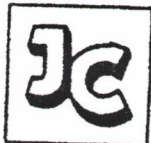


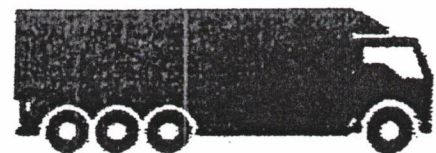
Cargo Logistics by J. Cioffi, Inc

2019 Motor Carrier
Driver Application



J.Cioffi

CARGO LOGISTICS



Cargo Logistics by J. Cioffi, Inc

DRIVER QUALIFICATION FILE CONTENTS SHEET

Driver Qualification Forms:

- (1) Driver Qualification File Folder (Rev. 3/16)
- (1) Driver Qualification File Contents Sheet (426-F-P) (Rev. 3/16)
- (1) Driver's Application for Employment (691) (Rev. 6/13)
- (1) Additional Employment History Information (4318) (Rev. 3/05)
- (1) Request for Check of Driving Record (506540) (Rev. 12/15)
- (1) Medical Examination Report (47375) (Rev. 1/16)
- (1) Medical Examiner's Certificate (47379) (Rev. 1/16)
- (1) Medical Examiner's National Registry Verification (27033) (Rev. 10/15)
- (1) Record and Certificate of Road Test (652) (Rev. 5/02)
- (1) Record of Violations/Annual Review Certificate (3685) (Rev. 11/08)
- (1) Driver's Statement of On-Duty Hours - New Hire (3687) (Rev. 3/09)
- (1) Certification of Compliance with Driver License Requirements (1617) (Rev. 5/13)
- (1) Employment Eligibility Verification I-9 (30129)
- (1) Certification of Road Test (6-BC) Pocket Card (Rev. 7/14)
- (1) Driver Qualification and Identification Certificate (7-BC) Pocket Card (Rev. 7/14)
- (1) Checklist for Qualification of New Drivers (506541) (Rev. 12/15)
- (1) Driver Record Card (3211) (Rev. 5/04)

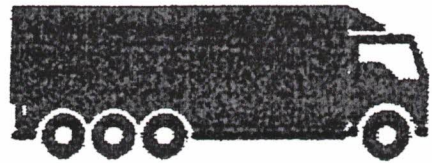
Alcohol and Drug Forms:

- (1) Previous Pre-employment Employee Alcohol & Drug Test Statement (6801) (Rev. 8/13)
- (1) Alcohol and Drug Records Request (6826) (Rev. 1/14)
- (1) Alcohol and Drug Employee's Certified Receipt (6793) (Rev. 11/13)
- (1) Alcohol and/or Drug Test Notification (3048) (Rev. 10/13)
- (1) Drug Test Results (6794) (Rev. 9/13)
- (1) Observed Behavior Reasonable Suspicion Record (7218) (Rev. 9/12)
- (1) U.S. Department of Transportation Alcohol Testing Form (6849) (Rev. 6/11)
- (1) Federal Drug Testing Custody and Control Form (6520) (Rev. 9/10)
- (1) Alcohol & Drug Recordkeeping Log (1-F-P) (Rev. 3/06)

Safety Performance History:

- (3) Safety Performance History Records Request (9620) (Rev. 9/13)
- (1) Previous Employee Safety Performance History (9619) (Rev. 11/08)

J. Cioffi



Company Name Cargo Logistics by J. Cioffi, Inc

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. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's signature

Date

Print name

Social Security number

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Cargo Logistics-J Cioffi ("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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

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

I authorize Cargo Logistics-J Cioffi ("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 authorizing 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.

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 challenge 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.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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 NIC 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 contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016

REQUEST FOR CHECK OF DRIVING RECORD

NOTE: This form may only be used in states that do not require a specific form.

CAUTION: When using a third party to request background information on applicants or existing employees – such as motor vehicle records, information from previous employers, criminal records, or credit history – you are subject to the Fair Credit Reporting Act (FCRA) and State consumer reporting laws. Under FCRA, the third-party vendor is considered a consumer reporting agency (CRA) and the employee background information is a consumer report. Before you can obtain a consumer report from a CRA, you must provide applicants and employees with a disclosure stating that your company may obtain such a report for employment purposes, and you must have authorization from the applicant or employee to conduct the check. You must also provide a copy of the Federal Trade Commission's notice called "A Summary of Your Rights Under the Fair Credit Reporting Act." The notice, disclosure, and authorization are not included in this file, and some state laws have additional requirements. Consult with your CRA on the need and use of such documents.

I hereby authorize you to release the following information to CARGO LOGISTICS BY J. CIOFFI
(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.

(Driver's Signature)

(Date)

I also hereby certify that this report request and the above driver'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: ASSURED PARTNERS
THE INSURANCE CENTERS
COMMERCIAL LINE ASST.
DANIELLE AMATO/HIRE RIGHT

J. Cioffi

60 MINUE STREET
CARTERET, NJ 07008

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 Regulation
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 Regulation:
please furnish the undersigned with the employee's driving record for the past year.

