

P.O. Box 1302, East Greenwich, RI 02818-0998  
800-343-3500 / 401-589-2461 (fax) / [nrayhill@arpin.com](mailto:nrayhill@arpin.com)

### CDL Driver Application

Date of Application:	
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Please type or print clearly.

<b>APPLICANT NAME:</b>	
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It is Arpin's policy to provide equal opportunity with regard to all terms and conditions of hiring. The Company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, sex, national origin, disability, veteran status, age or any other protected characteristic. Any Driver Application submitted to Arpin which contains omissions, incomplete information (if no specific answer, write "NONE"), or is missing other required forms or paperwork will not be reviewed. Incomplete applications and forms will be returned to sender for completion.

**THIS APPLICATION AND ALL INFORMATION SUBMITTED WITH THIS APPLICATION (INCLUDING COPIES OF DOCUMENTS) MUST BE CLEARLY LEGIBLE OR WILL BE RETURNED TO SENDER.**

Agent Name (if applicable):		Agent Number:	
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**GENERAL INFORMATION:**

Current Street Address:		City:		State / Territory:		Zip/Postal Code:	
How long at the above address?		Date of Birth:		Social Security Number:			
Home Telephone:	( )	Cell Phone Number:	( )	Driver Email:			
List Addresses for Previous Three Years (attach additional pages if needed):							
Street Address:		City:		State/Territory:		Zip/Postal Code:	
Street Address:		City:		State/Territory:		Zip/Postal Code:	
Street Address:		City:		State/Territory:		Zip/Postal Code:	
Emergency Contact Name:		Address:		Phone:	( )		
Do You have the Legal Right to Work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have You Ever Been Convicted of a Felony (if yes, explain below)?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Explanation of Felony Convictions (if applicable):							

**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 No:		Type:	
Expiration Date:		How Long Have You Had a CDL?			
Have You Ever Been Denied a License, Permit, or Privilege to Operate a Motor Vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Explain:			
Has Any License, Permit, or Privilege Ever Been Suspended or Revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Explain:			

**PHYSICAL HISTORY** (a copy of your medical examination report and medical examiner's card is required):

Have You Been Granted a Waiver Under Section 391.49 of the FMCSA Regulations Regarding Loss or Impairment of Limbs (a copy of the waiver is required)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Your Last D.O.T. Physical:	
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**DRIVING EXPERIENCE:**

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates From	Dates To	Approximate No. of Total Miles
Straight Truck				
Tractor & Semi-Trailer				
Tractor – Two Trailers				
Other				

**ACCIDENT RECORD FOR THE PAST THREE (3) YEARS OR MORE** (attach additional sheets if needed):

Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Number of Fatalities	Number of Injuries	Chemical Spills?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS** (other than parking violations; attach additional sheets if needed):

Month / Year Convicted	Violation	State Violation Occurred	Penalty (forfeited bond, collateral and/or points)

**EMPLOYMENT HISTORY:**

CDL driver applicants must provide ten (10) years of employment history (non-CDL driver applicants must provide three (3) years of employment history). Add additional employment history pages, if needed. Any gaps in employment must be explained on a separate page and included with this application. All information obtained from previous employers/carriers will be kept confidential. **Please list most recent employer/carrier first.**

Include complete address information (street number and name, city, state/territory, and zip/postal code).

**Current/Last Employer:**

Employer:							
Street Add.:		City:		State/Territory:		Zip/Postal Code:	
Contact:				Phone: ( )	Fax: ( )		
Position:				From Mo./Yr.:		To Mo./Yr.:	
Reason for Leaving:							
Was Your Job Designated as a Safety-Sensitive Function in any DOT-Regulated Mode Subject to Alcohol & Controlled Substances Testing Under 49 CFR Part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Were You Subject to the Federal Motor Carrier Safety Regulations (FMCSRs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**CONTINUED ON NEXT PAGE**

**Previous Employer:**

Employer:							
Street Add.:		City:		State/Territory:		Zip/Postal Code:	
Contact:				Phone:	( )	Fax:	( )
Position:				From Mo./Yr.:		To Mo./Yr.:	
Reason for Leaving:							
Was Your Job Designated as a Safety-Sensitive Function in any DOT-Regulated Mode Subject to Alcohol & Controlled Substances Testing Under 49 CFR Part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Were You Subject to the Federal Motor Carrier Safety Regulations (FMCSRs)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Previous Employer:**

Employer:							
Street Add.:		City:		State/Territory:		Zip/Postal Code:	
Contact:				Phone:	( )	Fax:	( )
Position:				From Mo./Yr.:		To Mo./Yr.:	
Reason for Leaving:							
Was Your Job Designated as a Safety-Sensitive Function in any DOT-Regulated Mode Subject to Alcohol & Controlled Substances Testing Under 49 CFR Part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Were You Subject to the Federal Motor Carrier Safety Regulations (FMCSRs)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Previous Employer:**

Employer:							
Street Add.:		City:		State/Territory:		Zip/Postal Code:	
Contact:				Phone:	( )	Fax:	( )
Position:				From Mo./Yr.:		To Mo./Yr.:	
Reason for Leaving:							
Was Your Job Designated as a Safety-Sensitive Function in any DOT-Regulated Mode Subject to Alcohol & Controlled Substances Testing Under 49 CFR Part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Were You Subject to the Federal Motor Carrier Safety Regulations (FMCSRs)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

**APPLICANT: PLEASE READ AND SIGN BELOW:**

I authorize you to make sure investigations and inquiries to my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. 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 / work relationship, I understand that false or misleading information given in my applications or interview(s) may result in termination. 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 (see note\* below);
- Have errors in the information corrected by previous employers and for those employers to re-send the corrected information to the prospective employer/carrier; 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."

