

DOT#:

Driver Application

Company Name:

**DRIVER EMPLOYMENT APPLICATION**

Name (first, middle, last)		Hire Date (office use only)	
You must list all previous addresses for 3 years	Address (street, city, state, zip code)		
	Address (street, city, state, zip code)		
Phone Number	Date of Birth	Social Security Number	
Are you legally authorized to work in the U.S.?		Yes	No
Emergency Contact Name		Relation	
Address		Phone Number	

**DRIVER LICENSE INFORMATION**

Driver License Number	State	Type	Expiration Date
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**DRIVER EXPERIENCE**

Type of Equipment	From (Date)	To (Date)	Approx # of Miles
Type of Equipment	From (Date)	To (Date)	Approx # of Miles

**REQUIRED QUESTIONS**

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes	No
Has any license, permit or privilege ever been suspended or revoked?	Yes	No
Have you ever been convicted of any criminal act involving the use of a CMV or while driving a CMV?	Yes	No
If you answered yes to any of the above 3 questions, attach a statement of explanation		

**TICKETS / ACCIDENTS/ ETC.**

**Accident Record for Past 3 Years**

Date	Description	# of Injuries / Fatalities
Date	Description	# of Injuries / Fatalities

**Traffic Convictions & Forfeitures for Past 3 Years**

Date	Location	Charge	Penalty
Date	Location	Charge	Penalty



## EMPLOYMENT RECORD

\_\_\_\_\_ Checking here certifies that the driver had no previous employment experience working for a DOT regulated employer during the preceding three years.

Employer	From (M/Y)	To (M/Y)
Address	Phone	Position
Were you subject to the FMCSRs while employed?		Yes      No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		Yes      No
Employer	From (M/Y)	To (M/Y)
Address	Phone	Position
Were you subject to the FMCSRs while employed?		Yes      No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		Yes      No
Employer	From (M/Y)	To (M/Y)
Address	Phone	Position
Were you subject to the FMCSRs while employed?		Yes      No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		Yes      No
Employer	From (M/Y)	To (M/Y)
Address	Phone	Position
Were you subject to the FMCSRs while employed?		Yes      No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		Yes      No

### DECLARATION OF EMPLOYMENT STATUS (GAPS IN HISTORY)

If you were driving a CMV, you must provide complete employment history for the past 10 years. Any gaps in employment longer than 1 month are explained as follows:

Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual		Yes      No
Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual		Yes      No

For additional blocks needed, please make a copy of this form



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**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make such investigations and inquiries of 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand information I provide regarding current and/or previous employers may be used, and those employers 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 the 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 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.

Signature	Date
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**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. Your employer may obtain this information from Equifax, TransUnion, Experian or other vendors of information services.

Applicant Signature	Date
Print Name	Social Security Number
Employer Witness	



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**PSP DRIVER BACKGROUND INVESTIGATION RELEASE**

In connection with your application for employment with \_\_\_\_\_, it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report in a decision to not hire you or make any other adverse employment decision regarding you, the Prospective Employer will provide you 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 a background report, the Prospective Employer will notify you that the action has been taken and that the background report was the reason for the action. The Prospective Employer cannot obtain background reports from the consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize \_\_\_\_\_ to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. 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, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including school and educational institutions, professional or business associates, and friends and acquaintances that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that the release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Prospective Employer or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Prospective Employer or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

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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 and/or any entity it retains to obtain such background reports and may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Prospective Employer and its employees, agents, and its affiliates to obtain the information authorized above.

Print Name	Signature	Date
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**ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE**

Have you ever refused to be tested for drugs or alcohol?	Yes	No
Have you ever tested positive for drugs or alcohol?	Yes	No
Have you ever tested positive for any pre-employment drug or alcohol test for a job which you applied for but did not obtain?	Yes	No

If you answered yes to any of the above questions, attach a statement of explanation and provide proof of Return to Duty Process.

I understand that, as required by the Federal Motor Carrier Safety Regulations or company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post Accident
- Follow Up (see company policy)
- Return-to-duty (see company policy)

I certify that I have read, understand, and agree to abide by the condition of this consent and release form.

