

## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMP	PLETED BY PROSPECTIVE	EMPLOYEE			
I, (Print Name)	First M.I.					
Hereby authorize:		Last	Social Se	ecurity Number		
Previous Employe	r:			ite of Birth		
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)						
	Prospective Employer:		plication date)			
			Telephone:			
	Stroot					
(	City, State, Zip:					
	n §40.25(g) and 391.23(h), releas ch as fax, email, or letter.	se of this information must be ma	ade in a written form	that ensures		
Prospective emplo	oyer's fax number:					
Prospective emplo	oyer's email address:					
	A 1: 11 0: 1					
This information is	Applicant's Signatur being requested in compliance		l	Date		
PART 2:	TO BE COM	MPLETED BY PREVIOUS EN	MDI OVER			
TAIN Z.		ACCIDENT HISTORY	III LOTEIX			
The applicant nam	ned above was employed by us.	Yes □ No □				
Employed as	fror	n (m/y)	to (m/y)			
	ve motor vehicle for you? Yes  □ nk  □  Doubles/Triples  □  Othe			actor-Semitrailer □		
	aving your employ: Discharged by performance history to report, o					
<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 □ here if there is no accident register data for this driver.						
Date 1.	Location	,	# Fatalities	Hazmat Spill		
	<del></del>					
2		<del></del>	<del></del>			
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	»:					
		ature:				
	Title:		Date:			



## PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.  Name:  Company:  Street:  City, State, Zip:  Part 3 Completed by (Signature):  TO BE COMPLETED BY PROSPECTIVE EMPLOYER	PART 3:	TO BE COMPLETED BY	PREVIOUS EMPLOYER				
check here □, fill in the dates of employment from							
1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES □ NO □ 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES □ NO □ 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES □ NO □ 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES □ NO □ 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES □ NO □ 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES □ NO □ In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.  Name: Company: Street: City, State, Zip: PART 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER This form was (check one) □ Faxed to previous employer □ Mailed □ Emailed □ Other By: Date:  PART 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER  Complete below when information is obtained.  Information received from: Recorded by: Method: □ Fax □ Mail □ Email □ Telephone	check here □, fill in the dates of employment from to to, complete bottom of Part 3,						
YES   NO   2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES   NO   3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES   NO   4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES   NO   5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES   NO   6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES   NO   10. Name:   10	Driver was subject	uirements from to					
YES							
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Company:							
Street:	Name:						
Street:	Company:						
City, State, Zip: Telephone: Telephone: Date: Date: To BE COMPLETED BY PROSPECTIVE EMPLOYER  This form was (check one)							
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Complete below when information is obtained.  Information received from:  Recorded by: Method: □ Fax □ Mail □ Email □ Telephone	By: Date:						
Information received from: Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone	PART 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER						
Recorded by: Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone	Complete below w	hen information is obtained.					
•	Information receive	ed from:					
	Recorded by:		_ Method: □ Fax □ Mail □ Email □ Telephone				

## INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

## PAGE 1 PART 1: Prospective Employee

- Complete the information required in this section
- · Sign and date
- Submit to the Prospective Employer

#### PAGE 2 PART 4a: Prospective Employer

- Complete the information
- Send to Previous Employer

## PAGE 1 PART 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

## PAGE 2 PART 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

## PAGE 2 PART 4b: Prospective Employer

- · Record receipt of the information
- Retain the form



# RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

\$391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

PART 1:	COMPLETED BY THE DRIVER/APPLICANT				
TO:	Decree value Families as				
	Prospective Employer:				
		Talanhana #			
EDOM.	City, State, Zip:	Telephone #			
FROM:		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 addre  I will arrange to pick up.	SS.			
Driver/Applicant	Signature:	Date:			
DADT O.	COMPLETED BY THE D	PAGE ATIVE EMPLOYED			
PART 2:		ROSPECTIVE EMPLOYER  business days of receiving the written request. If the			
The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information form the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.					
Information supplied to:					
Name:					
Street:					
City, State, Zip:					
Comments:					
By:	re/person providing information Te	Release Date:			
Olgridia	respondent providing intermediation	inspired to			