

CHECK OFF SHEET

HIGHWAY CONTRACT ROUTE (HCR) DRIVERS

- ☐ **TRANSMITTAL COVER SHEET – HCR DRIVER APPLICANTS**
- ☐ **PS FORM 2181-C – AUTHORIZATION AND RELEASE – BACKGROUND INVESTIGATION**
- ☐ **[2] FD-258 FINGERPRINT CARD**
COPIES OF THIS FORM MAY BE UTILIZED WHEN OBTAINING FINGER PRINTS.
FINGER PRINTS MAY ALSO BE OBTAINED USING LIVESCAN. LIVESCAN ACQUIRED FINGER PRINTS SHOULD BE PRINTED TO PAPER AND SUBMITTED.
- ☐ **PS FORM 2025 – CONTRACT PERSONNEL QUESTIONNAIRE**
- ☐ **MOTOR VEHICLE RECORD – 5 YEAR DRIVING RECORD, EXCEPT IN STATES THAT ISSUE ONLY 3-YEAR DRIVING RECORDS.**
- ☐ **NEGATIVE DRUG SCREEN REPORT (CDS DRIVER'S ONLY) FROM SAMHSA CERTIFIED LAB**

http://www.workplace.samhsa.gov/DrugTesting/Level_1_Pages/1stCLab.aspx

TRANSMITTAL COVER SHEET – HCR EMPLOYEES

☐ New Application

Required Documents:
Cover Sheet, PS2025, PS2181C,
Finger Print Cards, MVR, Drug
Screen (CDS Drivers)

☐ Change of Contractor

Required Documents:
Cover Sheet, PS2025 and MVR

☐ Renewal

Required Documents:
Cover Sheet, PS2025, PS2181C,
MVR, Drug Screen (CDS Drivers)

☐

CDS Driver (Box Delivery)

☐

HCR Non-Driver

☐

All Other HCRs

Administrative Officials Telephone No.

(Place mailing label or print Administrative Official's address in box)

Administrative Officials E-mail Address

USPS Administrative Official – Complete this sheet, attach the forms listed below, and mail to:

**U.S. Postal Inspection Service
Memphis SISC
225 North Humphreys Blvd., 4th Floor South
Memphis, TN 38161-0008**

Employee's Name: _____ Date: _____

Employee's SSN: _____ D.O.B. _____

Route No(s): _____ Gender: ☐ Male ☐ Female

Contractor: _____

Attached Forms:

☐

PS 2025, Contract Personnel Questionnaire

☐

PS 2181-C, Authorization & Release-Background Investigation

☐

FD 258, Applicant Fingerprint Card

☐

MVR (not required for Non-Driving HCR employees)

☐

Drug Screen Report (Can not be older than 90 days)

(FOR DENIAL PURPOSES ONLY)

DISTRIBUTION NETWORKS OFFICE (DNO) Mailing Address

DNO Contact

Telephone Number

EBCS ID#

SISC USE ONLY

SISC USE ONLY



Authorization and Release — Background Investigation

(USPS Contractors and Employees of Contractors)

Applicant: Carefully read the following information before you complete and sign this form.

Privacy Act Statement: The collection of this information is authorized by 39 USC 404, 18 USC 3061, and 5 USC, App. 3. This authorization will be used to obtain information from organizations and individuals pertaining to your character, personal history, credit standing, educational claims, current or prior employment, military service, and other information which may be relevant and necessary to determine your fitness and suitability to perform services under contract with the Postal Service, including a security clearance and evaluation of your loyalty to the United States. This authorization does not consent to the collection of information by the Postal Service except as otherwise permitted by law. Nor does it waive any remedy you may have against the Postal Service in the event of a violation of the Privacy Act or other rights established by law. As a routine use, this information may be disclosed to an agency for which information is requested in the course of a background check; to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding in which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an

independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; and to a labor organization as required by the National Labor Relations Act; to an appropriate foreign or international law enforcement agency, an organization, or individual for investigative or prosecutorial purposes, to assist in crime prevention or detection, to obtain information relating to a pending investigation, trial or hearing, to obtain the cooperation of a witness or informant or to notify of the status of the case; to a party or his attorney to discuss settlement, plea bargaining, or discovery proceedings; to an agency or individual concerned with maintenance, extradition, or release of a person held in custody; to a foreign country pursuant to an international treaty, conventions, or executive agreement; to the public, news, media trade associations or organized groups if it is information of interest on accomplishments of the Postal Service or its employees; to a foreign country when apprehending and/or returning a fugitive to a jurisdiction seeking return; to American Insurance Association Index System members if it is information relating to accidents or injuries.

