



Driver Qualification & Hiring

A reference guide
assembled to help
your company with
driver onboarding
and get truckin'.

2024

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Driver Qualification & Hiring

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Preface/Disclaimer

Driver Qualification & Hiring

This document contains resources provided by Jay Johnson & Associates, LLC. It is not designed as a standalone compliance manual on the topic of Driver Qualification and Hiring but as a reference resource.

It is not a legal or official document. The information contained herein provides a basis from which a carrier can reference and use as an informational guide for setting up internal processes and programs. For questions or more information, consult the official agency with jurisdiction, or contact the Jay Johnson & Associates, LLC team.

Table of Contents

Introduction	6
Helpful Resource Links	7
Hiring Steps for the Driver Applicant	9
Driver Qualification File Checklist With Retention Information	11
Driver Qualification File Checklist	13
Driver Application Form	14
DMV INF 1125	18
Past Employer-Safety Performance History	19
Medical Examiner's National Registry Verification	21
Certificate of Driver Road Test	22
CHP Driver Proficiency and Authorized Vehicles form	23
Annual Review of Driving Record Form	24
Multiple-Employer Drivers	25
HOS- Driver Statement of On-Duty Hours	26
FMCSA Clearinghouse Fact Sheet	27
FMCSA Clearinghouse Information	29
Clearinghouse Consent Form	30
Clearinghouse How-To	31
PSP- Pre-Employment Screening Program Information	32

JAY JOHNSON & ASSOCIATES, LLC

COMMERCIAL VEHICLE SAFETY




Welcome to our Driver Qualification & Hiring Resource Guide for motor carriers created and organized by Jay Johnson & Associates, LLC. In it, we cover driver qualification and hiring requirements for new and current drivers.

We created this resource for management teams who oversee driver hiring responsibility and to help your company establish or refine a compliant driver hiring/onboarding process and get truckin'. It addresses hiring steps for new driver applicants, Driver Qualification File requirements, and the unique add details of the California Driver Qualification File requirements.

This resource packet contains current forms from the FMCSA and CHP to ensure you have everything you need.

Safety in service, excellence in compliance—your company's best ally is Jay Johnson & Associates, LLC.

Helpful Resource Links

<p>Compliance</p> <p>https://jjassociates.us/</p>	<p>Have all the details of compliance left you lost? Safety compliance is what we do. Contact us today so we can lead you to be a compliant carrier.</p> 
<p>DOT/ INTERSTATE</p>	
<p>FMCSA Unified Registration System (URS)</p>	 <p>Motor carriers use the FMCSA Unified Registration System to register their businesses for interstate commerce in the U.S legally.</p>
<p>Updating Your Registration or Authority</p>	<p>You are required to update your authority information when changes within your company occur, and at minimum biennially. This site will explain how to do the update.</p> 
<p>Request a PIN Number</p>	 <p>Lost your DOT PIN? Use this link to request your DOT PIN be emailed or mailed to you.</p>
<p>The FMCSA Motor Carrier Safety Planner FMCSA Safety Planner Forms Library</p>	<p>This online guide provides explanations and templates to help understand and comply with federal safety regulations. The Safety Planner provides forms and templates that can/should be used by a carrier.</p> 
<p>Resources for Passenger Carrier Companies</p>	 <p>Information for Passenger Carrying companies. Resources include safety information, registration requirements, and regulation information.</p>
<p>FMCSA Drug and Alcohol Clearinghouse</p>	<p>The Clearinghouse checks are required for all CDL drivers. Here are the instructions. See the dropdown menu on the site for informational resources.</p> 
<p>DOT Safety and Fitness Electronic Records (SAFER) System</p>	 <p>The Safety and Fitness Electronic Records (SAFER) System offers company safety data to the public. The “Company Snapshot” is a comprehensive overview of the information the FMCSA has for the company.</p>
<p>Unified Carrier Registration Plan (UCR)</p>	<p>Companies involved in interstate travel must pay an annual registration fee based on the total number of vehicles in their fleet. This is the site to register and pay your annual dues.</p> 
<p>International Fuel Tax Association Inc. (IFTA)</p>	 <p>Companies involved in interstate travel must pay annual fees based on the redistribution of fuel taxes paid by interstate commercial carriers.</p>

International Registration Plan, Inc. (IRP)	 <p>As an interstate carrier there are fees that are based on the distance traveled within each state. This is the registration site.</p>
Department of Motor Vehicles	
DMV Motor Carrier Permit Application	<p>Operate in California? You need a Motor Carrier of Property Permit. This application can be done on paper or online at the DMV website.</p> 
DMV Employer Pull Notice Program	 <p>In California, an MVR is not enough. You must be registered in the Employer Pull Notice Program. A pull notice is generated annually and when there is activity.</p>
CHP/ California - Intrastate	
CHP Commercial Vehicle Section	<p>Guide to helpful information, division contact information, and resources provided by the CHP.</p> 
CHP Carrier Inspections Results	 <p>This site offers company safety data to the public regarding CHP BIT inspections.</p>
California Vehicle Code	
California Vehicle Code	<p>This link to the California Vehicle code contains information about traffic laws in California.</p> 
Title 13 California Code of Regulations	
Title 13 California Code of Regulations	 <p>This link to the Title 13 California Code of Regulations contains information about motor vehicle regulations in California.</p>
Title 49 Code of Federal Regulations	
Title 49 Code of Federal Regulations	<p>This link to the Title 49 Code of Federal Regulations contains information about federal motor vehicle regulations.</p> 
PHMSA	
Pipeline and Hazardous Materials Safety Administration	 <p>The PHMSA website will provide information regarding your placarding, education, and permit requirements for hazmat.</p>

Hiring Steps for the Driver Applicant

The forms and checklists are part of this package.