Applicant Signature	Date
Print Name	Social Security Number
Employer Witness	



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**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 some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license.
2. If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
3. Sections 392.42 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 violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

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

The following license is the only one I will possess:

Driver License Number	State	Expiration
Driver Signature	Date	



## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

<b>Section 1   To be Completed by Prospective Employee</b>		
I, (first, middle, last)	Social Security Number	Date of Birth
Hereby Authorize (Previous Employer):		
Address (Street)		Phone
Address (City, State, Zip)		Fax
To release and forward the information requested by section 2 and 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____ to _____ (M/Y of employment dates)		
Attn:	Phone:	Fax:
Prospective Employer	Address	
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, letter, or e-mail.		
Applicant Signature		Date

<b>Section 2   To be Completed by Previous Employer</b>				
The applicant named above was employed by us		Yes	No	
Employed	From M/Y	To M/Y		
Did he/she drive a motor vehicle for you?		Yes	No	
If yes, what type?	Straight Truck <input type="checkbox"/>	Tractor Trailer <input type="checkbox"/>	Other _____	
Reason for leaving your employ	Discharged <input type="checkbox"/>	Resignation <input type="checkbox"/>	Lay Off <input type="checkbox"/>	Military Duty <input type="checkbox"/>
If there is no safety performance history to report, check here <input type="checkbox"/> , sign below & return				
Complete the following for any accidents included on you accident register (§390.15(b) that involved the applicant in the 3 years prior to the application date shown above, or check here <input type="checkbox"/> if there is no accident register data for this driver.				
Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
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	



## SAFETY PERFORMANCE HISTORY RECORDS REQUEST CONTINUED

### Section 3 To be Completed by Previous Employer

If the applicant was no subject to DOT testing requirements while employed by you please check here , fill in the dates of employment from M/Y \_\_\_\_\_ to M/Y \_\_\_\_\_, complete the bottom of Section 3 sign, and return.

Has this person had an alcohol test with a result of 0.04 or higher?	Yes	No	
Has this person tested positive, adulterated or substituted a test specimen for controlled substances?	Yes	No	
Has this person refused to submit to a post accident, random, reasonable suspicion or follow up controlled substance test?	Yes	No	
Has this person committed other violations of Subpart B of Part 382 or Part 40?	Yes	No	
If this person has violated a DOT drug & alcohol regulation did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation with this form.	Yes	No	N/A
For a driver who successfully complete a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	Yes	No	N/A
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 in Section 1.			
Name		Company	
Phone			
Address (Street, City, State, Zip)			
Signature		Date	

### Section 4 To be Completed by Prospective Employer

Attempt #1	Faxed	Mailed	Other
By		Date	
Attempt #2	Faxed	Mailed	Other
By		Date	
Attempt #3	Faxed	Mailed	Other
By		Date	
Information was received by (Include Date)	Fax	Mail	Other





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**HOURS OF SERVICE RECORD (7 DAY SHEET)****FOR FIRST TIME OR INTERMITTENT DRIVERS**

On the first day you drive, you must fill out this form to record all work done for direct or indirect compensation.

Name	Social Security Number
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Day	Total Time on Duty	Date
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		
Day 6		
Day 7		

I hereby certify that the information contained hereon is true and to the best of my knowledge and belief, and that my last period of release from duty was

From (Date)	To (Date)	
Applicant Signature	Date	Time



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**ANNUAL REVIEW OF DRIVING RECORD****PART A – CERTIFICATION OF VIOLATIONS**

Driver Name \_\_\_\_\_

MOTOR CARRIER INSTRUCTIONS: The Company is required by the DOT to perform an annual records check, to ensure the company is aware of any and all traffic violations committed by its drivers, including those in a private auto as well as any in a Commercial Motor Vehicle.

Please list on the following lines all violations of motor vehicle traffic laws and ordinances (other than violations for parking only) of which you have been convicted, or on account of which you have forfeited bond or collateral during the last 12 months. (Per FMCSR 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated

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.

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Change of Address:

If you have moved in the last 12 months, provide your new address here

Drivers Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**PART B – MVR (Attach MVR to form)****PART C – CARRIER'S ANNUAL REVIEW**

Carrier's annual review of driving record and certification of continued qualification as required by FMCSR 391.25(c)(2)

This day I have reviewed the driving record of the above named driver in accordance with 391.25 of the FMCSRs. I considered any evidence that the driver has violated applicable provisions of the FMCSRs and the HMRs (if applicable). I considered the driver's accident record and any evidence that he/she has violated any laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving, and operation while under the influence of alcohol or controlled substances, that indicate the driver has exhibited a disregard for the safety of the public. Having done so, I find that:

- The driver meets the minimum requirements for safe driving, or**  
 **The driver is disqualified to drive a CMV pursuant to 391.15., or**  
 **This driver is disqualified to drive a CMV pursuant to company policy**

Carrier's Name	Carrier's Address	
Reviewed by:	Title	Date



# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC      <input type="checkbox"/> C Corporation      <input type="checkbox"/> S Corporation      <input type="checkbox"/> Partnership      <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends or distributions)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

# What to do in case of an accident?

## 1. STOP!

When involved in a crash, however slight, do not leave the scene until speaking with the other driver, the police, or both.