Completion of this form is voluntary; however, if consent to obtain this information is not given, it may have an adverse effect on your opportunities to perform services under contract with the USPS.

Applicant's Name (Last, First, Middle)

Mailing Address

Date of Birth (Month, Day, Year)

Home Phone Number

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This constitutes my consent and authorization to the disclosure or furnishing of any relevant and necessary information or records to any duly authorized official of the USPS by any person, corporation, agency, or association concerning my character, personal history, credit standing, educational claims, current or prior employment, military service, and other information which may be relevant and necessary to determine my fitness and suitability to perform services under contract with the USPS.

This authorization is executed with full knowledge and understanding that the USPS will take measures to protect the aforementioned information against unauthorized disclosure to any parties not having a legitimate

need for it in the discharge of official business of the United States, or its agencies and instrumentalities.

I hereby RELEASE the aforementioned persons, corporations, agencies, associations and their employees, agents and representatives from any and all liability for damages resulting from a decision by the USPS not to contract for my services on account of compliance with this authorization, except for any damages resulting from knowingly providing false or misleading information or records about me.

A copy of this authorization shall be as effective and valid as the original. This authorization shall be valid for 12 months from the date it is signed.

Date Signed

Signature of Applicant

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK
 LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

TNP005000
US POSTAL INSP-OPER
MEMPHIS, TN

DATE OF BIRTH DOB
 Month Day Year

RESIDENCE OF PERSON FINGERPRINTED

CITIZENSHIP CTZ

SEX RACE HGT WGT EYES HAIR PLACE OF BIRTH POB

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

EMPLOYER AND ADDRESS

FBI NO. FBI

LEAVE BLANK

ARMED FORCES NO. MNU

CLASS

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

REF.

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

Prepare in duplicate. Type or print all responses. If answer is No, state so. Attach sheets if more space is needed.

Privacy Act Statement: Your information will be used as a basis for an investigation to determine your fitness and suitability for contractual services to the U.S. Postal Service® (USPS®). Collection is authorized by 39 U.S.C. 3061. Providing the information is voluntary, but if not provided you may be denied access to Postal Service premises, denied access to the mail, or denied participation under a USPS contract. We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the USPS or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; to the Merit Systems Protection Board or Office of Special Counsel.

1. Print Your Full Name (<i>Last, First, Middle Name</i>)		2. Print Your Mailing Address (<i>Include Apartment/Suite Number</i>)	
3. City, State and ZIP+4 Code™		4a. Home Telephone Number (<i>Include Area Code</i>)	4b. Work Telephone Number (<i>Include Area Code</i>)
5. List Other Names Used. (<i>i.e., maiden name, names by former marriages, names changed legally or otherwise, aliases, nicknames. Specify which and dates used.</i>)			
6. Social Security Number (SSN)	7. Date of Birth (<i>MM/DD/YYYY</i>)	8. Place of Birth (<i>City and State/Country</i>)	9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
10. Type of Screening (<i>Check one</i>) <input type="checkbox"/> Contractor <input type="checkbox"/> Contractor's Employee <input type="checkbox"/> Sub-Contractor <input type="checkbox"/> ADP <input type="checkbox"/> Other		11. Are You Presently a Highway Contract Driver? (<i>If Yes, include Contract Number and Termini.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Contractor's Name and Mailing Address		12. Highway Contract Number and Termini (<i>If applicable</i>) _____	
		14. Have You Had a Security Screening by USPS or Other Federal Agencies Within the Last Year? <input type="checkbox"/> Yes <input type="checkbox"/> No Agency: _____	

15. Dates and Places of Residence. (*If actual places of residence differ from the mailing addresses, furnish and identify both. Begin with present residence and go back for the past five years.*)

From (<i>MM/YYYY</i>)	To (<i>MM/YYYY</i>)	Number and Street	City	State	ZIP+4 Code

16. Employment. (*List ALL periods of employment for the past five years starting with your present employment. Include dates when unemployed. Give name under which employed if different from name now used.*)

From (<i>MM/YYYY</i>)	To (<i>MM/YYYY</i>)	Employer's and Supervisor's Names	Employer's Address (<i>City, State, Zip+4Code</i>)	Occupation	Reason for Leaving	Your Name During Period of Employment

