



A Subsidiary of ATS Logistics, Inc.

4033 W. Montague Ave., N Charleston, SC 29418 Phone 843-308-6121 Fax 843-308-6122

Driver Applicant

RE: Driver Application

Dear Sir or Madam,

Enclosed is our standard driver application. You will need it completed in its entirety and returned to our office. Our office is physically located at 4033 W Montague Ave., N. Charleston, SC 29418.

We require completion and signature on the Application (5 pages), FMCSA Notification of Driver's Rights (1 page), DOT Drug/Alcohol Disclosure/Authorization (2pages), Physical Examination Drug and Alcohol Screen Release Form (1 page), Certification of Compliance with Driver License Requirements (1 page), Safety Performance History Records Request (Section 1 only), Motor Vehicle Driver's Certification of Violations (1 page), Previous Pre-Employment Employee Alcohol and Drug Test Statement (1 page). We must have a currently printed (within last 30 days) driver MVR providing a minimum of 10 years history at time we receive your application. We require a copy of your Medical Certificate and a copy of your Long Form Physical to accompany your application.

Once we have received the completed/signed application, properly completed/signed forms listed above, we will call you back for an appointment to proceed or to advise you otherwise.

If you have any questions or concerns, please feel free to contact our Safety Department.

Thank you.

Safety Department
safety@atsinc.net

REQUIRED APPLICATION/FORMS

(4) Page Application

Safety Performance History Records Request – One completed form for each prior employer for the past 3-year work history.

(1) Notification of Driver's Rights

(1) Fair Credit Reporting Act Disclosure and Release

(1) Page Addendum to Application

(1) Page Physical Examination, Drug/Alcohol Release Form

Currently printed MVR, minimum 10-year history. Must be printed within the last 30 days.

Copy of your current Medical Certificate

Copy of your current Long Form Physical

MINIMUM SERVICE STANDARDS

DRIVERS

GERERAL DRIVER GUIDELINES:

Driver must possess a Class A CDL.

Drivers must be at least 24 years old.

Driver must possess 2 years of interrupted, verifiable, Class A CDL work experience.

Driver must be able to complete Essential Job Functions.

UNACCEPTABLE DRIVER FACTORS:

More than one (1) at-fault accidents,
3 years prior.

Illegal Possession of a controlled substance.

More than four (4) moving violations,
3 years prior.

Participating in a racing contest.

More than three (3) moving violations in
latest twelve (12) month period, **3 years prior.**

Conviction of leaving the scene of an
accident.

Conviction of reckless, careless or negligent
driving.

Conviction of using a vehicle to elude an
officer of the law.

Conviction of driving under the influence
of drugs or alcohol (DUI) or driving while
intoxicated (DWI) and/or refusing an alcohol
test.

Traffic violation resulting in death.

Operating while license is revoked or
suspended.

Current license is revoked or suspended

Conviction of open container.

Misrepresentation to avoid arrest or obtain
a drivers license.

Vehicle used in connection with a felony.

Other serious violations (i.e., speeding in
excess of 15 miles per hour over the posted
speed limit.)

ESSENTIAL JOB FUNCTIONS

DRIVER

Driver must be at least 24 years of age and have two (2) years of verifiable, uninterrupted experience in operating commercial tractor/trailer equipment with a Class A CDL.

Driver must not have more than four (4) moving violations during previous three (3) years, or more than one (1) preventable accidents during the same previous three (3) years, or a combination of 3 violations and one (1) at-fault accident. Driver must be able to read and speak the English language, in accordance with Section 391.11 (b) (2) of the Federal Motor Carrier Regulations.

Driver must have a Class A Commercial Driver License and not be restricted to operating a vehicle without air brakes. License must be carried with driver at all times while operating a commercial vehicle. Hazardous materials endorsement is preferred.

Driver must be able to qualify physically, and obtain a Medical Examiner's Certificate, as required under Subpart E, Section 391 of the Federal Motor Carrier Safety Regulations.

Driver must be able to sit for extended periods of time in a truck tractor.

Driver must be able to drive as many as 11 hours while transporting hazardous or non-hazardous materials.

Driver must be able to walk, bend, crawl, reach, push, pull, stoop, squat and climb as necessary to perform vehicle inspections required under Section 396.13 of the Federal Motor Carrier Safety Regulations.