Here are the steps to follow and forms to use:

1. Use the driver specific DOT compliant application.
 - a. Check the completed application for a 10-year work history without **any gaps**. (Even if they were unemployed or incarcerated.)
 - b. Review the application for any experience driving the types of vehicles in your fleet. (Not a disqualifier, but nice to know.)
2. Collect a recent Motor Vehicle Record (MVR, also called a K4, Formerly H6) from the applicant.
 - a. MVRs can be obtained online from the DMV by the applicant, over the counter at the DMV, or by mail from the DMV using the form **INF1125**.
 - b. Check the date at the top. Must not be over 30-days old.
 - c. Give the applicant a copy of the MVR and retain the original. (If not hired, you may mail the original back to them, retaining a copy in their applicant file.)
 - d. If the applicant has an out-of-state Commercial Driver's License (CDL), they must present a certified copy from their home state. (You may consider using a 3rd party provider now that you are expanding out of California to monitor CDLs.)
3. Copy front and back of the driver's license.
 - a. The back contains the endorsements and restrictions.
4. Confirm applicant has a Clearinghouse account.
 - a. If the applicant does not have a driver Clearinghouse account, the applicant must create one. You, as the carrier are required run a full pre-employment query later.
5. Order a full pre-employment query in the DOT Clearinghouse.
6. Scan and email the MVR, application, Clearinghouse results, and copy of CDL to us.
 - a. We will help you review the MVR and explain the coding to you.
 - b. We need to make sure they are qualified, have a valid medical and don't have excessive citations or accidents.
7. Optional, but recommended objective screening tool:
 - a. Run the applicant's PSP with the DOT.

All of the above should be completed before you interview and make any determination of the applicant's suitability. Once you decide to hire, make **a conditional offer of employment**:

1. Send candidate out for a pre-employment drug test.
 - a. DO NOT ALLOW THEM TO DRIVE UNTIL YOU GET THE NEGATIVE RESULTS BACK.
2. Print, sign, and date the original DMV MVR provided to you.
 - a. If it is over 30-days old, send the candidate back to the DMV for a fresh one. This is your "pull notice" until you enroll them into your EPN Program and receive your first printout.
3. Enroll them into you EPN Program.
 - a. If you do not receive your first printout before the 30-day expiration date on the MVR, send them back to the DMV for another one.
4. Provide the candidate a copy of your Drug and Alcohol Policy.
 - a. Have them sign the receipt and put the copy in their DQ File.
5. Take the candidate for a test drive.
 - a. Make sure they know how to do a pre and post trip inspection.
 - b. Sign them off on a Driver Proficiency/Authorization Form. Put it in their DQ File.
6. Provide the FMCSA required new driver orientation.
 - a. There are some specific DOT training points you need to cover.
7. Perform the Past Employer Verification
 - a. It must be done within the first 30-days of employment.

So, ready to throw in the towel yet? This will get your new applicants in the door correctly from the start. We stand ready to assist you in your screening process.

Driver Qualification File Checklist

49 CFR 391 explains the minimum requirements for commercial motor vehicle drivers. Motor carriers are required to maintain a [qualification file](#) for each of their drivers. The following checklist will help you ensure that each driver qualification file is complete

✓		Form/Inquiry/Note to Include	Must Retain Document For
	Ongoing Updates	Inquiry To State Agencies for Driving Record – Annual — 49 CFR 391.25 (a) and (c) Motor carriers must contact State agencies annually for an updated copy of each driver’s MVR. (California Specific) DMV Employer Pull Notice Program	3 years from date of execution
		Review of Driving Record – Annual — 49 CFR 391.25 (c) (2) At least once every 12 months, the carrier must collect a current motor vehicle record(MVR) from the State issuing a driver’s license, and review the MVR to determine whether the driver still meets the minimum requirements for safe driving, and to confirm they are not disqualified pursuant to 49 CFR 391.15. A note including the name of the person who performed this review and the date must be retained in the file with the MVR.	3 years from date of execution
		Driver’s Certification of Violations – Annual — 49 CFR 391.27 At least once every 12 months, drivers must submit a list of all convicted violations of motor vehicle traffic laws and ordinances during the previous 12 months. Carrier must review this and compare it with the driver’s annual MVR. Note: Drivers who have provided information required by 49 CFR 383.31 need not repeat information in this annual list of violations. No longer need to complete after 5/9/22	3 years from date of execution
		Medical Examination Report and Medical Examiner’s Certificate — 49 CFR 391.43 All commercial drivers are required to pass a physical exam conducted by a licensed medical examiner at least once every 24 months. The carrier must retain a copy of this certificate. For CDL drivers; the carrier must retain a copy of the CDLIS motor vehicle record, which contains the examination information.	3 years from date of execution
		Employer note verifying that medical examiner is listed on National Registry of Certified Medical Examiners — Non-CDL drivers: 49 CFR 391.51(b)(9)(i) ; CDL drivers: 49 CFR 391.51(b)(9)(ii) A note must be included in the driver’s qualification file to verify that the medical examiner is listed on the National Registry of Certified Medical Examiners .	3 years from date of execution
		Clearinghouse Queries 49 CFR 382.701 Full queries are run as pre-employment checks, periodic checks, or when limited queries return records on a driver, and they disclose all information related to a driver’s drug and alcohol violations Limited queries are run as annual or periodic checks, and simply inform employers whether a driver has records in the Clearinghouse. Must retain paper consent form for limited queries with DQ file.	Life of employment + 3 years after termination
	Initial DQ File	Driver’s Application for Employment — 49 CFR 391.21 A driver must not drive a CMV unless an application for employment is completed and signed.	Life of employment + 3 years after termination
		Driver’s Road Test Certificate or Equivalent* — 49 CFR 391.31(e) A person must not drive a commercial motor vehicle until he/she has successfully completed a road test and has been issued a certificate.	Life of employment + 3 years after termination