NAME OF DRIVER _____

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

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

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

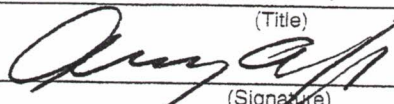
CARGO LOGISTICS BY J. CIOFFI
(Name of Company)

ANTHONY CIOFFI
(Typed Name)

60-62 MINUE STREET
(Address)

ADMINISTRATOR
(Title)

CARTERET NEW JERSEY
(City) (State)


(Signature)

Ref: 49.CFR Part-391.21

RECEIPT OF DRIVER'S RIGHTS

Have each driver-applicant sign this form before you accept his/her employment application.

Employers who are regulated by the Federal Motor Carrier Safety Administration (FMCSA) must expressly notify an applicant, who has been employed by a Department of Transportation-regulated employer during the preceding three years, that the applicant has certain rights regarding the investigative information that will be provided by his/her previous employer(s). After providing the driver-applicant with a written copy of these rights, use this form to obtain his/her signature and retain the top copy of this 2-part form. Give the bottom copy to the applicant. By regulation you must inform the driver of his/her rights **before** accepting the driver's application for employment.

DRIVER REVIEW AND RECEIPT

- I acknowledge that _____ has provided me with written
Employer Name
- Instructions regarding my rights as defined in **Part 391.23(I)-(j)** of the Federal Motor Carrier Safety Regulations. I have reviewed these materials which include information on the following:
- Right to Review Information** - I have the right to review the information provided by my previous DOT-regulated employer(s).
 - Right to Request Corrections** - I have the right to request corrections to information that my previous DOT-regulated employer(s) provides, which I believe contains errors.
 - Right to Rebut Information** - I have the right to rebut the information provided by my previous DOT-regulated employer(s).

Driver's Full Name

Driver's Signature

Date

Supervisor/Authorized Motor Carrier Representative Signature

Date

Top Copy - Employer

Original Logbook by 391.21, 110
SPH 1 - RECEIPT OF DRIVER'S RIGHTS

Retain for 3 years after the driver
leaves your employment

COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name	Date
Social Security Number	Date of Birth
Email Address	Main Phone
Emergency Contact	Emergency Phone
Position Applied For	How did you hear about

RESIDENT ADDRESSES FOR THE PAST 3 YEARS

Current Street Address			
City	State	Zip	How Long?
Previous Street Address			
City	State	Zip	How Long?
Previous Street Address			
City	State	Zip	How Long?

AVAILABILITY

Date Available To Start Working: _____ Transportation: Own Car Bus Share Ride

Full-time Part-time Temporary Permanent 1st Shift 2nd Shift 3rd Shift

Days Available: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

EDUCATION

Circle Years Completed	Name . State	Complete Date	Major / Degree / License
High School 1 2 3 4			
Technical School 1 2 3 4			
College / University 1 2 3 4			
Graduate School 1 2 3 4			
Other School 1 2 3 4			
Other Certification			
CDL School			

COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

DRIVING EXPERIENCE

Equipment	Type of Equipment	Date From	Date To	# of Miles
Straight Truck				
Tractor and Semi				
Tractor Doubles / Triples				
Jockey / Mule / Yard				
Other Equipment				
Other Equipment				

NON-DRIVING SKILLS

Mark only the skills in which you are highly experienced and skilled.

Assembly

- Factory Type _____
- Inspecting
- Packaging
- Electronics
- Wiring
- Soldering
- P.C. Boards
- Schematics

Warehouse

- Forklift
- Load/Unload
- Ship/Receive
- Stocking
- Inventory
- Maintenance**
- Janitorial
- Elec/Mech
- Automotive

Trades

- Electrician
- Carpenter
- Plumber
- Machinist
- Mason
- Welder
- Blueprints
- Own Tools
- Jrny. App.

General Labor

- Landscape
- Construction
- Lumber
- Plastics
- Furniture
- Food Service**
- Cook
- Waiter
- Cashier

Other

- Office
- Security Guard
- Painting
- Drafting
- Dispatcher
- Housekeeping
- _____

Communications

- Switchboard # Lines _____
- Multi line Phone
- Two-way radio
- General Clerical**
- Duplicating
- Filing
- Receptionist
- Runner

Bookkeeping

- F.C. bookkeeper
- Asst. Bookkeeper
- Accts. Payable
- Accts. Receivable
- Payroll
- Office Equipment**
- Fax Machine
- Copy Machine
- Adding Machine

Medical / Legal

- Ins. Filing
- Billing Clerk
- Medical Term.
- Transcription
- Legal Sec.
- Paralegal
- Legal Recep.
- Data Entry

Software

- Windows
- Apple OS
- Access
- Excel
- Word
- PowerPoint
- HTML
- Python
- QuickBooks

- Peachtree
- Internet Exp.
- Web design
- Programming
- Computer Tech
- Other Skills**
- _____
- _____
- _____

Other skills not listed above: _____

Do you have any physical limitations which may affect your work? _____

PROVIDE OTHER SKILLS OR EXPERIENCE NOT LISTED

Cargo Logistics by J. Cioffi, Inc

COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

EMPLOYMENT HISTORY

List ALL activity and employment for the last 10 years in chronological order beginning with the most recent.

