Driver file cover sheet

Form 1 of 9

Front page of the driver's folder. Update it the day a document changes.

COMPANY NAME

USDOT NUMBER

DRIVER NAME

START DATE

PHONE

EMAIL

WORKS AS

☐ Employee ☐ Contractor

LICENSE NUMBER

STATE

CLASS

☐ Non-CDL ☐ CDL

FIRST DAY DRIVING

Dates to watch

DOCUMENT	DATE NOW	NEXT DUE	RENEWED ON	THEN DUE
Driver's license				
Medical certificate				
Driving record (MVR)				
Annual review note				
Clearinghouse query (CDL)				

One-time documents

DOCUMENT	DATE FILED	FILED BY
Application for employment		
Driving record, last 3 years, every state		
Previous employer answers, or record of attempts		
Road test form and certificate, or equivalent		
National Registry check of examiner (non-CDL)		

Record of events

Roadside inspections, citations, accidents, complaints, training, and any action the company took.

DATE	WHAT HAPPENED	WHAT WE DID	INITIALS

LAST DAY WORKED

KEEP FILE UNTIL (PLUS 3 YEARS)

ARCHIVED BY

Based on 49 CFR Part 391, checked November 2026. Not legal advice. Confirm current federal and state rules.

Application for employment

Form 2 of 9 · §391.21

Driver applicant. Fill in every line. Write "none" where nothing applies.

COMPANY NAME

COMPANY ADDRESS

APPLICANT'S FULL NAME (FIRST, MIDDLE, LAST)

DATE OF BIRTH

SOCIAL SECURITY NO.

PHONE

EMAIL

DATE OF APPLICATION

Every address in the last 3 years

STREET	CITY, STATE, ZIP	FROM	TO
			Now

Every license or permit you hold to drive a commercial vehicle

STATE	LICENSE NUMBER	CLASS OR TYPE	EXPIRES

Driving experience

EQUIPMENT	TYPE (BOX, VAN, FLATBED)	FROM	TO	APPROX. MILES
Straight truck				
Tractor and semi-trailer				
Other				

Motor vehicle accidents in the last 3 years

DATE	WHAT HAPPENED (REAR-END, BACKING, ROLLOVER)	FATALITIES	INJURIES

Traffic convictions and forfeitures in the last 3 years (not parking)

DATE	LOCATION	CHARGE	PENALTY

Have you ever been denied a license, permit, or privilege to drive a motor vehicle? ☐ Yes ☐ No

Has any license, permit, or privilege ever been suspended or revoked? ☐ Yes ☐ No

If either answer is yes, attach a signed statement with the details. Attach extra sheets wherever you need more room.

Application: employment history

Form 2 of 9 · §391.21

Every employer in the last 3 years, newest first. Explain any gap.

Applying to drive a truck that needs a CDL? Also list every job where you drove a commercial vehicle in the 7 years before that, on an extra sheet.

EMPLOYER 1 (CURRENT OR LAST)

PHONE OR EMAIL

ADDRESS

FROM

TO

POSITION HELD

REASON FOR LEAVING

Were you subject to the Federal Motor Carrier Safety Regulations in this job? ☐ Yes ☐ No

Was the job safety-sensitive and covered by DOT drug and alcohol testing (49 CFR Part 40)? ☐ Yes ☐ No

EMPLOYER 2

PHONE OR EMAIL

ADDRESS

FROM

TO

POSITION HELD

REASON FOR LEAVING

Were you subject to the Federal Motor Carrier Safety Regulations in this job? ☐ Yes ☐ No

Was the job safety-sensitive and covered by DOT drug and alcohol testing (49 CFR Part 40)? ☐ Yes ☐ No

EMPLOYER 3

PHONE OR EMAIL

ADDRESS

FROM

TO

POSITION HELD

REASON FOR LEAVING

Were you subject to the Federal Motor Carrier Safety Regulations in this job? ☐ Yes ☐ No

Was the job safety-sensitive and covered by DOT drug and alcohol testing (49 CFR Part 40)? ☐ Yes ☐ No

Notice to the applicant. We will contact the employers you list to check your safety record, as federal rules require. You have the right to see what a previous employer sends us, to have errors corrected by that employer, and to add your own written statement if you and the employer disagree. Ask us in writing. We will give you the records within five business days of your request, or of the day we receive them.

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

APPLICANT'S SIGNATURE

DATE

Authorization to obtain driving record

Form 3 of 9 · §391.23, §391.25

The driver's consent for the company to order the motor vehicle record (MVR).