Driver must be able to walk, bend, reach, push, pull, stoop and squat as well as grasp, lift and handle heavy equipment as necessary to ensure safety during both the hooking, unhooking and dropping process of both dry box and Intermodal containers.

Driver must be able to walk, bend, reach, push, pull, stoop and squat as well as grasp, lift and handle when dealing with fueling procedures as necessary.

Driver must be able to familiarize self with and be able to comply with all applicable Federal, State, local and Company rules and regulations that are in accordance with the accepted principles of the safe operation of a tractor/container or dry van combination type motor vehicle.

Driver must be able to report for dispatch at time specified, and to maintain contact with dispatch offices as required. Driver must be able to complete driver daily logs and all necessary trip reports, manifests, fuel reports, damage reports and any other paperwork required by the Company and be able to turn the documentation in as instructed.

Driver must be able to follow company guidelines in regard to acceptable conduct when dealing with customers, fellow associates and the motoring public.

MINIMUM SERVICE STANDARDS

DRIVERS

GENERAL DRIVER GUIDELINES:

Driver must possess a Class A CDL.
Drivers must be at least 24 years old.

Driver must possess 3 years of uninterrupted, verifiable, Class A CDL work experience.

Driver must be able to complete Essential Job Functions.

UNACCEPTABLE DRIVER FACTORS:

More than one (1) at-fault accidents,
3 years prior.

Illegal Possession of a controlled substance.

More than four (4) moving violations,
3 years prior.

Participating in a racing contest.

More than three (2) moving violations in
latest twelve (12) month period, **3 years prior.**

Conviction of leaving the scene of an
accident.

Conviction of reckless, careless or negligent
driving.

Conviction of using a vehicle to elude an
officer of the law.

Conviction of driving under the influence
of drugs or alcohol (DUI) or driving while
intoxicated (DWI) and/or refusing an alcohol
test.

Traffic violation resulting in death.

Operating while license is revoked or
suspended.

Current license is revoked or suspended

Conviction of open container.

Misrepresentation to avoid arrest or obtain
a drivers license.

Vehicle used in connection with a felony.

Other serious violations (i.e., speeding in
excess of 15 miles per hour over the posted
speed limit.)

ESSENTIAL JOB FUNCTIONS

DRIVER

Driver must be at least 24 years of age and have three (3) years of verifiable, uninterrupted experience in operating commercial tractor/trailer equipment with a Class A CDL.

Driver must not have more than four (4) moving violations during previous three (3) years, or more than one (1) preventable accidents during the same previous three (3) years, or a combination of 3 violations and one (1) at-fault accident. Driver must be able to read and speak the English language, in accordance with Section 391.11 (b) (2) of the Federal Motor Carrier Regulations.

Driver must have a Class A Commercial Driver License and not be restricted to operating a vehicle without air brakes. License must be carried with driver at all times while operating a commercial vehicle. Hazardous materials endorsement is preferred.

Driver must be able to qualify physically, and obtain a Medical Examiner's Certificate, as required under Subpart E, Section 391 of the Federal Motor Carrier Safety Regulations.

Driver must be able to sit for extended periods of time in a truck tractor.

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Driver must be able to walk, bend, reach, push, pull, stoop and squat as well as grasp, lift and handle when dealing with fueling procedures as necessary.

Driver must be able to familiarize self with and be able to comply with all applicable Federal, State, local and Company rules and regulations that are in accordance with the accepted principles of the safe operation of a tractor/container or dry van combination type motor vehicle.

Driver must be able to report for dispatch at time specified, and to maintain contact with dispatch offices as required. Driver must be able to complete driver daily logs and all necessary trip reports, manifests, fuel reports, damage reports and any other paperwork required by the Company and be able to turn the documentation in as instructed.

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MVR	DT	HIRE

APPLICATION FOR EMPLOYMENT

PRINT NAME _____
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

SOCIAL SECURITY NO. _____ DATE OF BIRTH: _____

CURRENT ADDRESS _____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

PHONE NUMBER(S) _____ / _____ E-MAIL ADDRESS _____
(CELL) (HOME)

PREVIOUS THREE YEARS RESIDENCY
(If at current residence less than 3 years)

(STREET) (CITY) (STATE & ZIP CODE) DATES FROM / TO

(STREET) (CITY) (STATE & ZIP CODE) DATES FROM / TO

(ATTACH SHEET IF MORE SPACE IS NEEDED)