Employer Name	Phone	
Address		
Position Held	From	To
Salary/Wage	Reason for Leaving	
Were you subject to FMSCR* while employed?		YES NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?		YES NO
Employer Name	Phone	
Address		
Position Held	From	To
Salary/Wage	Reason for Leaving	
Were you subject to FMSCR* while employed?		YES NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?		YES NO
Employer Name	Phone	
Address		
Position Held	From	To
Salary/Wage	Reason for Leaving	
Were you subject to FMSCR* while employed?		YES NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?		YES NO
Employer Name	Phone	
Address		
Position Held	From	To
Salary/Wage	Reason for Leaving	
Were you subject to FMSCR* while employed?		YES NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?		YES NO

COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

*Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle over 10,000 lbs., is designed to transport 9 or more passengers, OR is any size used to transport hazardous materials requiring placarding.

Employer Name	Phone	
Address		
Position Held	From	To
Salary/Wage	Reason for Leaving	
Were you subject to FMSCR* while employed?	YES	NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?	YES	NO
Employer Name	Phone	
Address		
Position Held	From	To
Salary/Wage	Reason for Leaving	
Were you subject to FMSCR* while employed?	YES	NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?	YES	NO
Employer Name	Phone	
Address		
Position Held	From	To
Salary/Wage	Reason for Leaving	
Were you subject to FMSCR* while employed?	YES	NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?	YES	NO
Employer Name	Phone	
Address		
Position Held	From	To
Salary/Wage	Reason for Leaving	
Were you subject to FMSCR* while employed?	YES	NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?	YES	NO

*Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle over 10,000 lbs., is designed to transport 9 or more passengers, OR is any size used to transport hazardous materials requiring placarding.

COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

DRIVER'S LICENSES FOR THE PAST 3 YEARS

State	License #	Class	Issue Date	Expiration Date

Have you ever had any type of motor vehicle license suspended or revoked or been denied a license/permit of privilege to operate a motor vehicle? YES NO

Provide a description here if you circled YES above.

CDL ENDORSEMENTS

Code	Endorsement	Circle One	
T	Double / Triple Trailers	YES	NO
P	Passenger	YES	NO
N	Tank Vehicle	YES	NO
H	Hazardous Materials	YES	NO
X	Combination of Hazardous and Tank	YES	NO
S	School Bus	YES	NO

MOVING VIOLATIONS FOR THE PAST 3 YEARS (EXCLUDE PARKING VIOLATIONS)

Date	Citation Type	Commercial Vehicle	
		YES	NO
		YES	NO
		YES	NO

Do you have a pending charge for driving while intoxicated or under the influence of illegal or prescription drugs? YES NO

ACCIDENT RECORD FOR THE PAST 3 YEARS

Date	Nature of Accident	Commercial Vehicle		Injuries / Fatalities	
		YES	NO	YES	NO
		YES	NO	YES	NO
		YES	NO	YES	NO

Cargo Logistics by J. Cioffi, Inc

RELEASE OF INFORMATION

I authorize *Cargo Logistics by J. Cioffi* 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. 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:

J. Cioffi

- 1.) Review information provided by previous employers.
- 2.) Have errors in the information corrected by previous employers, and for those previous employers to re-send the corrected information to the prospective employer.
- 3.) 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.

If you wish to review previous employer-provided investigative information you must submit a written request to the prospective employer, which 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. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business day deadline will begin when the prospective employer received the requested safety performance history information. If the driver has not arranged to pick up or received the requested records within the thirty days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer which provided the records to the prospective employer. The previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

Print Driver Name: _____

Driver Signature: _____ Date: _____

Cargo Logistics by J. Cioffi, Inc

PRE-EMPLOYMENT URINALYSIS CONSENT FORM

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 Code of Federal Regulations, Section 382.103, all driver/applicants of this company must be tested for controlled substances as a pre-condition for employment.

I consent to the urine sample collection and testing for controlled substances per motor carrier compliance regulations

I understand that a positive test result for controlled substances will render me unqualified to operate a commercial motor vehicle.

The medical review officer will maintain the results of my test. Negative and positive results will be reported to the company. If the results are positive, the controlled substance will be identified. The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

Driver Signature: _____ Date: _____

DOT REQUIRED SPLIT SAMPLE TESTING

As of August 15, 1994 Federal Regulations require all DOT drug tests to be collected in accordance with split sample procedures.

With this change, the driver has the right to have the second bottle tested at a different NIDA approved lab should the initial test be confirmed positive. The driver will have 72 hours after a test is confirmed positive to request the second bottle be tested.

If you request that a second bottle be tested and it comes back positive you will assume the cost of any subsequent testing. Should subsequent testing results report back as negative, we will reimburse you for the cost of the testing.

Due to the additional expense of transporting the sample to another NIDA approved lab and requirement that the confirmation be done by expensive Gas Chromatography, the testing of the second bottle will cost \$275.00.

I have read the above notice and understand that I will be responsible for the cost of any subsequent testing charges.

Driver Signature: _____ Date: _____

SUBSTANCE ABUSE POLICY

This package contains educational material and policy concerning the use of alcohol and drugs. Department of Transportation Regulation § 382.601 (d).

I hereby acknowledge receipt of the Substance Abuse Policy – Driver's Information Packet.

Driver Signature: _____ Date: _____

J.Cioffi 

Cargo Logistics by J. Cioffi, Inc

FEDERAL MOTOR CARRIER SAFETY REGULATIONS §40.25 (j)

Per Federal Motor Carrier Safety Regulations §40.25 (j), the employer must 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 for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

Have you tested positive, or refused to test, on any pre-employment drug test or have you tested .02 or greater, or refused to test on any pre-employment test during the past two years?