	<p>Inquiry to Previous Employers: Safety Performance History Records Request – 49 CFR 391.23(a)(1)and(b)</p> <p>Carriers must investigate the driver's employment record during the preceding three years. This investigation must be completed within 30 days of the date employment begins. Carrier must retain a record of the request and all response documentation.</p>	Life of employment + 3 years after termination
--	--	--

✓	Form/Inquiry/Note to Include	Must Retain Document For
	<p>Safety Performance History Records: Driver Correction or Rebuttal (if applicable) – 49 CFR 391.23(i)(2) and 49 CFR 391.23(j)(3)</p> <p>Carriers must maintain a record of both the request for a driver's safety performance history and any related documentation, for example if a driver documents that information in the history is inaccurate.</p>	Life of employment + 3 years after termination
	<p>Inquiry To State Agencies for 3-Year Driving Record – 49 CFR 391.23(a)(1)and(b)</p> <p>Carriers must contact State agencies for the driver's MVR for the past three years. Request must be made within 30 days of hire. MVR must be kept in the driver's personnel file, and updated annually. See "Review of Driving Record" entry above.</p>	Life of employment + 3 years after termination
	<p>Pre-Employment Drug and Alcohol Documents – 49 CFR 40.25(j); 49 CFR 382.301</p> <p>Employers must ask potential employees if they have tested positive or refused to test, on any pre-employment drug or alcohol test within the past three years. If the potential employee admits to having a positive test or refused to test, that individual must not perform safety- sensitive functions until the successful completion of the return-to-duty process. Documentation demonstrating completion of return-to-duty process must be retained in the driver qualification file.</p>	See Controlled Substances and Alcohol chapter for recordkeeping requirements.
	The following additional documents are only required for certain types of drivers, or in specific situations.	
	<p>Longer Combination Vehicle (LCV) Driver Training Certificate – 49 CFR 380.401</p> <p>A driver must not operate an LCV unless the driver can produce an LCV Driver Training Certificate or an LCV Driver Training Certificate of Grandfathering.</p>	Life of employment + 3 years after termination
	<p>Longer Combination Vehicle (LCV) Certificate of Grandfathering – 49 CFR 380.111</p>	Life of employment + 3 years after termination
	<p>Multiple-Employer Drivers – 49 CFR 391.63</p>	Life of employment + 3 years after termination
	<p>Skill Performance Evaluation Certificate – 49 CFR 391.49</p>	3 years from date of execution
	<p>CALIFORNIA- Driver Proficiency and Authorized Vehicle form Title 13 §1229</p>	Life of employment + 3 years after termination

Initial DQ File Documents

Transportation

DRIVER FILE CHECKLIST

DRIVER NAME _____ ID # _____

HIRE DATE _____ START DATE _____

DRIVER SPECIFIC APPLICATION MVR FROM STATE ISSUING CDL (DOT)

MEDICAL CERTIFICATE (VERIFY REGISTRY) ANNUAL REVIEW OF DRIVING RECORD (DOT)

DRIVER'S LICENSE COPY (FRONT & BACK) CERTIFICATION (LIST) OF VIOLATIONS (DOT)
No longer need to complete after 5/9/22

DMV REPORT (K4) SAFETY PERFORMANCE HISTORY

DOT PRE-EMPLOYMENT TEST (D/A File) RESPONSE FROM PAST EMPLOYER (RECORD 3 ATTEMPTS)

DRIVER TEST/AUTH FORM RECEIPT OF CSAT EDUCATION AND COMPANY DRUG/ALCOHOL POLICY

ENROLL PULL NOTICE ENROLL D/A CLEARINGHOUSE

NEW DRIVER ORIENTATION STATEMENT HOS FIRST TIME DRIVER

COMPANY REP. _____ ID # _____

SIGNATURE _____ DATE _____

DRIVER APPLICATION FORM

COMPANY NAME _____ Location: Region/District/Branch _____

COMPANY ADDRESS _____
Street City State Zip

TO BE READ AND SIGNED BY APPLICANT

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 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 the Company.