COMPANY NAME

USDOT NUMBER

DRIVER'S FULL NAME, AS SHOWN ON THE LICENSE

DATE OF BIRTH

LICENSE NUMBER

STATE

EXPIRES

Other states where you held a license or permit in the last 3 years

STATE	LICENSE NUMBER	FROM	TO

I authorize the company named above, and anyone acting for it, to obtain my motor vehicle record from every state where I have held a license or permit. This covers the record ordered when I start, and the record ordered at least once every 12 months for as long as I drive for the company. I understand the records are used to decide whether I am qualified to drive a commercial motor vehicle.

DRIVER'S SIGNATURE

DATE

Office use: record of requests

DATE ORDERED	STATE	ORDERED FROM	DATE RECEIVED	FILED BY

Ordering through a screening company? The Fair Credit Reporting Act then requires its own separate disclosure and authorization. Use the screening company's form as well as this one. Some states also have their own release form for driving records.

Safety history request to a previous employer

Form 4 of 9 · §391.23

One copy for each DOT-regulated employer in the last 3 years.

1 Who is asking (new employer fills in)

COMPANY NAME

USDOT NUMBER

CONTACT PERSON

PHONE

EMAIL FOR THE REPLY

TO: PREVIOUS EMPLOYER

THEIR PHONE OR EMAIL

2 Driver's authorization

DRIVER'S FULL NAME

DATE OF BIRTH

LAST 4 OF SSN

I have applied to drive for the company named above. I authorize the previous employer named above to release the information requested on this form to that company, so it can check my safety performance history as 49 CFR 391.23 requires.

DRIVER'S SIGNATURE

DATE

3 Previous employer fills in

EMPLOYED FROM

EMPLOYED TO

POSITION HELD

Did this person drive a commercial motor vehicle for you? ☐ Yes ☐ No

Any accidents in the last 3 years (fatality, injury treated away from the scene, or a vehicle towed)? ☐ Yes ☐ No

DATE	CITY AND STATE	INJURIES	FATALITIES	HAZARDOUS MATERIAL RELEASED?

COMPLETED BY

TITLE

PHONE

DATE

To the previous employer: federal rules ask you to answer within 30 days of receiving this request, even if you have nothing to report. Drug and alcohol questions are on the next page.

Safety history request: page 2

Form 4 of 9 · §391.23, §40.25

Drug and alcohol history, and the new employer's record of attempts.

DRIVER'S FULL NAME

PREVIOUS EMPLOYER

4 Drug and alcohol history (previous employer fills in)

New employer ticks one before sending:

- [ ] CDL truck. We check the Drug and Alcohol Clearinghouse for this driver.
- [ ] Non-CDL truck. We do not run a Clearinghouse query. Please complete all of section 4.

Only for a driver who was covered by DOT drug and alcohol testing in your company. If the first box is ticked and you are a trucking employer regulated by FMCSA, complete this section only if the driver has an unfinished follow-up testing plan, and attach the plan. In every other case, including employers under another DOT agency (rail, transit, aviation, pipeline, maritime), please complete all of it.

In the last 3 years, did this person:

Have an alcohol test with a result of 0.04 or higher?	☐ Yes	☐ No
Have a verified positive drug test?	☐ Yes	☐ No
Refuse to be tested, including an adulterated or substituted result?	☐ Yes	☐ No
Break any other DOT drug or alcohol testing rule?	☐ Yes	☐ No
Did an earlier employer report any of these to you?	☐ Yes	☐ No
If any answer is yes: has the driver completed the return-to-duty process? Please attach the documents.	☐ Yes	☐ No

COMPLETED BY

TITLE

PHONE

DATE

5 Record of attempts (new employer keeps)

Write down every try. If the employer never answers, this table is your proof of a good-faith effort. File it within 30 days of the driver's start date. If the driver had no DOT-regulated employer at all, tick the line under the table, sign, and file this page as your dated note.

DATE	HOW (EMAIL, MAIL, PHONE)	PERSON CONTACTED	RESULT	INITIALS

No DOT-regulated employer in the last 3 years, so no investigation was possible (§391.23(c)(4)). ☐ Yes

REPLY RECEIVED ON

NO REPLY: CLOSED ON

REVIEWED BY (SIGNATURE)

DATE

Keep both pages locked. Only people involved in the hiring decision may see them. Use the answers for the hiring decision and nothing else.

Driver's road test examination

Form 5 of 9 · §391.31

Test in the kind of truck the driver will be assigned. Rate every line.