YES NO

APPLICANT SIGNATURE

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.

Printed Name

Date

Signature

FOR OFFICE USE ONLY

WTMA: _____

CAST: _____

J.Cioffi 

Motor Carrier's

MEDICAL EXAMINER NATIONAL REGISTRY VERIFICATION

MOTOR CARRIER INSTRUCTIONS: For each Medical Examiner's Certificate issued to a commercial motor vehicle driver, the motor carrier must verify that the medical examiner who signed the driver's medical card is listed in the National Registry. This requirement is prescribed in §391.23 and §391.51.

§391.23 Investigation and inquiries. (m)(1) The motor carrier must obtain an original or copy of the medical examiner's certificate issued in accordance with §391.43, and any medical variance on which the certification is based, and, beginning on or after May 21, 2014, verify the driver was certified by a medical examiner listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate, and place the records in the driver qualification file, before allowing the driver to operate a CMV.

§391.51 General requirements for driver qualification files. (b)(9)(i) For drivers not required to have a CDL, a note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §391.23(m)(1). (b)(9)(ii) Until June 22, 2018, for drivers required to have a CDL, a note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §391.23(m)(2).

RETENTION: This form is to be kept in the driver's qualification file for 3 years.

MOTOR CARRIER VERIFICATION: The following medical examiner has been verified as being listed in the National Registry of Certified Medical Examiners (NRCME) as of the date of issuance of the medical examiner's certificate for the named driver.

Driver's Name: _____ Driver's Identification Number: _____ (e.g., driver's license, employee ID)

Expiration Date of Medical Certificate: _____

Medical Examiner's Name: _____

National Registry Number: _____

NRCME Certification Date: _____

Motor Carrier: _____

Location: _____

Verified By: _____ Date: _____

Motor Carrier Representative Signature

Cargo Logistics by J. Cioffi, Inc

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 or rated at 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 or rated at 10,001 pounds or more, can transport more than 15 people (or more than 8 people when there is direct compensation), 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, suspension, cancellation, or disqualification of your driver's license or driving privilege. 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 your employing motor carrier. The notification 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: _____

Cargo Logistics by J. Cioffi, Inc

DRIVER STATEMENT OF ON-DUTY HOURS

(For Newly Hired Drivers)

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

This form should be completed on the day the driver is scheduled to begin driving a commercial motor vehicle, and must be kept on file for at least 6 months.

Driver Name (Print) _____

Employee ID No. _____

DAY	1 <small>(yesterday)</small>	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

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

A.M.
P.M.

_____ On _____
Time Day Month Year

Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

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

(check one)

Are you currently working for another employer? Yes No

At this time do you intend to work for another employer while still employed by this company? Yes No

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

Driver's Signature Date

Witness: _____
Company Representative Date

POST-ACCIDENT TRAINING CERTIFICATE



Use this form to document a driver's receipt of information on post-accident testing procedures.

Employers are required to provide drivers with information, procedures and instructions for post-accident situations. This information should clearly define which post-accident situations require the driver to be tested for alcohol and/or controlled substances and the duration of time the driver must remain available for testing. Have each driver sign this form and retain copies in each driver's drug and alcohol testing file to document that you, the employer, have met the requirements for post-accident training.

DRIVER REVIEW AND RECEIPT

- I acknowledge that my employer has provided me with information, procedures and instructions for post-accident situations in addition to information on the regulation 49 CFR Part 382.303.
- I understand that the DOT requires testing if an accident occurs, in which one of the following occurs:
 1. A Fatality
 2. I receive a Citation for a moving violation and disabling damage to any vehicle has occurred
 3. I receive a Citation for a moving violation and medical treatment for any individual involved in the accident occurs away from the scene
- I understand that it is my responsibility to remain available for an alcohol test for a period of eight hours following an accident that requires testing or until alcohol testing is completed.
- I understand that it is my responsibility to remain available for a drug test for a period of 32 hours following an accident that requires testing or until the drug test collection is completed. **Drug use is prohibited any time, even following the mandatory post-accident testing period.**

Driver Name (Print): _____

Driver Signature: _____

Date: _____

Instructor/Supervisor Name: _____

Signature: _____

Date: _____

- POST-ACCIDENT TRAINING CERTIFICATE

Retain for 2 years after ceasing duties

CARGO EDUCATION TRAINING ACKNOWLEDGEMENT



Use this form to document the driver's training in cargo inspection and securement.

No driver may, and no motor carrier may permit a driver to, operate a commercial motor vehicle unless the driver has followed the regulations for inspecting, tying down and securing cargo. Although motor carriers and drivers who transport bulk materials only, may be exempt from the securement requirements, they must comply with the inspection requirements.

Be sure to train all new employees in these regulations and re-train all drivers who were trained prior to January 1, 2004 so that they may properly follow the new procedures defined in the regulations after that date. Have driver sign this form after he/she has been trained accordingly and retain a copy in his/her driver qualification file.