POSITION APPLYING FOR: LOCAL REGIONAL OTR RATE OF PAY EXPECTED: _____ TYPE OF WORK: FT PT

HOW DID YOU HEAR ABOUT THIS POSITION? _____ WHO REFERRED YOU? _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? Y N IF YES, DATES: _____

POSITION: _____ REASON FOR LEAVING: _____

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

OTHER LICENSES HELD IN LAST 3 YEARS

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) OR NONE

DATE CONVICTED (MONTH / YEAR)	VIOLATION	CITY & STATE OF VIOLATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (EVEN IF NOT AT FAULT) OR NONE

DATE OF ACCIDENT (MO / YR)	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILLS	
				YES	NO
				YES	NO
				YES	NO

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

If yes, explain _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, CONTAINER, FLAT, TANK, ETC)	DATES		APPROXIMATE # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – DOUBLES				
OTHER: (PLEASE SPECIFY)				

What states have you operated in? _____

EDUCATION

Last School Attended _____
 (Name) (City, State) (Highest Grade Completed)

**EMPLOYMENT RECORD
 (ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive intrastate / interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle or taken a DOT drug screen for the seven years prior to the initial three year (total of ten years employment record)

Must list the complete mailing address: street number and name, city, state and zip code.

Start with current or most recent employer and list in reverse for the past 10 years. If work history is not that long, list back to first job and annotate in margins that this was your first job.

LAST EMPLOYER: NAME _____

ADDRESS: _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND EMPLOYER: NAME _____

ADDRESS: _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD EMPLOYER: NAME _____

ADDRESS: _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

**EMPLOYMENT RECORD
(CONTINUED)**

Applicants that desire to drive intrastate / interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle or taken a DOT drug screen for the seven years prior to the initial three year (total of ten years employment record)

Must list the complete mailing address: street number and name, city, state and zip code.

PREVIOUS EMPLOYER: NAME _____

ADDRESS: _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

PREVIOUS EMPLOYER: NAME _____

ADDRESS: _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

PREVIOUS EMPLOYER: NAME _____

ADDRESS: _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

PREVIOUS EMPLOYER: NAME _____

ADDRESS: _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON: _____

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Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

**EMPLOYMENT RECORD
(CONTINUED)**

Applicants that desire to drive intrastate / interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle or taken a DOT drug screen for the seven years prior to the initial three year (total of ten years employment record)

Must list the complete mailing address; street number and name, city, state and zip code.

PREVIOUS EMPLOYER: NAME _____

ADDRESS: _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON: _____

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PREVIOUS EMPLOYER: NAME _____

ADDRESS: _____ PHONE _____

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Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

PREVIOUS EMPLOYER: NAME _____

ADDRESS: _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

PREVIOUS EMPLOYER: NAME _____

ADDRESS: _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

Have you ever been bonded? Yes No

Name of bonding company _____
(Answer only if a job requirement)

Have you been convicted of a felony in the last 7 years? Yes No

If yes, please explain fully below or on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Have you been convicted of leaving the scene of an accident in the last 7 years? Yes No

If yes, please explain fully below or on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Have you been convicted of a DUI, DWI or drug convictions, including the transportation, possession, and/or use of illegal drugs or alcohol in the last 7 years? Yes No

If yes, please explain fully below or on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Have you ever tested Positive on a DOT Pre-Employment Drug or Alcohol test; or, refused to take a DOT Pre-Employment Drug or Alcohol Test at any other employer that you applied for employment with, within the past 3 years? Yes No

If yes, explain: _____

TO BE READ AND SIGNED BY APPLICANT

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. (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."

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.

DATE

APPLICANT'S SIGNATURE

DATE

COMPANY REPRESENTATIVE

Applicant Notification, Disclosure and Authorization

In connection with my application for employment with ATS Intermodal, LLC, I understand that a consumer report, which may contain public record information, is being requested from DAC Services, Tulsa, Oklahoma in addition to requests for employment history from my previous employers and driving history from State Motor Vehicle records. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accident record, etc. I further understand that such report(s) may contain public record information concerning my driving record, credit, bankruptcy proceedings, etc. from federal, state, and other agencies which maintain such records as well as information from DAC and previous employers concerning: (1) previous driving requests made from such state agencies; (2) state provided driving records; (3) claims involving me in the files of insurance companies; (4) NIDA/SAMHSA drug test results; (5) breath alcohol test results; and (6) other related information.