DRIVER'S NAME

LICENSE NUMBER AND STATE

TRUCK USED (FOR EXAMPLE, 26 FT STRAIGHT TRUCK)

DATE OF TEST

MILES DRIVEN

ROUTE: FROM

ROUTE: TO

Rating

PART OF THE TEST	GOOD	NEEDS WORK	NOTES
Pre-trip inspection (§392.7)	☐	☐	
Coupling and uncoupling, if the driver will pull a trailer	☐	☐	
Placing the truck in operation	☐	☐	
Use of the controls and emergency equipment	☐	☐	
Driving in traffic and passing other vehicles	☐	☐	
Turning	☐	☐	
Braking, and slowing by means other than braking	☐	☐	
Backing and parking	☐	☐	
Other (for example, a loading dock or a tight driveway)	☐	☐	

RESULT

☐ Passed ☐ Not passed ☐ Retest on a later date

REMARKS

EXAMINER'S SIGNATURE

EXAMINER'S NAME AND TITLE

DATE

Who gives the test: the company, or someone it appoints who can judge whether the driver handles the truck safely. A driver who owns the company must be tested by someone else. If the driver passes, fill in the certificate on the next page.

Certification of road test

Form 6 of 9 · §391.31

Give the driver a copy. Keep this with the signed road test form.

DRIVER'S NAME

TYPE OF POWER UNIT

TYPE OF TRAILER(S)

IF PASSENGER CARRIER, TYPE OF BUS

This is to certify that the above-named driver was given a road test under my supervision on _____, 20____, consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

SIGNATURE OF EXAMINER

TITLE

ORGANIZATION AND ADDRESS OF EXAMINER

Instead of a road test you may accept a copy of a valid commercial driver's license (CDL) for the type of truck you will assign, or a copy of a road test certificate issued in the last 3 years. Keep a readable copy in the file. A regular, non-CDL license does not count.

Annual review of driving record

Form 7 of 9 · §391.25

At least once every 12 months. This signed page is the note the rule asks for.

DRIVER'S NAME | PERIOD FROM | PERIOD TO

Driving records reviewed

STATE	LICENSE NUMBER	DATE OF THE RECORD	ORDERED FROM

What the records and our own files show

☐ No violations or accidents in the period ☐ Listed below

DATE	VIOLATION OR ACCIDENT	LOCATION	WHAT WE DID

What the reviewer must weigh: any sign that the driver broke the federal safety or hazardous materials rules, the driver's accident record, and any traffic violations. Give great weight to speeding, reckless driving, and driving under the influence of alcohol or drugs.

Decision

The driver meets the minimum requirements for safe driving. ☐ Yes

The driver is disqualified under §391.15 and is removed from driving. ☐ Yes

The driver stays qualified, with the corrective action written below. ☐ Yes

CORRECTIVE ACTION, TRAINING, OR REMARKS

REVIEWED BY (SIGNATURE) | NAME AND TITLE | DATE OF REVIEW

Medical certificate and registry check

Form 8 of 9 · §391.23(m)(1)

For non-CDL drivers. One line each time the driver gets a new medical certificate. Staple a copy of the certificate behind this page.

DRIVER'S NAME

How to do the check

1	Take the examiner's name and National Registry number from the medical certificate.
2	Search for the examiner at nationalregistry.fmcsa.dot.gov.
3	Confirm the examiner was listed on the day the certificate was issued.
4	Fill in one line below and sign it. Do this before the driver's first trip, and again after every new certificate.

Record

EXAM DATE	EXPIRES	EXAMINER'S NAME	REGISTRY NUMBER	CHECKED ON	CHECKED BY (SIGNATURE)

RESTRICTIONS, WAIVER, OR SKILL PERFORMANCE CERTIFICATE NOTED ON THE CARD

The expiry date can be sooner than 24 months. The examiner may certify a driver for one year or less. Always copy the date from the certificate itself.

CDL drivers do not use this form. Since June 2025 the examiner sends the result to FMCSA electronically, and the medical status appears on the driving record. Order the record from the licensing state before the first trip and after each new exam, and keep it as the proof (§391.23(m)(2)). The temporary exemption for paper cards ended on October 11, 2026. Only Alaska licenses still have one, until October 12, 2027.

Corrective training record

Form 9 of 9

Fill in after any ticket, accident, failed inspection, or complaint about driving.

DRIVER'S NAME

COMPANY NAME

DATE	WHAT HAPPENED	REPORT OR CITATION NO.	TRAINING GIVEN	TRAINER

I have received the safety training listed above and I understand it.

DRIVER'S SIGNATURE | PRINTED NAME | DATE

SUPERVISOR'S SIGNATURE | PRINTED NAME | DATE

Why keep this: an insurer or an investigator will ask what you did after a violation. A signed line on this page is the answer. Copy the event to the cover sheet as well.