

**ONLY fill in the yellow.**

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

<b>PART 1:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>
I, (Print Name) _____ First M.I. Last Social Security Number _____ Date of Birth _____	
Hereby authorize: _____	
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: <u>Delivering Local Goods &amp; Services LLC</u>	
Attention: _____ Telephone: <u>(254) 423-8546</u>	
Street: <u>5902 Veterans Memorial Blvd Suite i</u>	
City, State, Zip: <u>Killeen Tx 76543</u>	
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: <u>movepro@dlgsllc.com</u>	
_____	_____
Applicant's Signature	Date
This information is being requested in compliance with §40.25(g) and 391.23.	

<b>PART 2:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>																				
<b>ACCIDENT HISTORY</b>																					
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>																					
Employed as _____ from (m/y) _____ to (m/y) _____																					
1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____																					
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/>																					
If there is no safety performance history to report, check here <input type="checkbox"/> sign below and return.																					
<b>ACCIDENTS:</b> 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 <input type="checkbox"/> here if there is no accident register data for this driver.																					
	<table border="1"><thead><tr><th>Date</th><th>Location</th><th># Injuries</th><th># Fatalities</th><th>Hazmat Spill</th></tr></thead><tbody><tr><td>1. _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>2. _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>3. _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>	Date	Location	# Injuries	# Fatalities	Hazmat Spill	1. _____	_____	_____	_____	_____	2. _____	_____	_____	_____	_____	3. _____	_____	_____	_____	_____
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**

<b>PART 3:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
<b>DRUG AND ALCOHOL HISTORY</b>	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p> <ol style="list-style-type: none"> <li>1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>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 <input type="checkbox"/> NO <input type="checkbox"/></li> <li>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 <input type="checkbox"/> NO <input type="checkbox"/></li> </ol> <p>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.</p> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>	

<b>PART 4a:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

<b>PART 4b:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

**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.

<b>PART 1:</b>	<b>COMPLETED BY THE DRIVER/APPLICANT</b>
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**TO:**  
 Prospective Employer: Delivering Local Goods & Services LLC  
 Street/P.O. Box: 5902 Veterans Memorial blvd Suite i  
 City, State, Zip: Killeen Tx 76543 Telephone # (254) 423-8546

**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

<b>PART 2:</b>	<b>COMPLETED BY THE PROSPECTIVE EMPLOYER</b>
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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 from 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**