I hereby consent to ATS Intermodal, LLC, obtaining the above information from DAC, State MVR's and my previous employers. I agree that such information which DAC or previous employers has or obtains, and my employment history with ATS Intermodal, LLC, if I am hired, will be supplied by DAC and ATS Intermodal, LLC, to other companies which subscribe to DAC Services and/or request such information from ATS Intermodal, LLC.

I also understand and consent that ATS Intermodal, LLC, may request for employment screening purposes, any public record information on me from any federal, state, county, or city office or agency; and that any public information obtained on me will be considered and included in my ATS Intermodal, LLC, records. I am aware and understand that the information obtained on me may enhance or adversely affect my opportunity for employment with ATS Intermodal, LLC,. If ATS Intermodal, LLC, is unable to offer me employment, based in whole or part, on information supplied by DAC Services, ATS Intermodal, LLC, will notify me by mail as to how to obtain the information supplied by DAC Services.

I AUTHORIZE, WITHOUT RESERVATION, THE PROCUREMENT OF CONSUMER REPORT(S), AND ANY PARTY OR AGENCY CONTACTED BY DRIVER RESOURCE, INC AND/OR DAC SERVICES TO FURNISH THE ABOVE MENTIONED INFORMATION.

If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment period.

I understand that I have the right to make a request to DAC Services, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request; the source of the information; the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request.

Print Name

Social Security Number

Applicant's Signature

Date



A Subsidiary of ATS Logistics, Inc.

4033 W Montague Ave, Charleston, SC 29418 Phone 843-308-6121 Fax 843-308-6122

FMCSA Notification of Driver's Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers.

- I) You have the right to review information provided by previous employers.
- II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers.
- III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers 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 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

I understand that I have been informed of these rights in accordance to above listed regulations.

Signature of Applicant

Date

Name of Applicant (Print)

Note: There are additional provisions for rights to review employment history which goes back further than the 3 years required in the application process. Should you wish to pursue these, please review FMCSA Regulations 391.23 (i)(2).

DAC Online:
DOT D/A Disclosure and Authorization

Customer Name: _____
 Customer Contact Name: _____
 Fax #: (_____) _____ - _____

Send to Fax # (866) 886-8908

**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 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) 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.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

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 Customer.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

PART II – CONSUMER DISCLOSURE AND AUTHORIZATION FORM

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 employment 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 herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of 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 records agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be 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.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1 AUTHORIZATION

I, (Print Name) _____
(First, M.I., Last) _____ hereby authorize: _____
Social Security Number _____
Date of Birth _____

Previous Employer: _____ Email: _____
Street Address: _____ Phone: _____
City, State, Zip: _____ Fax: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____

to: _____
(Date of Employment Application)

Prospective Employer: ATS Intermodal, LLC Attn.: Celeste Fortner, Safety
Street Address: 4033 W Montague Ave Phone: 843-746-0042
City, State, Zip: Charleston, SC 29418

In compliance with 49 CFR §§40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: 843-747-3589
Prospective employer's confidential email: celeste@atsinc.net

Applicant's Signature _____ Date _____

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

SECTION 2 ACCIDENT HISTORY

The applicant named above was employed by us. Yes No
Employed as _____ from (mm/yy) _____ to (mm/yy) _____
Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor/Semitrailer
 Bus Cargo Tank Doubles/Triples Other (Specify) _____
Is he/she eligible for rehire? Yes No If no, reason: _____

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§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	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

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

Signature: _____
Title: _____ Date: _____

Applicant's Name: _____

SECTION 3

DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here .

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B or Part 382 or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ If yes, please end documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |

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 side 1.

Name: _____
Company: _____
Street: _____
City, State, Zip: _____ Phone: _____
Section 3 completed by (Signature) _____ Date: _____

SECTION 4

MODE OF COMMUNICATION

This form was sent to previous employer via (check one) Fax Mail Email Other _____
By _____ Date: _____

SECTION 5

RECEIPT INFORMATION

Complete the following when the requested information is obtained.

Information received from _____
Recorded by: _____ Method: Fax Mail Email Phone
Date: _____ Other _____

INSTRUCTIONS FOR COMPLETING THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1 SECTION 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the prospective employer

SIDE 1 SECTION 2: Previous Employer

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

SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to prospective employer

SIDE 2 SECTION 4: Prospective Employer

- Verify that prospective employee has correctly completed SIDE 1 SECTION 1
- Complete the information required in this section
- Make a copy of this form and keep it on file
- Send to previous employer

SIDE 2 SECTION 5: Prospective Employer

- Record receipt of the information in SECTION 5
- Keep form on file for duration of the driver's employment and for three years thereafter

Attempt 1: _____
Attempt 2: _____
Attempt 3: _____

Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.
- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

(This form is not required for DOT compliance.)