17a. Are You a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	17b. Are You a Citizen of American Samoa or Any Other Territory Owing Allegiance to the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
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17c. Provide Alien Registration Number if not a United States Citizen

18a. Do You Have a Valid License? (<i>Driver/Chauffeur</i>) If "Yes", include License Number, State, and Expiration Date. <input type="checkbox"/> Yes <input type="checkbox"/> No	18b. Commercial Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No
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19. Your Selective Service Record	19a. Are you a male born after December 31, 1959 If "No", go to 20a. If Yes, <input type="checkbox"/> Yes <input type="checkbox"/> No	19b. Have you registered with the Selective Service System? If "Yes", provide your registration number. If "No", show the reason for your legal exemption. <input type="checkbox"/> Yes <input type="checkbox"/> No		
19c. Registration Number		19d. Legal Exemption Explanation		
20a. Military Service (Past or Present). (If Yes, complete Items 20b, 20c, 20d, 20e, and 20f.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
20b. Dates of Service (MM/YYYY)		20c. Branch of Service (Army, Navy, Air Force, Marines, etc.)		
To	From	20d. Serial Number (If none, provide Grade or Rating at time of separation)		
20e. Were You Discharged from the Military Service Under Honorable Conditions? (If your discharge was changed to "honorable" or "general" by a Discharge Review Board, answer "Yes". If you received a clemency discharge, answer "No".) If No, enter the date and type of discharge you received in the blocks below. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Discharge Date (MM/YYYY)		Type of Discharge		
20f. While in Military Service, Were You Ever Convicted by Court Martial? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Court Martial Date (MM/DD/YYYY)	Place (City and State/Country)	Charge	Disposition	
21a. Have You Ever Been Convicted of, or Forfeited Collateral, for Any Felony/Misdemeanor Violation (Except Traffic Violations)? (Generally, a felony is defined as any violation of law punishable by imprisonment of one year or longer.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
21b. During the Last 10 Years Have You Forfeited Collateral, Been Convicted, Been Imprisoned, Been on Probation, or Been on Parole for any Violation of Law? (Do not include violations reported in question 21a.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
21c. Have You Ever Been Convicted of, or Forfeited Collateral for Any Assaults, Firearms or Explosives Violations ? <input type="checkbox"/> Yes <input type="checkbox"/> No				
21d. Are You Now Under Charges for Any Violation of Law? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If any answers to 21a-21d are "Yes", provide date, place, court location, charge, and disposition on an attached sheet.				
21e. Are You Delinquent on any Federal Debt? (Include delinquencies arising from Federal taxes, overpayment of benefits, or other debts to the U.S. Government plus defaults on Federally guaranteed or insured loans such as student and home mortgage loans.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date (MM/YYYY)	Place (City and State)	Court	Charge	Action Taken
If necessary, attach additional sheets.				
22. In the Past 5 Years, Have You Been Convicted of any Traffic Violations (Other Than Parking) or Currently Have Charges Pending? (If Yes, complete information below.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date (MM/YYYY)	Place (City and State)	Court	Charge	Action Taken
If necessary, attach additional sheets.				
<input type="checkbox"/> Check Here if Your Driver's Abstract from Department of Motor Vehicles is Attached.				
Warning				
Review this form carefully to ensure you have answered all questions fully and correctly. Failure to answer all questions may result in your being denied access to mail and/or Postal Service premises. A fine not to exceed \$250,000 or imprisonment of not more than five years or both is provided by law (18 U.S.C. 1001) for making a false statement or concealing any material fact on this Questionnaire.				
Certification				
I certify that the statements made by me on this questionnaire are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.				
Applicant's Signature				Date Signed (MM/DD/YYYY)
I attest I have advised the Applicant to truthfully complete this Questionnaire, and the Applicant has passed the Drug Screening Test (If applicable, provide documentation).				
Contractor's Signature (Sign and print name)			Telephone Number (Include area code)	Date Signed (MM/DD/YYYY)
For Use of Postal Service Official Responsible for Reviewing for Completeness and Legibility. (See Administrative Support Manual 272.23, Contractor Clearance, for complete instructions.)				
USPS Official Signature (Sign and print name)			Telephone Number (Include Area Code)	Date Signed (MM/DD/YYYY)
Organization, City, State, and ZIP+4 Code				

MOST COMMON REASONS FOR RETURNS:

DID NOT PROVIDE 5-YEAR HISTORY FOR RESIDENCE & EMPLOYMENT ADDRESSES

PREVIOUS RESIDENCE – GAPS in TIME PERIOD

PREVIOUS EMPLOYMENT – GAPS in TIME PERIOD

DID NOT INCLUDE CITY & STATE - NEED COMPLETE RESIDENCE & EMPLOYMENT ADDRESSES TO LIST (CITY & STATE) ZIP-CODE WHENEVER POSSIBLE

DID NOT USE MONTH/YEAR FORMAT - ALL RESIDENCE & EMPLOYMENT DATES SHOULD BE LISTED IN (MONTH/YEAR) FORMAT

EX: (*DON'T*-2000-2004) (*DO*-03/00-05/04)

DID NOT LIST FULL PLACE OF BIRTH – NEED CITY & STATE

EX: (*DON'T* - GERMANY) (*DO* - WILDFLECKEN, GERMANY)

LIST FULL NAME OF EMPLOYMENT IF SELF-EMPLOYED & INCLUDE CITY & STATE

EX: (*DON'T* – SELF-EMP'D) (*DO* – JW CHEMICALS-NASHVILLE, TN)

APPLICATION ILLEGIBLE – PLEASE HAVE APPLICANT TO PRINT & USE BLACK INK

MISSING HCR TRANSMITTAL COVER SHEET

MISSING PS FORM 2181-C – AUTHORIZATION AND RELEASE

OUTDATED FORMS PS 2025 & PS 2181-C

MISSING MOTOR VEHICLE RECORD FOR RESIDENCE ADDRESSES FOR THE LAST FIVE YEARS - IF APPLICANT DOES NOT HAVE A CDL LICENSE – IF STATE ONLY COVERS THREE YEARS PLEASE INDICATE IT ON THE REPORT – IF APPLICANT IS NOT A DRIVER PLEASE INDICATE (NON-DRIVER)

MOTOR VEHICLE REGISTRATION – MUST BE DATED NO MORE THAN 30-DAYS PRIOR TO DATE OF SUBMISSION

DID NOT COMPLETE NUMBER 20, 21e, & 22 on PS FORM 2025

IF ANSWERED “YES” – TO QUESTIONS 21A-21E AND 22. MUST PROVIDE AN EXPLANATION TO INCLUDE DATE, PLACE, COURT LOCATION, CHARGE, AND DISPOSITION MUST BE PROVIDED ON A SEPARATE SHEET.

MISSING APPLICANT’S SIGNATURE ON PS FORM 2025

MISSING CONTRACTOR’S SIGNATURE ON PS FORM 2025

MISSING USPS OFFICIAL’S SIGNATURE ON PS FORM 2025

MOST FREQUENTLY ASKED QUESTIONS:

Q. IF A DRIVER SEPARATES FROM A SUPPLIER AND GOES TO WORK FOR ANOTHER CONTRACTOR DOES HE/SHE HAVE TO COMPLETE A NEW PACKAGE?

A. NO, THE SECURITY CLEARANCE IS SPECIFIC TO THE INDIVIDUAL NOT THE CONTRACT. IF A DRIVER WHO HAS BEEN SEPERATED WORKS FOR ANOTHER SUPPLIER WITHIN ONE YEAR OF THE DATE OF SEPARATION, THE CURRENT SUPPLIER MUST PROVIDE THE ADMINISTRATIVE OFFICIAL WITH AN UPDATED PS FORM 2025 AND MOTOR VEHICLE RECORD TO BE FORWARDED TO THE POSTAL INSPECTION SERVICE. IF A DRIVER IS SEPARATED FOR MORE THAN ONE YEAR A NEW PACKAGE MUST BE SUBMITTED.

Q. IF A DRIVER'S CONTRACT COMES UP FOR RENEWAL MUST A NEW PACKAGE BE SUBMITTED?

A. IF THE POSTAL INSPECTION SERVICE HAS NEVER CLEARED THEM IT WOULD BE NECESSARY TO SUBMIT A COMPLETE PACKAGE. THE SECURITY CLEARANCE WOULD BE VALID FOR FOUR YEARS.

Q. CAN A DRIVER CONTINUE TO DRIVE AFTER RECEIVING AN UNCLASSIFIABLE LETTER?

A. YES, THE DRIVER CAN CONTINUE TO DRIVE AS LONG AS A NEW SET OF PRINTS IS SUBMITTED WITHIN THE ALLOTTED TIMEFRAME.

Q. CAN A DRIVER CONTINUE TO DRIVE AFTER RECEIVING A DENIAL LETTER?

A. NO, IF THE DRIVER HAS BEEN DENIED A SECURITY CLEARANCE, HIS BADGE MUST BE RETRIEVED IMMEDIATELY AND DOCK PERSONNEL SHOULD BE NOTIFIED.