I have been trained and instructed on the regulations for inspection, tying down and securing cargo that went into effect January 1, 2004. The training included:

- Inspecting cargo
- General securement standards
- Performance criteria of securement systems
- Standards for securement devices
- Securing particular articles of cargo
- Determining Working Load Limits (WLL)
- Determining Aggregate Working Load Limits (AWLL)
- Determining the minimum number of tiedowns needed to secure cargo of different lengths and weight
- Front-end structure requirements

The training also included commodity-specific lessons and instruction. I was trained in the securement of the following as it applies to my work functions:

- Logs
- Dressed lumber or building products
- Metal coils
- Paper rolls
- Concrete pipe
- Intermodal containers
- Cars, light trucks and vans
- Heavy vehicles, equipment and machinery
- Flattened or crushed vehicles
- Roll-on/roll-off and hooklift containers
- Large boulders

Driver Name: _____

Signature: _____

Date of Training: _____

Type of cargo transported: _____

Instructor or Driver Supervisor (Print): _____

Signature: _____

CARGO TRAINING ACKNOWLEDGEMENT

Retain while the driver is in your employment

CERTIFICATE OF ROAD TEST



Complete before letting an applicant drive for you.

**IN LIEU OF A ROAD TEST, THE FOLLOWING DOCUMENTS
HAVE BEEN PRESENTED, VERIFIED, AND ACCEPTED**

1) A valid Commercial Driver's License as defined in **49CFR 383.5**, but not including double/triple trailer or tank vehicle endorsements, which was issued to operate specific categories of Commercial Motor Vehicles and which, under the laws of that State, licensed the driver after the successful completion of a road test in a Commercial Motor Vehicle of the type the Motor Carrier intends to assign the driver.

OR

2) A copy of a valid Certificate of Driver's Road Test that was issued to the driver within the last three years.

Driver Name (Print): _____

I certify that one of the documents defined above is being retained as part of this driver's qualification file.

Name of Authorizing Individual: _____ Title: _____

Signature: _____ Date: _____

RECORD OF ROAD TEST

Motor Carrier: _____
Address: _____

Driver's Name: _____
Address: _____

The operations below are the skills required by **49 CFR part 391.31** to be tested while operating the type of Commercial Motor Vehicle the driver's employer intends to assign to this driver. Please assess the level of skill and competence the driver exhibits performing each of the following operations:

1. THE PRE-TRIP EQUIPMENT INSPECTION

Comments: _____
 Satisfactory
 Needs Training
 Unsatisfactory

2. COUPLING AND UNCOUPLING OF COMBINATION UNITS (IF APPLICABLE)

Comments: _____
 Satisfactory
 Needs Training
 Unsatisfactory

3. PLACING THE COMMERCIAL MOTOR VEHICLE IN OPERATION

Comments: _____
 Satisfactory
 Needs Training
 Unsatisfactory

4. USE OF THE COMMERCIAL MOTOR VEHICLE'S CONTROLS AND EMERGENCY EQUIPMENT

Comments: _____
 Satisfactory
 Needs Training
 Unsatisfactory

DOT 3 - CERTIFICATE OF ROAD TEST

Retain for 3 years
after ceasing duties

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 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.

(If you have had no violations, check the following box - None.)

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.

Date _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

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

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____
Signature _____ Date _____
Printed Name _____ Title _____

Motor Carrier Name _____ Motor Carrier Address _____

NOTIFICATION OF CONVICTION FOR A DRIVER VIOLATION

Have driver complete this form if he/she is convicted of a violation or loses driving privileges.

If one of your drivers is convicted of a motor vehicle violation, other than a parking violation while driving any type of motor vehicle, **the driver must notify you within 30 days** of the conviction.

Conviction of Motor Vehicle Violation

Document this notification by having the driver complete this form and retain a copy in his/her driver qualification file (Send a duplicate copy to the State or jurisdiction, which issued the driver's license).

Suspension, Revocation or Cancellation

If one of your drivers has his or her license suspended, revoked, or canceled by a State or jurisdiction, or is disqualified from operating a commercial motor vehicle for any period, **the driver must notify you before the end of the next business day.**

STATE/EMPLOYER INFORMATION

Written notification is required. Driver to complete the following:

Driver's full name: _____

Driver's license number: _____

Date of conviction: _____

The specific criminal or other offense(s), serious traffic violation(s), and other violation(s) of State or local law relating to motor vehicle traffic control, for which the person was convicted and any suspension, revocation, or cancellation of certain driving privileges which resulted from such conviction(s):

The violation occurred while the driver was operating:

- A commercial motor vehicle
- A non-commercial motor vehicle

Location of offense: _____
Street Town/City State

Driver's signature: _____

Date of notification: _____

Top Copy - Employer

Bottom Copy - State DMV

DOF - NOTIFICATION OF CONVICTION

Retain for 3 years after ceasing duties

Alcohol And Drug Employee's Certified Receipt

Employee's Name

Cargo Logistics by J. Cioffi, Inc

This is to certify that I have been provided educational materials required by §382.601 and my employer's policies and procedures with respect to meeting the Part 382 requirements. The materials include detailed discussion of the following checked (✓) items:

- 1. The designated person to answer questions about the materials.
- 2. The categories of drivers subject to Part 382.
- 3. The safety-sensitive functions and periods of the workday for which compliance is required.
- 4. Specific information concerning prohibited driver conduct.
- 5. Circumstances under which a driver will be tested.
- 6. Test procedures, driver protection and integrity of the testing processes, and safeguarding the validity of the test.
- 7. The requirement that drivers submit to tests administered in accordance with Part 382.
- 8. An explanation of what will be considered a refusal to submit to a test and the consequences.
- 9. The consequences for Part 382, Subpart B violations, including removal from safety-sensitive functions, and Part 40, Subpart O procedures.
- 10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.
- 11. Information on:
 - the effects of alcohol and controlled substances use on an individual's health, work or personal life
 - signs and symptoms of a problem
 - available methods of intervening when a problem is suspected (confrontation, referral, etc.)
- 12. Optional information:

Employee's Signature

Date

Authorized Employer Representative

Date

ALCOHOL & DRUG RECORDKEEPING LOG

Pre-employment Documents

Cargo Logistics by J. Cioffi, Inc

Previous employer information

(use Form #849-FS-C3 or 850-F/FS-C3)

Requested from	Date Requested	Date Rec'd	Reviewed By	Retain Until
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Comments: _____

Drug and alcohol records

(use Form #847-FS-C3)

Requested from	Date Requested	Date Rec'd	Reviewed By	Retain Until
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Comments: _____

Employee's alcohol and drug statement regarding pre-employment tests: _____
(date completed)

Employee's signed receipt for drug/alcohol educational materials: _____
(date completed)

The company intends to use the exception to pre-employment drug testing contained in Sec. 382.301: yes no
If yes, the company has retained the following documents to satisfy Sec. 382.301: _____

The company has found this employee has, within the last three years, violated Part 382: yes no
If yes, the company has retained the following documents regarding the employee's completion of the return-to-duty-process: _____

Instructions for completing Alcohol and Drug Test documentation on reverse side

1. Record type of test (pre-employment, random, reasonable suspicion, etc.), date test was conducted, and date results were received.
2. Document the records being retained related to each test. These would include, but are not limited to: Federal Drug Testing Custody and Control Form (CCF), U. S. Department of Transportation Alcohol Testing Form (ATF), Medical Review Officer (MRO) reports; driver evaluations and referrals; documents related to reasonable suspicion; documents regarding decisions on post-accident tests; documents related to a driver's refusal to test; and documents presented by a driver to dispute the results of an alcohol/drug test.
3. Refer to requirements in Section 382.401 and Section 40.333 for complete retention requirements. Record the date in the "Retain Until" portion of the form.



Alcohol Tests

Type of Test	Test Date	Date Results Rec'd	Record to be Retained Until
1. _____	_____	_____	_____
Records related to this test:	_____	_____	_____
2. _____	_____	_____	_____
Records related to this test:	_____	_____	_____
3. _____	_____	_____	_____
Records related to this test:	_____	_____	_____
4. _____	_____	_____	_____
Records related to this test:	_____	_____	_____

* Retain for 1 year minimum - Alcohol test results with a concentration of less than 0.02.
* Retain for 5 years minimum - Alcohol test results with results of 0.02 or greater.

Drug Tests

Type of Test	Test Date	Date Results Rec'd	Record to be Retained Until
1. _____	_____	_____	_____
Records related to this test:	_____	_____	_____
2. _____	_____	_____	_____
Records related to this test:	_____	_____	_____
3. _____	_____	_____	_____
Records related to this test:	_____	_____	_____
4. _____	_____	_____	_____
Records related to this test:	_____	_____	_____
5. _____	_____	_____	_____
Records related to this test:	_____	_____	_____
6. _____	_____	_____	_____
Records related to this test:	_____	_____	_____

** Retain for minimum of 1 year - Records of negative and cancelled controlled substance test results.
** Retain for minimum of 5 years - Driver verified positive controlled substance test results.

This file contains the following documents related to SAP reports and the return-to-duty process: _____

This file contains the following documents on the inability to provide sufficient breath or urine for testing: _____

This file contains the following records related to other violations of Part 382: _____

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Remove Ply 3 and adjacent carbon, complete SECTION 5a on Ply 3, and send Ply 1 and 2 to current / previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name)

First, M.I., Last

Social Security Number

hereby authorize:

Date of Birth

Previous Employer:

Email:

Street:

Telephone:

City, State, Zip:

Fax No.:

to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
(date of employment application)

To:

Cargo Logistics by J. Cioffi, Inc

Prospective Employer:

Attention:

Telephone:

Street:

City, State, Zip:

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, email, or letter.

Prospective employer's confidential fax number: _____

Prospective employer's confidential email address: _____

Applicant's Signature

Date

SECTION 2:

TO BE COMPLETED BY PREVIOUS EMPLOYER

EMPLOYMENT VERIFICATION

The applicant named above was or is employed or used by us. Yes No

Employed as (job title) _____ from (m/y) _____ to (m/y) _____

Did he/she drive a motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus

Cargo Tank Doubles/Triples Other (Specify) _____

Completed by:

Company:

Street:

City, State, Zip:

Telephone:

Signature:

Date:

Complete Sections 3 and 4 on SIDE 2 before returning.

PREVIOUS EMPLOYER: REMOVE CARBON BEFORE COMPLETING SIDE 2

ORIGINAL PROSPECTIVE EMPLOYER

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

Check here if there is **no** accident register data for this driver and skip to Section 4. Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown on SIDE 1.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

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

SECTION 4: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

Check here and return if applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you.

Applicant was subject to DOT testing requirements from _____ to _____.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1.