## 2. Stay Calm

Remain as calm as possible, avoid any inclination to react in anger, particularly when encountering another driver behaving irrationally.

## 3. Keep Safety First

when involved in a minor accident with no serious injuries, move the vehicles and occupants safely to the side of the road, out of the way of traffic. If a vehicle cannot be moved and no injuries have occurred, drivers and passengers should remain in the vehicle with seat belts fastened until help arrives. Turn on hazard lights and if safe to do so, place cones, flares, or warning triangles.

## 4. Call for Medical Assistance

Call for emergency medical help if anyone involved in the crash is bleeding, feels lightheaded, or is suffering any physical injury. Always err on the side of caution and call for help. Unless someone at the scene is specifically trained in emergency medical procedures, wait until help arrives before attempting to move a person or perform emergency aid.

## 5. Contact the Police

calling the police from the crash site is the best action. If the driver cannot contact the local law enforcement, he or she should instruct someone else to do so. Police officers can address traffic infractions and take notes for the incident record.

## 6. Do Not Admit Fault

Do not discuss specific details of the accident with anyone except the police. Be polite, but don't admit fault to the other driver or the police, even if the driver's actions led to the crash.

## 7. Contact Your Employer

Call Carina 24/7 for accidents 708-543-3879- Carina will contact dispatch immediately.

## 8. !!Photograph and Document the Accident!! Pictures! Pictures! Pictures!

Carry a disposable camera / Phone camera in the car to photograph the damage to all vehicles involved. Include photos that reveal the overall context of the crash — road conditions, intersection site, traffic signs or lights, etc.

Record in writing all pertinent information concerning the incident, including:

- **The Incident.** The time and date, a description and exact location of the accident scene, and any recollection of your vehicle's handling or mechanical functioning immediately prior to the crash.
- **Involved Parties.** Names, addresses, telephone numbers, vehicle and driver's license numbers, and insurance carriers.
- **Witnesses.** Names, addresses, and contact information.

- **Police Officers.** Names, badge numbers, where to obtain a copy of the police report, and issuance of any citations.

**9. Be Prepared**

Place in the vehicle glove compartment copies of such important documents as:

- Insurance company ID card.
- Valid vehicle registration.
- Medical alerts detailing personal allergy or health conditions that may require special attention if you are seriously injured.

Keep an emergency kit in your vehicle. At a minimum, this kit should include:

- Road flares or warning triangles.
- Brightly colored cloth to tie to the driver-side door.
- Disposable camera.
- Flashlight with fully charged batteries.
- First aid kit.
- Basic tool kit.
- Duct tape.
- Pad of paper and pen.

**10. When Providing Assistance**

If the driver encounters an accident scene and wishes to offer immediate help, pull the vehicle off the road ahead of the crash site. Do not park in back of the accident; your vehicle will be vulnerable to traffic and could block the view of emergency or police vehicles as they arrive at the scene.

Determine first if anyone has sustained injuries and, if needed, immediately call for medical assistance.

X \_\_\_\_\_ Driver Signature

**Turn in all pictures and reports to CARINA@LCisafety.com or text to 708-543-3879 or Dispatch!**



No **Call**,  
No **Text**,  
No **Ticket**



U.S. Department of Transportation  
Federal Motor Carrier Safety  
Administration

## MOBILE PHONE RESTRICTIONS FACT SHEET

### *New Mobile Phone Restriction Rule For Commercial Motor Vehicle Drivers*

#### Overview and Background

A new FMCSA rule restricts the use of all hand-held mobile devices by drivers of commercial motor vehicles (CMVs). This rulemaking restricts a CMV driver from holding a mobile device to make a call, or dialing by pressing more than a single button. CMV drivers who use a mobile phone while driving can only use a hands-free phone located in close proximity.