"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."

Signature _____ Date _____

NAME _____
Last First Middle

Social Security Number (_____) Phone Number Date of Birth Hire Date

ADDRESS _____
Street City State Zip Number of Years

PAST 3 YEAR RESIDENCY _____
Street City State Zip Number of Years

Street City State Zip Number of Years

Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

CURRENT OR LAST EMPLOYER: Name _____ Phone Number (_____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** 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

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

SECOND LAST EMPLOYER: Name _____ Phone Number (_____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** 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

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

THIRD LAST EMPLOYER: Name _____ Phone Number (_____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** 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

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

*Any gaps in employment and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations 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 more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

PLEASE COMPLETE REVERSE SIDE

9653 (Rev. 7/13)

Additional Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

FOURTH LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** 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

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

FIFTH LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** 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

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

SIXTH LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** 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

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

SEVENTH LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** 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

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

EIGHTH LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** 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

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

NINTH LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** 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

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

*Any gaps in employment and/or unemployment must be explained.

EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

Driving Experience

If no driving experience within the last 3 years – check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES		APPROXIMATE NUMBER OF MILES
		FROM	TO	
Straight Truck	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor – Two Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor – Three Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Motorcoach – School Bus <small>(Greater than 8 passengers)</small>	N/A	_____	_____	_____
Motorcoach – School Bus <small>(Greater than 15 passengers)</small>	N/A	_____	_____	_____
Other: _____	Van, Reefer, Tank, Flat, N/A	_____	_____	_____

OR

Accident History (3 years)

If no accidents within the last 3 years – check here

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?
_____	_____	_____	_____	YES NO
_____	_____	_____	_____	YES NO
_____	_____	_____	_____	YES NO

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years – check here

DATE CONVICTED (month/year)	VIOLATION (Other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____

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 _____ Expiration Date

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? | Yes | No
 If yes, give details _____
- B. Has any license, permit, or privilege ever been suspended or revoked? | Yes | No
 If yes, give details _____

Applicant Certification

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.

_____ Applicant's Signature _____ Date

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**REQUEST FOR OWN
DRIVER LICENSE/IDENTIFICATION CARD (DL/ID)
OR
VEHICLE/VESSEL REGISTRATION (VR) RECORD
FEE: \$5.00 FOR EACH CURRENT RECORD**

Write your DL/ID number or plate or VIN on the front or the back of your check.
DO NOT COMPLETE THIS FORM UNLESS YOU ARE REQUESTING YOUR OWN DL/ID RECORD
OR YOU ARE THE CURRENT VR REGISTERED OWNER ON FILE WITH THE DEPARTMENT.

Certify the record as a true copy of record on file with Department of Motor Vehicles
(No Charge).

REQUESTER'S INFORMATION PLEASE PRINT CLEARLY

FULL LEGAL NAME (FIRST, MI, LAST)

ADDRESS

CITY STATE ZIP CODE

DAYTIME TELEPHONE

()

SIGNATURE DATE

X

Check box(es) for type of record(s) you are requesting.

DRIVER LICENSE/ID RECORD (Complete boxes A & B) VEHICLE/VESSEL REGISTRATION RECORD (Complete boxes C & D)

A. CALIF. DRIVER LICENSE/ID NUMBER

C. CALIF. LICENSE/CF NUMBER

B. BIRTH DATE (MO/DAY/YR)

D. VEHICLE/VESSEL ID NUMBER

DMV USE ONLY

ID Verified by Cashier Line Date

This request may be presented in person to your local DMV office or mailed to DMV Headquarters:

Department of Motor Vehicles
P.O. Box 944247 MS G199
Sacramento, CA 94244-2470

INF 1125 (REV. 7/2018) WWW

Complete if mailing.

Send information to: (Print your name and address clearly in the box.)

NAME
ADDRESS
CITY STATE ZIP CODE

INF 1125 (REV. 7/2018) WWW



**REQUEST FOR OWN
DRIVER LICENSE/IDENTIFICATION CARD (DL/ID)
OR
VEHICLE/VESSEL REGISTRATION (VR) RECORD
FEE: \$5.00 FOR EACH CURRENT RECORD**

Write your DL/ID number or plate or VIN on the front or the back of your check.
DO NOT COMPLETE THIS FORM UNLESS YOU ARE REQUESTING YOUR OWN DL/ID RECORD
OR YOU ARE THE CURRENT VR REGISTERED OWNER ON FILE WITH THE DEPARTMENT.

Certify the record as a true copy of record on file with Department of Motor Vehicles
(No Charge).

REQUESTER'S INFORMATION PLEASE PRINT CLEARLY

FULL LEGAL NAME (FIRST, MI, LAST)

ADDRESS

CITY STATE ZIP CODE

DAYTIME TELEPHONE

()

SIGNATURE DATE

X

Check box(es) for type of record(s) you are requesting.