<b>Signature:</b>		<b>Date:</b>	
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**\*NOTE:** Drivers who have previous DOT-regulated employment history in the preceding three (3) years and wish to review previous employer-provided investigative information must submit a written request to the prospective employer / carrier. This 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 / work. Prospective employers / carriers must provide this information within five (5) business days of receiving the written request. If prospective employers / carriers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer / carrier making them available, the prospective employer / carrier may consider you to have waived your request to review the record(s).

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

<b>Signature:</b>		<b>Date:</b>	
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## DRUG AND ALCOHOL TESTING RECORD REQUIRED QUESTIONS

In accordance with 49 CFR Part 40 Section 40.25(j) of FMCSA regulations, please answer the following questions:

1. Have you ever tested positive 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?  
 Yes  No
2. Have you ever 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?  
 Yes  No
3. If you answered YES to either of the above questions, did you successfully complete the \*Return-To-Duty process (as required by 49 CFR Part 40 Section 40.25 (b)(5) and (e))?  
 Yes  No

\*If you were required to see a Substance Abuse Professional, you must be able to show documentation that you completed the Return-To-Duty process before you are allowed to perform any safety sensitive functions.

<b>Date:</b>		<b>Signature:</b>	
		<b>Please Print or Type Name:</b>	

### ACKNOWLEDGEMENT OF RECEIPT OF CONTROLLED SUBSTANCES AND ALCOHOL POLICY

I acknowledge that I have read, understand, and have accepted a copy of Arpin Van Lines, Inc. Controlled Substances and Alcohol Policy.

I consent to submit to drug and alcohol screening and agree to comply with all of the requirements of the Federal Motor Carrier Safety Regulations, as well as all Federal, State and Local laws, rules or regulations.

I understand that failure to adhere to the terms of this acknowledgement will result in my application being denied or my suspension as a qualified Driver, and is grounds for my discharge or permanent cancellation of my lease.

<b>Date:</b>		<b>Signature:</b>	
		<b>Please Print or Type Name:</b>	

### DRUG WAIVER AND CONSENT FORM

This form must be completed and signed BEFORE the tests and mailed with the physical form directly to the Arpin Van Lines, Inc. Safety Department.

<b>Please Print or Type Name:</b>		<b>Date of Birth:</b>	
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I hereby voluntarily authorize a physician or clinic authorized by ARPIN VAN LINES, INC., Agent (please enter full Agent Name) \_\_\_\_\_, or ARPIN VAN LINES, INC. to take specimens of my urine to be tested for marijuana and/or controlled substances therein and to further determine the content thereof. I understand and agree that the physician or clinic will disclose the results of the test to ARPIN VAN LINES, INC., COMPLIANCE SOLUTIONS NETWORK, and release any employees and/or agents thereof from any and all claims or causes of action resulting from the disclosure of the test results to the parties designated herein. I hereby further agree to waive any physician-patient privilege that may otherwise exist with respect to the confidentiality of the test results.

I understand that this consent and release is subject to revocation at any time, except to the extent that action has been taken in reliance hereon. In any event, this consent will remain in effect until revoked or upon termination of employment / work relationship with ARPIN VAN LINES, INC.

<b>Date:</b>		<b>Signature:</b>	
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**IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICE**

In connection with your application for employment with ARPIN VAN LINES, 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 Prospective Employer uses any information it obtains from FMCSA in a decision not to hire you or to make any other adverse 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 action was based in part or in whole on the 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 part on information obtained from FMCSA; the name, address, and the toll free 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 Employee 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 DataQs 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 ARPIN V/L, 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 forward by the DataQs 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.

<b>Date:</b>		<b>Signature:</b>	
		<b>Please Print or Type Name:</b>	

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.

LAST UPDATED 12/22/2015

**TRUCKING INDUSTRY:**

**DOT D/A Disclosure and Authorization**

Send fax to (800) 257-8069

<b>HireRight Customer:</b>
<b>Customer Name:</b> <u>Arpin Van Lines, Inc.</u>
<b>Company Contact Name:</b> <u>Nancy Rayhill</u>
<b>Fax #:</b> <u>(401) 589-2461</u>
<b>HireRight Customer #:</b> <u>ArpinSD</u>

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23 and 49 CFR part 40, each as applicable, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HIRERIGHT for the purpose of HireRight transmitting such records to the HIRERIGHT customer listed above ("Customer:"). I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher alcohol concentration; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous three (3) years. If necessary, attach additional pages, including the date, your name, social security number and signature.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous three (3) years. If necessary, attached additional pages, including the date, your name, social security number and signature.