Research commissioned by FMCSA shows that the odds of being involved in a safety-critical event (e.g., crash, near-crash, unintentional lane deviation) are 6 times greater for CMV drivers who engage in dialing a mobile phone while driving than for those who do not. Dialing drivers took their eyes off the forward roadway for an average of 3.8 seconds. At 55 mph (or 80.7 feet per second), this equates to a driver traveling 306 feet, the approximate length of a football field, without looking at the roadway!

#### What is the definition of using a mobile telephone?

- The use of a hand-held mobile telephone means:
  - Using at least one hand to hold a mobile phone to make a call;
  - Dialing a mobile phone by pressing more than a single button; or
  - Reaching for a mobile phone in a manner that requires a driver to maneuver so that he or she is no longer in a seated driving position, restrained by a seat belt.

#### What does this rule mean to drivers and carriers?

- **Fines and Penalties** – Using a hand-held mobile phone while driving a CMV can result in driver disqualification. Penalties can be up to \$2,750 for drivers and up to \$11,000 for employers who allow or require drivers to use a hand-held communications device while driving.
- **Disqualification** - Multiple violations of the prohibition of using a hand-held mobile phone while driving a CMV can result in a driver disqualification by FMCSA. Multiple violations of State laws prohibiting use of a mobile phone while driving a CMV is a serious traffic violation that could result in a disqualification by a State of drivers required to have a Commercial Drivers License.



No **Call,**  
No **Text,**  
No **Ticket**



U.S. Department of Transportation  
Federal Motor Carrier Safety  
Administration

- **What are the risks?** - Using a hand-held mobile phone is risky because it requires the driver to reach for and dial the phone to make a call. Reaching for a phone out of the driver's immediate area is risky as well as dialing because these actions take the driver's eyes off the roadway.
- The rule applies to drivers operating a commercial motor vehicle on a roadway, including moving forward or temporarily stationary because of traffic, traffic control devices, or other momentary delays.
- A mounted phone is acceptable as long as it is mounted close to the driver.
- **Impact on Safety Measurement System (SMS) Results** – Violations negatively impact SMS results, and they carry the maximum severity weight.

It's very easy to  
comply with the  
new rules:  
No  
**REACHING**  
No  
**HOLDING**  
No  
**DIALING**  
No  
**TEXTING**  
No  
**READING**

### Compliance

- Make sure the mobile telephone is within close enough proximity that it is operable while the driver is restrained by properly installed and adjusted seat belts.
- Use an earpiece or the speaker phone function.
- Use voice-activated dialing.
- Use the hands-free feature. To comply, a driver *must* have his or her mobile telephone located where he or she is able to initiate, answer, or terminate a call by touching a single button. The driver must be in the seated driving position and properly restrained by a seat belt. Drivers are **not** in compliance if they unsafely reach for a mobile phone, even if they intend to use the hands-free function.

### No Call, No Text, No Ticket!

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Safety Manager: \_\_\_\_\_ Date: \_\_\_\_\_

# Hours of Service Policy

## PROPERTY-CARRYING DRIVERS

### 11-Hour Driving Limit

May drive a maximum of 11 hours after 10 consecutive hours off duty

### 14-Hour Limit

May not drive beyond the 14th consecutive hour after coming on duty, following 10 consecutive hours off duty. Off-duty time does not extend the 14-hour period

### Rest Breaks

May drive only if 8 hours or less have passed since end of driver's last off-duty or sleeper berth period of at least 30 minutes. Does not apply to drivers using either of the short-haul exceptions in 395.1(e). [49 CFR 397.5 mandatory "in attendance" time may be included in break if no other duties performed]

### 60/70-Hour Limit

May not drive after 60/70 hours on duty in 7/8 consecutive days. A driver may restart a 7/8 consecutive day period after taking 34 or more consecutive hours off duty.

### Sleeper Berth Provision

Drivers using the sleeper berth provision must take at least 8 consecutive hours in the sleeper berth, plus a separate 2 consecutive hours either in the sleeper berth, off duty, or any combination of the two.

Any drivers in violation of HOS will be reprimanded in the following order:

1<sup>st</sup> offense – Verbal Warning

2<sup>nd</sup> offense – Written warning followed by a training video on HOS.

3<sup>rd</sup> offense – Driver eligibility to continue as a driver will be reviewed.

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Safety Manager: \_\_\_\_\_ Date: \_\_\_\_\_