Q. WHAT IF YOU ARE UNABLE TO RETRIEVE A BADGE FROM A SEPARATED DRIVER?

A. THE SUPPLIER IS RESPONSIBLE FOR RECOVERING AND RETURNING ID BADGES TO THE POSTAL SERVICE WHEN AN EMPLOYEE SEPARATES HOWEVER, IF THEY ARE UNABLE TO RETRIEVE IT, NOTATE THE FILE AND NOTIFY YOUR LOCAL INSPECTION SERVICE OFFICE.

Q. CAN A PERSON WHO IS NOT A U.S. CITIZEN RECEIVE A SECURITY CLEARANCE?

A. YES, HE OR SHE MUST BE LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES. HOWEVER, ACCESS TO THE MAIL OR THE POSTAL FACILITIES WILL NOT BE GRANTED IF A FULL 5-YEAR CRIMINAL HISTORY CANNOT BE OBTAINED.

DEFINITIVE FOR HCR NON-SENSITIVE CHECK OFF SHEET

TRANSMITTAL COVER SHEET – HCR DRIVER APPLICANTS

THIS FORM MUST BE COMPLETED TO SHOW THE ADMINISTRATIVE OFFICIAL'S NAME, TELEPHONE NUMBER, FACILITY NAME, MAILING ADDRESS, AND A NOTATION IF THE APPLICANT IS A NON-DRIVING CONTRACT EMPLOYEE. CLEARANCE RESULTS WILL BE STAMPED AND RETURNED TO THE ADMINISTRATIVE OFFICIAL LISTED ON THIS SHEET.

PS FORM 2025 – CONTRACT PERSONNEL QUESTIONNAIRE

THIS FORM MUST BE COMPLETED BY EACH APPLICANT REQUESTING A NON-SENSITIVE CLEARANCE. EACH ITEM MUST BE ADDRESSED. RESIDENCE AND EMPLOYMENT MUST BE PROVIDED FOR THE PAST FIVE YEARS IN MONTH/YEAR FORMAT. NO GAPS ALLOWED. IF AN INDIVIDUAL WAS UNEMPLOYED, THIS MUST BE LISTED. APPLICANT SHOULD PROVIDE COMPLETE ADDRESS INCLUDING CITY, STATE AND ZIP-CODE. READ QUESTIONS 21A – 21D CAREFULLY. "YES" ANSWERS TO ANY PART OF THIS QUESTION REQUIRE ADDITIONAL INFORMATION. THE DATE, PLACE, COURT LOCATION, CHARGE, AND DISPOSITION MUST BE PROVIDED ON A SEPARATE SHEET OF PAPER. NOTE: A CRIMINAL RECORD WILL NOT NECESSARILY PREVENT AN APPLICANT FROM OBTAINING A SECURITY CLEARANCE. AFTER COMPLETING EACH ITEM, THE APPLICANT MUST READ THE "WARNING" AND SIGN AND DATE THE FORM UNDER "CERTIFICATION." THE CONTRACTOR (CONTRACTOR'S REPRESENTATIVE OR SUPERVISOR) MUST SIGN AND DATE THE FORM BELOW THE APPLICANT'S SIGNATURE. THE USPS OFFICIAL SIGNATURE BLOCK AT THE BOTTOM OF THE FORM MUST BE SIGNED AND DATED BY THE ADMINISTRATIVE OFFICIAL.
NON-COMPLIANCE COULD RESULT IN THE ENTIRE PACKAGE BEING RETURNED.

PS FORM 2181-C [CONTRACT APPLICANT] – AUTHORIZATION AND RELEASE- BACKGROUND INVESTIGATION [USPS CONTRACTORS AND EMPLOYEES OF CONTRACTORS]

THIS FORM MUST BE SIGNED, DATED AND SHOULD ONLY BE USED WITH CONTRACT EMPLOYEE SUBMISSIONS. APPLICANT MUST PROVIDE COMPLETE RESIDENTIAL ADDRESS, INCLUDING CITY, STATE AND ZIP+4. SIGNATURE MUST BE WITHIN ONE YEAR OF SUBMISSION.

