

DRIVER QUALIFICATION FILE

OTHER DOT FORMS

SECTION

3

Certification of Driver's Road Test

Driver's Name _____

License Number _____

State _____

Type of Unit _____

This is to certify that the above-named driver was given a
road test under my supervision on _____ 201__,
consisting of approximately _____ miles of driving.

Signature of Examiner

Title

Organization and Address of Examiner:

REMAC, INC.

20103 GOVERNOR HARRISON PARKWAY

FREEMAN, VA 23856

DRIVER STATEMENT OF ON-DUTY HOURS
(For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

Social Security Number _____

Driver's License: State _____ Number _____ Class _____ Endorsement(s) _____ Restriction(s) _____

Type of License _____ Issuing State _____

Day	1 (yesterday)	2	3	4	5	6	7	
Date								
Hours Worked								Total Hours

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

A.M.

P.M. On _____

Time

Day

Month

Year

Driver's Signature

Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

(check one)

Are you currently working for another employer?

Yes No

At this time do you intend to work for another employer while still employed by this company?

Yes No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature

Date

Witness:

Company Representative

Date

MOTOR VEHICLE DRIVER'S

Certification of Violations / Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provide under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE OPERATED	OFFENSE	LOCATION	TYPE OF VEHICLE
(If you have had no violations, check the following box - <input type="checkbox"/> (None.)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification _____

Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 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
 Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____

Signature	Date
Printed Name	Title

Motor Carrier Name: REMAC INC. 20103 GOVERNOR HARRISON PARKWAY FREEMAN, VA 23856

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.