DRIVER LICENSE/ID RECORD (Complete boxes A & B) VEHICLE/VESSEL REGISTRATION RECORD (Complete boxes C & D)

A. CALIF. DRIVER LICENSE/ID NUMBER

C. CALIF. LICENSE/CF NUMBER

B. BIRTH DATE (MO/DAY/YR)

D. VEHICLE/VESSEL ID NUMBER

DMV USE ONLY

ID Verified by Cashier Line Date

This request may be presented in person to your local DMV office or mailed to DMV Headquarters:

Department of Motor Vehicles
P.O. Box 944247 MS G199
Sacramento, CA 94244-2470

INF 1125 (REV. 7/2018) WWW

Complete if mailing.

Send information to: (Print your name and address clearly in the box.)

NAME
ADDRESS
CITY STATE ZIP CODE

INF 1125 (REV. 7/2018) WWW

CUT ON LINE AND KEEP THIS PART FOR YOUR RECORDS

SIDE 1**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) them within the last 3 years in a position that involved the operation of a commercial motor vehicle.

In accordance with 49 CFR §391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you *must* respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 and 3 (as applicable) and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Complete SECTION 4a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 4b and retain.

SECTION 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE	
I, (Print Name)	_____	_____
	First, M.I., Last	Social Security Number
	hereby authorize:	

		Date of Birth
Previous Employer:	_____	Email: _____
Street:	_____	Telephone: _____
City, State, Zip:	_____	Fax No.: _____
To release this information in a written form that ensures confidentiality, such as fax, email, or letter, to:		
Prospective Employer:	_____	
Attention:	_____	Telephone: _____
Street:	_____	
City, State, Zip:	_____	
Prospective employer's confidential fax number:	_____	
Prospective employer's confidential email address:	_____	
	_____	_____
	Applicant's Signature	Date

SECTION 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER	
EMPLOYMENT VERIFICATION		
The applicant named above was or is employed or used by us. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employed as (job title) _____ from (m/y) _____ to (m/y) _____		
Did they drive a 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) _____		
Completed by: _____		
Company: _____		
Street: _____		
City, State, Zip: _____ Telephone: _____		
Signature: _____ Date: _____		
Complete Section 3 on SIDE 2 before returning.		

SECTION 3:

TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

Check here if there is **no** accident register data for this driver. 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 on SIDE 1.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

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

SECTION 4a:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

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

By: _____ Date: _____

Subsequent attempts to contact previous employer (§391.23(c)(1)): _____

SECTION 4 b:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____

Medical Examiner's National Registry Verification

(Required for DOT compliance, place in Driver Qualification File)

Motor Carrier Instructions: Beginning May 21st, 2014, verification must be made that the medical examiner who signed a driver's medical card is listed on the National Registry at the time of issuance. Certification dates are found next to each medical examiner on the National Registry. Use this form to document verification and place this form in the driver's qualification file. This requirement is prescribed in §391.23 and §391.51.

§ 391.23: Investigation and inquiries. (m)(1) The motor carrier must obtain an original or copy of the medical examiner's certificate issued in accordance with § 391.43, and any medical variance on which the certification is based, and, beginning on or after May 21, 2014, verify the driver was certified by a medical examiner listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate, and place the records in the driver qualification file, before allowing the driver to operate a CMV.

§ 391.51: General requirements for driver qualification files. (b)(9) A note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by § 391.23(m).

Motor Carrier Verification: The following medical examiner has been verified as being listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate for the named driver.

Driver's Name: _____ Identification Number: _____

Name of Medical Examiner: _____

National Registry Number: _____

Motor Carrier: _____

Location: _____

Verified by (print name): _____

Verified by (signature and date): _____

CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31(e)(f)(g))

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 _____, 20____, 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)

(Organization and Address of Examiner)

**DRIVER PROFICIENCY (CCR 13, 1229)
& AUTHORIZED VEHICLES (CCR 13, 1234 (b))**

_____ Driver's Name

_____ Commercial Drivers License Number

has demonstrated to me _____
Name & Title

that he/she can safely operate the below named vehicles/equipment:

- _____ Straight Truck
- _____ Tractor & Trailer combination
- _____ Doubles/Triples
- _____ Tank Vehicle
- _____ Vehicle less than 10,000 pounds GVWR
- _____ Vehicles 10,000 pounds to 26,000 pounds GVWR
- _____ Vehicles 26,001 pounds and more GVWR
- _____ Bus with Air Brakes _____ passengers
- _____ Bus with Hydraulic Brakes _____ passengers
- _____ Standard Shift Transmission
- _____ Automatic Transmission only
- _____ Air Brakes restriction
- _____ Hazardous materials endorsement
- _____ Special equipment (specify):

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

ANNUAL REVIEW OF DRIVING RECORD

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

DRIVER NAME: LAST, FIRST, MI	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
------------------------------	------------------------	--------------------

HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE
--------------------------------	-------------------------	-------	-----------------

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

- Meets minimum requirements for safe driving
- Is disqualified to drive a motor vehicle pursuant to Section 391.15

Actions taken with driver:

MOTOR CARRIER NAME	MOTOR CARRIER ADDRESS
--------------------	-----------------------

REVIEWER PRINTED NAME	REVIEWER SIGNATURE	TITLE	DATE OF REVIEW
-----------------------	--------------------	-------	----------------

MULTIPLE-EMPLOYER DRIVERS

Instructions: If a motor carrier employs a person as a multiple-employer driver (as defined in 49 CFR 390.5), the motor carrier shall comply with all requirements of Part 391, except the carrier need not—

- (1) Require the person to furnish an application for employment (391.21);
- (2) Make an inquiry into the person's driving record during the preceding three years to the appropriate State agency(s) and an investigation of the person's employment record during the preceding three years (391.23);
- (3) Perform annual review of the person's driving record (391.25); or
- (4) Require the person to furnish a record of violations or a certificate (391.27).