FINGERPRINT CARDS [2]

FD-258 [CONTRACT APPLICANT]

TWO CARDS ARE REQUIRED. THE TOP PORTION MUST BE COMPLETED WITH CARDS SIGNED AND DATED BY APPLICANT. APPLICANT SHOULD BE ASKED TO COMPLETE CARD SO IT IS LEGIBLE.

IF ORIGINAL FD-258 FORMS ARE NOT AVAILABLE, COPIES OF THE FORM MAY BE USED FOR OBTAINING THE FINGER PRINT IMPRESSIONS. FINGERPRINTS OBTAINED VIA LIVESCAN AND PRINTED TO PAPER MAY ALSO BE SUBMITTED.

IF THIS CARD IS RETURNED FROM OFFICE OF PERSONNEL MANAGEMENT (OPM) AS UNCLASSIFIABLE, YOU WILL BE ASKED TO REPRINT THE APPLICANT AT LEAST ONE MORE TIME. PLEASE IGNORE THE ORI BLOCK ON THIS CARD.

MOTOR VEHICLE RECORD –[MVR]

A MVR MUST BE PROVIDED FROM ALL STATES OF RESIDENCE THAT THE APPLICANT HAVE LIVED WITHIN THE PAST FIVE YEARS. A FIVE YEAR DRIVING RECORD MUST BE PROVIDED. IF THE STATE CAN ONLY ISSUE A THREE YEAR DRIVING RECORD, IT SHOULD BE NOTED ON THE MVR. (A SEVEN YEAR RECORD MAY HAVE TO BE REQUESTED IN ORDER TO RECEIVE A FIVE YEAR HISTORY). THE DRIVING RECORD MUST BE DATED NO MORE THAN 30-DAYS BEFORE THE DATE IT IS SUBMITTED TO THE ADMINISTRATIVE OFFICIAL. THE MVR SHOULD CONTAIN THE STATE OF ISSUANCE, DRIVER'S NAME & DATE OF BIRTH, LICENSE NUMBER, ISSUANCE DATE, EXPIRATION DATE, LICENSE CLASS, AND DATE THE REPORT WAS PRINTED. IT SHOULD ALSO CONTAIN ALL CONVICTIONS, VIOLATIONS, AND SUSPENSIONS/REVOCATIONS.

ALL OF THE ABOVE FORMS EXCEPT THE MOTOR VEHICLE RECORD MAY BE REQUESTED THROUGH OUR FORMS LINE AT 901/747-7712 (PLEASE SPEAK CLEARLY) OR VIA E-MAIL REQUEST TO: MEG@USPIS.GOV. PLEASE INCLUDE YOUR NAME, TELEPHONE NUMBER, COMPLETE MAILING ADDRESS AND A LIST OF THE FORMS YOU ARE REQUESTING.

PAPERWORK SHOULD BE MAILED TO:

US POSTAL INSPECTION SERVICE
SECURITY INVESTIGATIONS SERVICE CENTER
225 N HUMPHREYS BLVD – 4TH FLR SO
MEMPHIS, TN 38161-0008

Driver Disqualifications

General Disqualifying Factors		
<ol style="list-style-type: none"> 1. Applicant lacks adequate driving experience over the type of terrain and weather to be experienced on the route. 2. Applicant has a pending proceeding for suspension of driver's license, or has had license suspended for any moving violation within the last 3 years. 3. Applicant has had driver's license revoked within the last 5 years. 		
Specific Disqualifying Factors		
Type of Violation	More than the indicated number of convictions within the last:	
	3 years	5 years
Reckless or careless driving.	1	2
Any driving conviction involving use of drugs, alcohol, or other controlled substances.	0 (none permitted)	0 (none permitted)
Any driving conviction involving drugs, alcohol, or other controlled substances while operating a vehicle under Postal Service contract.	0 (none permitted)	0 (none permitted)
At-fault accidents (i.e., accidents for which the driver was convicted of a moving violation).	2, or any at-fault accident resulting in a fatality.	2, or any at-fault accident resulting in a fatality.
Leaving the scene of an accident.	0 (none permitted)	0 (none permitted)
All other moving traffic offenses (includes speeding violations).	3 (or more than 1 in the last year)	5 (or 3 or more for same offense)
Notes: For purposes of determining disqualifying violations, only offenses for which there was a conviction are considered. Time frames for disqualification are measured from the date of the offense, not the date of the conviction. The "3 years" column applies only if the 5-year driving record is unavailable.		