<b>Previous DOT-Regulated Employer</b>	<b>City</b>	<b>State</b>	<b>Phone Number</b> <small>(inc. area code)</small>
			( ) -
			( ) -
			( ) -
			( ) -
			( ) -
			( ) -
			( ) -
			( ) -
			( ) -
			( ) -

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any background checks that may be requested by or on behalf of the Customer.

<b>Print Applicant Name:</b>		<b>Social Security #:</b>	
<b>Applicant Signature:</b>		<b>Date:</b>	

## **PART II – CONSUMER DISCLOSURE AND AUTHORIZATION FORM**

### **Disclosure Regarding Background Investigation**

The Company may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking person or professional references. These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period, as allowed by law.

HireRight Solutions, Inc. ("HireRight"), or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight Solutions, Inc. is located and can be contacted by mail at 14002 E. 21<sup>st</sup> Street, Suite 1200, Tulsa, OK 74134, and can be contacted by phone at (800) 381-064. Information about HireRight's privacy practices is available at [www.hireright.com/Privacy-Policy.aspx](http://www.hireright.com/Privacy-Policy.aspx).

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications; (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug / alcohol testing results, and drug / alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; and, for investigative consumer reports, personal interviews with sources such as neighbors, friends, former employers and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

A summary of your rights under the Fair Credit Reporting Act, as well as the FMCSA Notification of Driver Rights and certain state-specific notices, are provided.

### **Authorization of Background Investigation**

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight Solutions, Inc. ("HireRight"), and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from HireRight and/or other consumer reporting agencies.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing contained herein shall be construed as an offer of employment or contract for services.

I hereby authorize all the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle record agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any background reports that may be requested by or on behalf of the Company.

**California, Minnesota or Oklahoma applicants only:** Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

<b>Print Applicant Last Name:</b>		<b>First:</b>		<b>Middle:</b>	
<b>Applicant Signature:</b>				<b>Date:</b>	

**FMCSA REGULATIONS & INFORMATION REVIEW CONFIRMATION**

**It is each driver's responsibility to be familiar with and comply with all FMCSA regulations. As such, Arpin requires confirmation that you have reviewed the following regulations and information. Once you have confirmed that you have reviewed the information, please complete, sign and date this form and submit to the Safety Department (via fax at 401-822-5290 or email [nrayhill@arpin.com](mailto:nrayhill@arpin.com)).**

To access the information, click on the links below. You can also access the information by going to:

<http://www.fmcsa.dot.gov>

**49 CFR Parts**

- 40     [Procedures for Transportation Workplace Drug and Alcohol Testing Programs](http://www.dot.gov/odapc/part40)  
       (<http://www.dot.gov/odapc/part40>)
- 382    [Controlled Substances and Alcohol Use and Testing](http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/FmcsrGuideDetails.aspx?menukey=382)  
       (<http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/FmcsrGuideDetails.aspx?menukey=382>)
- 383    [Commercial Driver's License Standards; Requirements and Penalties](http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/FmcsrGuideDetails.aspx?menukey=383)  
       (<http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/FmcsrGuideDetails.aspx?menukey=383>)
- 391    [Qualifications of Drivers and Longer Combination Vehicle \(LCV\) Driver Instructors](http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/FmcsrGuideDetails.aspx?menukey=391)  
       (<http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/FmcsrGuideDetails.aspx?menukey=391>)
- 392    [Driving of Commercial Motor Vehicles](http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/FmcsrGuideDetails.aspx?menukey=392)  
       (<http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/FmcsrGuideDetails.aspx?menukey=392>)
- 393    [Parts and Accessories Necessary for Safe Operation](http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/FmcsrGuideDetails.aspx?menukey=393)  
       (<http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/FmcsrGuideDetails.aspx?menukey=393>)
- 395    [Hours of Service of Drivers](http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/FmcsrGuideDetails.aspx?menukey=395)  
       (<http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/FmcsrGuideDetails.aspx?menukey=395>)
- 396    [Inspection, Repair, and Maintenance](http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/FmcsrGuideDetails.aspx?menukey=396)  
       (<http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/FmcsrGuideDetails.aspx?menukey=396>)

In addition, we ask that you access the following websites to review information on:

[North American Standard Driver/Vehicle Inspection Levels](http://www.fmcsa.dot.gov/safety-security/safety-initiatives/mcsap/insplevels.htm)  
(<http://www.fmcsa.dot.gov/safety-security/safety-initiatives/mcsap/insplevels.htm>)

[CSA Information for Drivers](http://csa.fmcsa.dot.gov/yourrole/drivers.aspx)  
(<http://csa.fmcsa.dot.gov/yourrole/drivers.aspx>)

**By signing below, I confirm that I have accessed the links above and reviewed all the information contained therein.**

<b>SIGNATURE:</b>		<b>DATE:</b>	
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