Within the past 3 years from the application date shown on SIDE 1:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| | YES | NO | |
| 1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: | <input type="checkbox"/> | <input type="checkbox"/> | |
| <ul style="list-style-type: none"> • An alcohol test with a result of 0.04 or higher alcohol concentration. • A controlled substances test result of positive, adulterated, or substituted. • A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test. • Alcohol use while performing or within 4 hours before performing safety-sensitive functions. • Alcohol use after an accident, in violation of §382.303. • Controlled substances use while on duty, except as allowed under §382.213. | | | N/A |
| 2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here <input type="checkbox"/> . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 5a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (§391.23(c)(1)): _____

SECTION 5b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____

This request is being made in compliance with the Department of Transportation regulations, §40.329, §40.331(a), and §382.405(b) and (f). See the regulations on the reverse side of this form.

STEP 1: TO BE COMPLETED BY THE EMPLOYEE

INFORMATION REQUESTED FROM:

Previous employer Laboratory Medical review officer Substance abuse professional Other service agent

Name: _____
(Print)

Street: _____

City, State, Zip Code: _____ Telephone No.: _____

INFORMATION REQUESTED BY

Employee Name: _____ Social Security/I.D. No.: _____
(Print)

Street: _____

City, State, Zip Code: _____ Telephone No.: _____

I am submitting this written request to obtain copies of my Department of Transportation drug and/or alcohol testing records in your possession. Specifically, I request that you send the following records:

This information should be: Sent to me at the address above
 Sent to the following individual/company

Name: _____

Company: _____

Street: _____

City, State, Zip Code: _____ Telephone No.: _____

Employee Signature Date: _____ / _____ / _____
Month Day Year

STEP 2: TO BE COMPLETED BY THE EMPLOYER / SERVICE AGENT

Copies of the drug and/or alcohol testing records have been supplied to the following person as authorized by the above named employee:

Name: _____

Comments: _____

Street: _____

City, State, Zip Code: _____

Signature of Person Providing Information Telephone No.: _____ Release Date: _____ / _____ / _____
Month Day Year

ALCOHOL AND/OR DRUG TEST NOTIFICATION

Part 382 - Controlled Substances and Alcohol Use Testing applies to drivers of this company.

§382.113 Requirement for notice.

Before performing an alcohol or controlled substances test under this part, each employer shall notify a driver that the alcohol or controlled substances test is required by this part. No employer shall falsely represent that a test is administered under this part.

Company Name: Cargo Logistics by J. Cioffi, Inc

Driver/Applicant Name: _____
(Print) (First, M.I., Last)

You are hereby notified the following test will be administered in compliance with the
Federal Motor Carrier Safety Regulations.

1. The test is scheduled: Date: _____

Location: _____

Time: _____

2. Check type of test: Alcohol Controlled Substance

3. Check reason for test: Pre-employment Random Reasonable suspicion
 Post-accident Return to duty Follow-up

4. Appointment instructions/comments:

I understand as a condition of my employment with this company, the above identified test is required.

Driver/Applicant's Signature

Date

Witnessed by:

Company Representative

Date

DRUG TEST RESULTS

(For compliance with U.S. Department of Transportation (DOT) Regulations)

INSTRUCTIONS: This form is to be completed according to 49 CFR §40.163 by the medical review officer. The medical review officer keeps the gold copy. The original (white) and the canary copy are forwarded to the employer. If the employer wishes to have drug test results reported by a consortium/third party administrator (C/TPA), the MRO should keep the gold copy and forward the other copies to the C/TPA. The C/TPA should forward the original (white) and canary copies to the employer and keep the pink copy.

According to §382.411, the applicant/driver is notified:

Pre-employment tests:

The applicant/driver must request the results within 60 days of being notified of the disposition of the employment application.
If the test results are verified positive.

Random, reasonable suspicion and post-accident tests:

C/TPAs transmitting drug test result reports

Employers may elect to receive drug test result reports through a C/TPA. If a C/TPA acts as an intermediary for the reporting of drug test results, the C/TPA must follow the regulations in Sec. 40.345 and Appendix F to Part 40. (See back of this form.)