The checklist below may be helpful to ensure that required documents are obtained.

DRIVER QUALIFICATION FILE CHECKLIST

Name _____

Social Security Number _____

Driver's License Number _____

Type of License _____ State _____

In addition to the above information, copies of the following must be obtained.

- Medical Examiner's Certificate
- Road Test (or equivalent)
- Certificate of Road Test
- Controlled Substances Test

DRUG & ALCOHOL CLEARINGHOUSE



- ✓ Record
- ✓ Consent
- ✓ Query
- ✓ Safety

JAY JOHNSON & ASSOCIATES, LLC
COMMERCIAL VEHICLE SAFETY

What is the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse?

The Clearinghouse is a secure online database that gives employers, FMCSA, State Driver Licensing Agencies, and State law enforcement personnel real-time information about CDL driver drug and alcohol program violations, thereby enhancing safety on our Nation's roadways. An act of Congress directed the Secretary of Transportation to establish the Clearinghouse.

The Clearinghouse contains information about drivers with commercial driver's licenses (CDL drivers) who are covered by FMCSA's drug and alcohol program. This also includes drivers with commercial learner's permits (CLPs).

For more information on drivers affected by the Clearinghouse, see other side.



When must I use the Clearinghouse?

JAN
2020

JANUARY 6, 2020: Authorized users are required to complete the actions described in the Clearinghouse final rule. Employers are required to conduct both electronic queries and traditional manual inquiries with previous employers to meet the three-year timeframe, required by FMCSA's drug and alcohol use testing program, for checking CDL driver violation histories. Drivers may also view their own records for information recorded on or after January 6, 2020.

JAN
2023

JANUARY 6, 2023: Once three years of violation data are stored in the Clearinghouse, employers are no longer required to also request information from the driver's previous FMCSA-regulated employers under 391.23(e); an employer's query of the Clearinghouse will satisfy that requirement.



How does the Clearinghouse improve highway safety?

- ✓ Makes it easier for employers to meet their pre-employment investigation and reporting obligations.
- ✓ Makes it more difficult for drivers to conceal their drug and alcohol program violations from current or prospective employers.
- ✓ Provides roadside inspectors and other enforcement personnel with the means to ensure that drivers receive required evaluation and treatment before performing safety-sensitive functions, such as driving a commercial motor vehicle (CMV).
- ✓ Makes it easier for FMCSA to determine employer compliance with testing, investigation, and reporting requirements.

What information does the Clearinghouse contain?



The Clearinghouse contains information on all CDL driver drug and alcohol program violations. These violations include:

- Report for duty/remain on duty for safety-sensitive function with alcohol concentration of 0.04 or greater or while using any drug specified in the regulations (Part 40), other than those prescribed by a licensed medical practitioner
- Alcohol use while performing, or within four hours of performing, a safety-sensitive function
- Alcohol use within eight hours of an accident or until the post-accident test is completed, whichever occurs first
- Test positive for use of specified drugs
- Refusing to submit to a required alcohol or drug test

How do I use the Clearinghouse?

EMPLOYERS

Report drug and alcohol violations and check that no current or prospective employee is prohibited from performing safety-sensitive functions, such as operating a CMV, due to a drug and alcohol program violation for which a driver has not successfully completed a return-to-duty (RTD) process.

CDL DRIVERS

View own record, provide consent to current or prospective employers to access details about any drug and alcohol program violations, and select a Substance Abuse Professional, if needed.

MEDICAL REVIEW OFFICERS

Report verified positive drug test results and test refusals.

SUBSTANCE ABUSE PROFESSIONALS

Report RTD initial assessment and eligibility status for RTD testing.

CONSORTIA/THIRD-PARTY ADMINISTRATORS

On behalf of an employer, report drug and alcohol program violations and perform driver queries as required.

STATE DRIVER LICENSING AGENCIES

Query the Clearinghouse prior to completing licensing transactions.



What types of drivers and employers does the Clearinghouse affect?



All CDL drivers who operate CMVs on public roads, and their employers and service agents. This includes, but is not limited to:

- Interstate and intrastate motor carriers, including passenger carriers
- School bus drivers
- Construction equipment operators
- Limousine drivers
- Municipal vehicle drivers (e.g., waste management vehicles)
- Federal and other organizations that employ drivers subject to FMCSA drug and alcohol use testing regulations (e.g., Department of Defense, municipalities, school districts)

DRUG & ALCOHOL CLEARINGHOUSE

-  Record
-  Consent
-  Query
-  Safety



QUERIES AND CONSENT REQUESTS

Beginning January 6, 2020, employers, or their designated consortium/third-party administrator (C/TPA), will be required to conduct queries to check if current and prospective employees are prohibited from performing safety-sensitive functions, such as operating commercial motor vehicles (CMVs), due to an unresolved drug and alcohol program violation.

