exchange for the employer's verification that testing will be required in accordance with Part 382.

I have read and understand the above conditions.

Applicants Name: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address			Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	QR Code - Section 1 Do Not Write in This Space
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)  <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>  1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



*Employer Completes Next Page*





**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**  
*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information <div style="border: 1px solid black; width: 100%; height: 100%;"></div>		QR Code - Sections 2 & 3 Do Not Write In This Space <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
	<b>For persons under age 18 who are unable to present a document listed above:</b>			
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



## RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE  
ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.  
*(Electronic signatures will not be accepted)*

2. Deliver, mail, Email or FAX the completed form to:

**Texas Department of Public Safety  
Motor Carrier Bureau, MSC #0521  
6200 Guadalupe, Building P  
Austin, Texas 78752-4019 / Facsimile: 512-424-5310  
Email: MCB.VPR@dps.texas.gov**

<input type="checkbox"/>	Check here if CDL Holder is requesting results on self
--------------------------	---

\_\_\_\_\_

Print Name of CDL HolderPhone Number

\_\_\_\_\_

Print full Address, City, State and Zip Code of CDL HolderSocial Security #

Driver License Number of CDL Holder \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

authorize release of any and all of CDL holder's reported positive alcohol or  
controlled substance test results reported under Texas state law to

**AMERICAL TRANSPORTATION INC****832-917-1700**

Print Motor Carrier's NamePhone Number

**217 Airtex Dr. Houston TX 75038**

Print full Address, City, State and Zip Code of Motor Carrier

Signature of Driver

Date

**X**

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:  
<http://www.dps.texas.gov.htm>.

**CERTIFICATE OF DRIVER'S  
ROAD TEST**

**Instructions:** If the 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 391.31/391.33)

**CERTIFICATION OF ROAD TEST**

Driver's Name \_\_\_\_\_

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

Operator's or Chauffeur's License Number \_\_\_\_\_

State \_\_\_\_\_

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.

\_\_\_\_\_  
(Signature of Examiner)

\_\_\_\_\_  
(Title)

**AMERICAL TRANSPORTATION INC 217 Airtex Dr Houston, TX**

**77090**

(Organization and Address of Examiner)

**DRIVER'S ROAD TEST EXAMINATION**

Driver's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

**Rating of Performance**

\_\_\_\_\_ The Pre-Trip inspection. (As required by Sec. 392.7)

\_\_\_\_\_ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.

\_\_\_\_\_ Placing the equipment in operation.

\_\_\_\_\_ Use of vehicle's controls and emergency equipment.

\_\_\_\_\_ Operating the vehicle in traffic and while passing other vehicles.

\_\_\_\_\_ Turning the vehicle.

\_\_\_\_\_ Braking, and slowing the vehicle by means other than braking.

\_\_\_\_\_ Backing, and parking the vehicle.

\_\_\_\_\_ Other, Explain: \_\_\_\_\_

Type of equipment used in giving test: \_\_\_\_\_

Date: \_\_\_\_\_ 20 \_\_\_\_\_

Examiner's Signature: \_\_\_\_\_

**If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.**

Remarks: \_\_\_\_\_

\_\_\_\_\_