49 CFR §40.163 How does the MRO report drug test results?

- (a) As the MRO, it is your responsibility to report all drug test results to the employer.
- (b) You may use a signed or stamped and dated legible photocopy of Copy 2 of the CCF to report test results.
- (c) If you do not report test results using Copy 2 of the CCF for this purpose, you must provide a written report (e.g., a letter) for each test result. This report must, as a minimum, include the following information:
 - (1) Full name, as indicated on the CCF, of the employee tested;
 - (2) Specimen ID number from the CCF and the donor SSN or employee ID number;
 - (3) Reason for the test, if indicated on the CCF (e.g., random, post-accident);
 - (4) Date of the collection;
 - (5) Date you received Copy 2 of the CCF;
 - (6) Result of the test (i.e., positive, negative, dilute, refusal to test, test cancelled) and the date the result was verified by the MRO;
 - (7) For verified positive tests, the drug(s)/metabolite(s) for which the test was positive;
 - (8) For cancelled tests, the reason for cancellation; and
 - (9) For refusals to test, the reason for the refusal determination (e.g., in the case of an adulterated test result, the name of the adulterant).
- (d) As an exception to the reporting requirements of paragraph (b) and (c) of this section, the MRO may report negative results using an electronic data file.
 - (1) If you report negatives using an electronic data file, the report must contain, as a minimum, the information specified in paragraph (c) of this section, as applicable for negative test results.
 - (2) In addition, the report must contain your name, address, and phone number, the name of any person other than you reporting the results, and the date the electronic results report is released.
- (e) You must retain a signed or stamped and dated copy of Copy 2 of the CCF in your records. If you do not use Copy 2 for reporting results, you must maintain a copy of the signed or stamped and dated letter in addition to the signed or stamped and dated Copy 2. If you use the electronic data file to report negatives, you must maintain a retrievable copy of that report in a format suitable for inspection and auditing by a DOT representative.
- (f) You must not use Copy 1 of the CCF to report drug test results.
- (g) You must not provide quantitative values to the DER or C/TPA for drug or validity test results. However, you must provide the test information in your possession to a SAP who consults with you (see §40.293(g)).
- (h) You must maintain reports and records related to negatives and cancelled results for one year; you must maintain reports and records related to positives and refusals for five years, unless otherwise specified by applicable DOT agency regulations.

For additional regulations concerning drug test result reporting, see the back of this form.

MOTOR CARRIER	LOCATION	CITY	STATE	ZIP CODE	DATE

- (1) Full name of employee tested _____
- (2) Specimen ID number _____
Donor SSN or employee ID number _____
- (3) Reason for the test:
 pre-employment random reasonable suspicion post-accident return-to-duty follow-up
- (4) Date of collection _____
- (5) Date CCF Copy 2 was received _____
- (6) Test result: positive negative dilute refusal to test test cancelled
Date test was verified by MRO _____
- (7) *For positive tests:*
Drug/metabolite(s) for which the test was positive _____
- (8) *For cancelled tests:*
Reason for cancellation _____
- (9) *For refusals to test:*
Reason for the refusal determination _____

Medical review officer signature _____



EMPLOYER'S AUTHORIZATION FOR EXAMINATION OR TREATMENT
(MUST PRESENT PHOTO ID AT TIME OF SERVICE)

Patient Name: _____

Company Name: _____

Address: _____

CARGO LOGISTICS BY J. CIOFFI
60 MINUE STREET
CARTERET, NJ 07601

SSN: _____

DOB: _____

DATE OF INJURY _____

PHYSICAL EXAM TYPES:

JOB TITLE: _____

- DOT Preplacement
- DOT Recertification
- Physical Exam
- Other: _____

BILLING:

- Bill company for all other services except Drug & Alcohol Testing
- Bill Concentra/CMCA for substance abuse components.
Concentra (CMCA) 33014
118 Portsmouth Ave, Suite B202
Stratham, NH 03885

- Bill Workers' Compensation Carrier
Carrier: _____
Policy#: _____
Phone#: _____
Address: _____

SUBSTANCE ABUSE TESTING:

QUEST DOT ACCOUNT #: 10856583

FAX breath alcohol tests to CMCA: 603-772-0179

TPA: Concentra (CMCA)
1-800-775-5447

LAB (CCF): QUEST DIAGNOSTICS
Please call 1-866-MYQUEST
for a courier pickup

MRO: Workforce QA Paul Teynor, MD
1430 South Main St. Ste C
Salt Lake City, UT 84115
1.888.249.4575

SUBSTANCE ABUSE SERVICES:

FMCSA-DOT Urine Collection 5 panel 65304N

DOT Breath Alcohol Test

SUBSTANCE ABUSE REASON FOR TEST:

- Pre-Employment _____ Random
- Post Accident _____ Reasonable Cause
- Follow-Up (DOT must be observed)
- Return to Duty (DOT must be observed)

Authorized By: 

Phone: _____

Date: _____

DER: ANTHONY CIOFFI

Corp. Phone #: 732-969-0035

Other: _____

§40.329 What information must laboratories, MROs, and other service agents release to employees?

(a) As an MRO or service agent you must provide, within 10 business days of receiving a written request from an employee, copies of any records pertaining to the employee's use of alcohol and/or drugs, including records of the employee's DOT-mandated drug and/or alcohol tests. You may charge no more than the cost of preparation and reproduction for copies of these records.

(b) As a laboratory, you must provide, within 10 business days of receiving a written request from an employee, and made through the MRO, the records relating to the results of the employee's drug test (i.e., laboratory report and data package). You may charge no more than the cost of preparation and reproduction for copies of these records.

(c) As a SAP, you must make available to an employee, on request, a copy of all SAP reports (see §40.311).

§40.331 To what additional parties must employers and service agents release information?

As an employer or service agent you must release information under the following circumstances:

(a) If you receive a specific, written consent from an employee authorizing the release of information about that employee's drug or alcohol tests to an identified person, you must provide the information to the identified person. For example, as an employer, when you receive a written request from a former employee to provide information to a subsequent employer, you must do so. In providing the information, you must comply with the terms of the employee's consent.

§382.405(b) A driver is entitled, upon written request, to obtain copies of any records pertaining to the driver's use of alcohol or controlled substances, including any records pertaining to his or her alcohol or controlled substances tests. The employer shall promptly provide the records requested by the driver. Access to a driver's records shall not be contingent upon payment for records other than those specifically requested.

§382.405(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the driver's request.