THERE ARE TWO TYPES OF QUERIES:



All queries require driver consent; the type of consent depends on the query type.

Query Type	Reason for Query	Consent Requirements	Consent Responses and Required Actions	Query Results and Required Actions
LIMITED QUERY 	Annual check on currently-employed driver OR Ad hoc/periodic check on driver	Outside the Clearinghouse May be electronic or wet signature Limited consent form must specify time range	Consent refused <ul style="list-style-type: none"> Query cannot be conducted Driver removed from safety-sensitive functions Consent provided <ul style="list-style-type: none"> Retain via paper or electronically in driver's qualification file Request limited query in the Clearinghouse 	No records found in the Clearinghouse for queried driver <ul style="list-style-type: none"> No action required Records found in the Clearinghouse for queried driver; full query needed <ul style="list-style-type: none"> Full query must be conducted for violation and/or return-to-duty (RTD) details to be released If full query is not conducted within 24 hours, driver is removed from safety-sensitive functions, including operating a CMV
FULL QUERY 	Pre-employment check on prospective driver OR Limited query returned records found for queried driver OR Ad hoc/periodic check on driver	Electronically within the Clearinghouse, for each full query for individual driver	Consent refused <ul style="list-style-type: none"> Employer notified of refused consent Query cannot be conducted Driver cannot perform/ removed from safety-sensitive functions Consent provided <ul style="list-style-type: none"> Query conducted Full violation and/or RTD details released, if any 	Prohibited <ul style="list-style-type: none"> If driver has a violation and no negative RTD test result, driver is removed from safety-sensitive functions Not Prohibited <ul style="list-style-type: none"> If a driver has no violations, or a violation and a negative RTD test result, no action required

**General Consent for Queries of the Federal Motor Carrier Safety Administration
(FMCSA) Drug and Alcohol Clearinghouse**

I, _____, hereby provide consent to the Employer/Motor Carrier (named below) Safety Department to conduct multiple full and limited queries for the duration of my employment of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the multiple full and limited queries conducted by the Employer/Motor Carrier’s Safety Department indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the Employer/Motor Carrier’s Safety Department without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the Employer/Motor Carrier’s Safety Department to conduct a multiple full and/or limited query of the Clearinghouse, the Employer/Motor Carrier’s Safety Department must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations.

AUTHORIZATION

I, _____, hereby authorize
(Driver’s printed name)

(Name of Employer/Motor Carrier)

to conduct limited annual queries of the FMCSA’s Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named municipality ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR part 382 for the above-named municipality.

I understand that if any full and/or limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the employer/motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver Signature: _____

Driver License Number: _____ Date: _____

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COMMERCIAL VEHICLE SAFETY

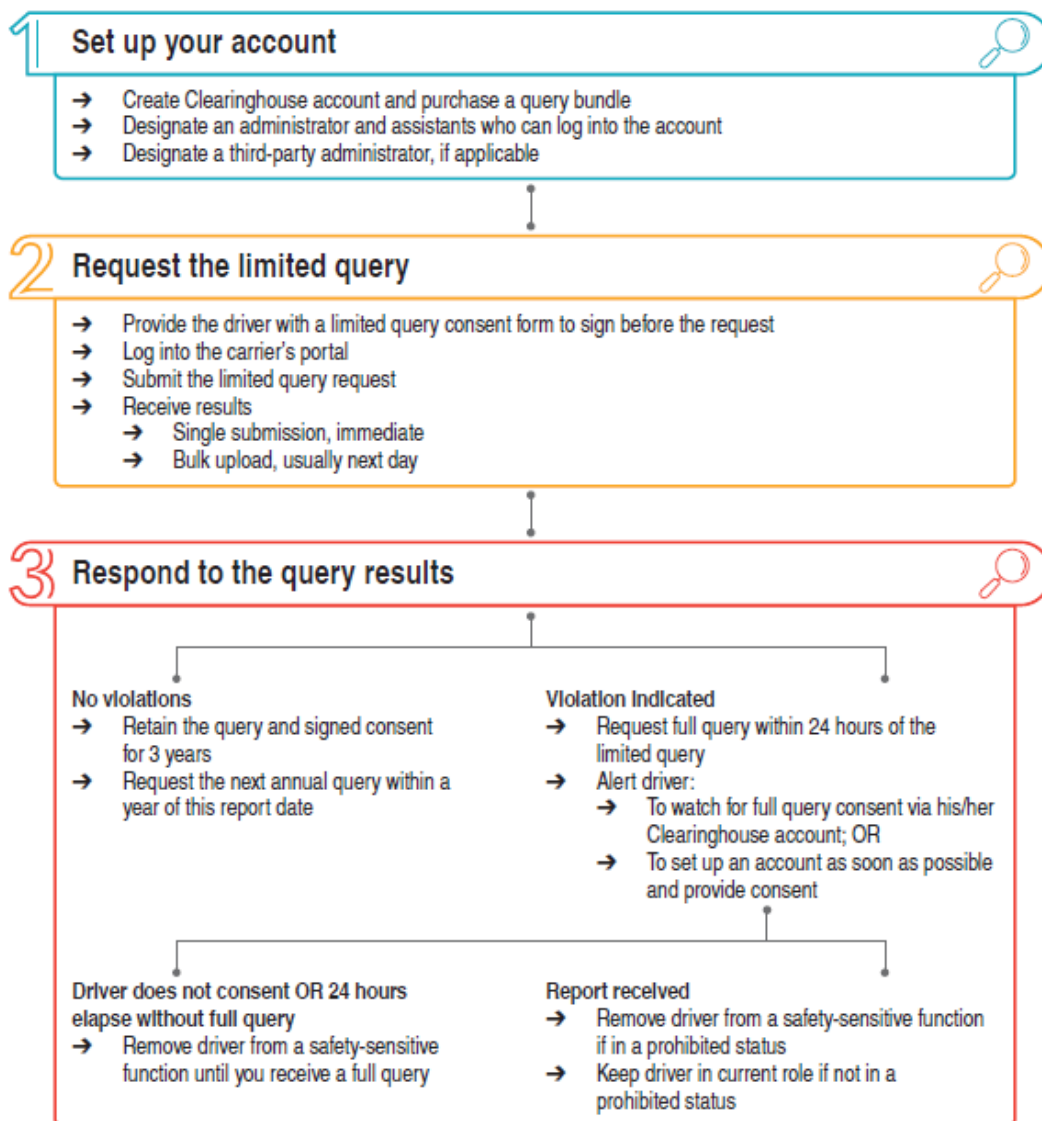
How to request your first annual Clearinghouse queries