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 provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
(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.

(Today's Date)

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: _____ Date _____

Signature

Celeste Fortner

ATS Intermodal, LLC

4033 W Montague Ave

Charleston, SC 29418

843-308-6121



A Subsidiary of ATS Logistics, Inc.

4033 W MONTAGUE AVE, CHARLESTON, SC 29418

Phone: 843-308-6121 FAX: 843-308-6122

**PHYSICAL EXAMINATION
DRUG AND ALCOHOL SCREEN
RELEASE FORM**

Date: _____

I, _____, agree to take a DOT required physical and drug/alcohol test by a qualified doctor assigned by ATS Intermodal, LLC. This is to qualify me under Federal Motor Carrier Safety Regulations Section 382 and 391.

I understand I am subject to be tested under the following conditions:

Pre-employment, random selection, reasonable cause and post accident.

I hereby release and discharge ATS Intermodal, LLC, its employees, agents, representatives, doctors, assignees from any and all direct or implied liability that may arise from the performance of these tests.

Applicant Signature

Date

Witness Signature

Date

MANDATORY USE FOR ALL ACCOUNT HOLDERS

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

1. In connection with your application for employment with ATS Intermodal, LLC ("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 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 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 the action was based in part or in whole on this 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 whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize ATS Intermodal, LLC ("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 consenting to 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.

3. 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 am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.

REQUEST FOR CHECK OF DRIVING RECORD

NOTE TO MOTOR CARRIER: SEE BACK SIDE FOR STATES THAT ACCEPT THIS FORM.

I hereby authorize you to release the following information to _____ (Prospective Employer)
for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Reform 10/2/12 Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

(Signature of Requester)

(Date)

TO: _____

DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____
_____. In accordance with Section 391.23, Federal Department of Transportation Regulations,
please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____
_____. In accordance with Section 391.25, Federal Department of Transportation Regulations,
please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

(Name of Company)

(Typed Name)

(Address)

(Title)

(City)

(State)

(Signature)

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

SEC. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (See sec. 40.25(b) (5) and (e).

PROSPECTIVE EMPLOYEE NAME: _____ SS. No. _____
(PRINT)

THE PROSPECTIVE EMPLOYEE IS REQUIRED BY SEC. 40.25(j) TO RESPOND TO THE FOLLOWING:

1) HAVE YOU EVER TESTED POSITIVE OR 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 THREE YEARS?

CHECK ONE: YES NO

2) IF YOU ANSWERED YES, CAN YOU OBTAIN AND PROVIDE PROOF THAT YOU'VE SUCCESSFULLY COMPLETED THE DOT RETURN-TO-DUTY REQUIREMENTS?

CHECK ONE: YES NO N/A

AGREEMENT FOR SECTION 382 TESTING CODES

PRE-EMPLOYMENT TESTING (382.301)

Prior to the first time a driver performs safety-sensitive functions for an employer, the driver shall undergo testing for alcohol and controlled substances as a condition prior to being used.

POST ACCIDENT TESTING (382.303)

Each employer shall test for alcohol and controlled substance as soon as practicable and in accordance with the requirements set forth in this section of the Federal Motor Carriers Safety Regulations.

RANDOM TESTING (382.305)

Every driver shall submit to a random alcohol and controlled substance testing as required in this section of the Federal Motor Carriers Safety Regulations.

REASONABLE SUSPICION (382.307)

An employer shall require a driver to submit to a test for alcohol and controlled substances when the employer has reasonable suspicion to believe that the driver has violated the prohibitions of subpart B of this part concerning alcohol and controlled substances.

SAP MONITORED PROGRAMS

If an employee is found to meet the entry requirements of a program such as defined in the Federal Motor Carriers Safety Regulations Section 382.605, all costs incurred in connection with said program shall be the burden of the employee including return to duty (382.309) and follow up testing (382.311) procedures for alcohol and controlled substances as defined in the Federal Motor Carriers Safety Regulations Manual.

Please sign if you have read and agree to the preceding statements:

Date: ____ / ____ / ____ PRINT: _____

SIGN: _____