The one-year anniversary of the CDL Drug and Alcohol Clearinghouse should be a reminder that annual queries are coming due.

A motor carrier must request its first annual queries no later than January 5, 2021, for those drivers who were in its Part 382 program on January 6, 2020. Anyone hired after would need an annual query within a year of the pre-employment query, similar to how the annual motor vehicle record is requested under driver qualifications.

The annual query is one means to learn of testing violations occurring under another motor carrier's program, but not reported to current employers by the CDL driver (i.e., failed pre-employment test or violation occurring under concurrent employment).

Motor carrier steps to request annual queries



<https://www.psp.fmcsa.dot.gov/psp/Public>

- What is the Pre-Employment Screening Program?
 - The Pre-Employment Screening Program (PSP) provides carriers, individual drivers, and industry service providers access to commercial drivers' safety records from the Federal Motor Carrier Safety Administration's (FMCSA) Motor Carrier Management Information System (MCMIS). Records are available 24 hours a day via the PSP website.
- What information does the PSP record contain?
 - A PSP record contains a driver's most recent 5 years of crash data and the most recent 3 years of roadside inspection data from the FMCSA MCMIS database. MCMIS is a federal government database, which is different from the state data sources used to generate Motor Vehicle Records (MVRs). [Learn more about the differences between these reports.](#)
 - A PSP record displays the motor carrier for which the driver was operating for at the time of the crash or inspection. It also shows the location and date that a crash or inspection occurred. Additional safety details about crashes such as injuries, fatalities, and towaways are included in a PSP record. Likewise, inspections show details like whether a vehicle was placed out of service.
 - Following a request for data review, a PSP record may be updated to reflect a determination that a crash was not preventable, or to note that a driver was convicted of a different charge.
 - The PSP record does not contain a score. [View a sample PSP record.](#)
 - The record displays a snapshot in time, based on the most recent MCMIS data load into the PSP system. A new snapshot is uploaded approximately once per month. The current snapshot date is posted on the PSP [home page](#).
- How do companies enroll in the PSP?
 - Companies have two options to enroll in the PSP program:
 - 1) Sign up online. The [enrollment wizard](#) will guide you step-by-step through the process.
 - 2) Download the paper enrollment agreement for your type of company, [motor carrier](#) or [industry service provider](#). Once complete, follow the instructions to return the entire agreement to NIC Federal.
 - The enrollment wizard and paper agreement both provide access to the FMCSA-required disclosure and authorization language that all account holders must use to capture a driver's authorization before requesting a PSP record.

- Who can request a PSP record?

- Account holders may request PSP records solely for the purpose of conducting pre-employment screening and only with the driver's written authorization. Please remember that all account holders must use the specific [disclosure and authorization form](#) provided in the account holder agreement.
- Drivers may request their own PSP records at any time.

- What type of Information will I find in the PSP record?

- PSP records contain descriptions of any FMCSA-reportable crashes that occurred in the last five years, or roadside inspections that happened in the last three years. The record will show any crashes or inspections in which you were involved, without indicating that these incidents were your fault.
- All records state where and when a crash or inspection occurred. Crash records also note any fatalities, injuries, or towaways, and inspection records display any co-driver involvement and out-of-service status when applicable. The PSP record does not assign a score or point values. [View a sample PSP record.](#)
- Crashes that are determined to be not preventable through the Crash Preventability Determination Program are notated in your PSP record. The absence of a not preventable determination does not indicate that a crash was preventable.

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These resources were assembled by Jay Johnson & Associates, LLC and represent the most current regulations at the time of assembly. The information contained in this resource guide is updated regularly by the governmental agencies. Please reference the "Helpful Resource Links" document within this packet for links and QR codes to the FMCSA, DMV, CHP, and PHMSA websites to stay up to date on any regulation changes and updates to their requirements.

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