

# Driver Qualification (DQ) File Packet

Company: LSJ Trucking

Address: 5020 Fannett Rd  

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Beaumont, TX 77708

Phone: (917) 709-7160

## Preface

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The material contained in this document is the property of the Motor Carrier named above.

Using this document or part thereof signifies your acceptance to be bound by Company Terms of Use.

DOT Compliance is the responsibility of the Motor Carrier and Company assumes no responsibility for any inconsistencies with DOT / FMSCA Regulations and shall not be liable for any consequence brought upon Motor Carrier by using any material listed in this document.

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# Driver Qualification (DQ) File Checklist

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

Hire Date: \_\_\_/\_\_\_/\_\_\_

DQ File Complete Date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Requirement	Date Complete
Driver Specific Employment Application	___/___/___
Employment History	___/___/___
Current Address Verified	___/___/___
Current Phone Number Verified	___/___/___
Employment Application Signed	___/___/___
Copy of CDL w/ Endorsements	___/___/___
Fair Credit Reporting Act Disclosure Form	___/___/___
Certificate of Compliance	___/___/___
Certificate of Violations	___/___/___
Statement of On Duty Hours	___/___/___
Previous Employer Inquiry	___/___/___
Request for Driving Record Check	___/___/___
Signed I-9 / W-2	___/___/___
Annual Certificate of Violations (COV)	___/___/___
Request for Pre-Employment Drug Testing	___/___/___
Valid Physical Exam - Pre-Employment	___/___/___
HAZMAT Certifications	___/___/___
Green Card	___/___/___
Signed Receipt of Drivers Handbook	___/___/___
<b>* For Drivers</b>	
Performance Test	___/___/___
Written Test	___/___/___
Received HOS Driver Visor Card	___/___/___

# Fair Credit Reporting Act Disclosure Statement

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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.

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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_-\_\_\_\_-\_\_\_\_  
S.S.N.



# Record of Violations - Driver's Certification

I certify that the following is a true and complete list of traffic violations (other than parking violations ) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date of	Conviction Offense
___/___/___	_____
___/___/___	_____
___/___/___	_____

Location	Type of motor 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 required to be listed during the past 12 months.

Date of certification	Driver's Signature
___/___/___	_____

Motor carrier: LSJ TRUCKING INX

Address: 5020 FANNETT RD BEAUMONT TEXAS 77705

Reviewd by:

Signature	Title
_____	<u>TERMINAL MANAGER</u>

This form is the response of each state agency to the annual review of driving record inquiry as per sec. 391.25 (a).

# Drivers Statement of On-Duty Hours

(To be completed upon hire)

**Instructions:**

Motor Carriers using a driver for the first time shall obtain from the driver an assigned statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier.

Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations.

**Note:**

Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

\_\_\_\_\_  
**Driver Name (print)**

\_\_\_\_\_  
**Social Security Number**

**Driver's License:**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Number**

\_\_\_\_\_  
**Class**

\_\_\_\_\_  
**Endorsements**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Totals
<b>Date</b>								
<b>On Duty</b>								
<b>Driving</b>								

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

\_\_\_\_\_ A.M. / P.M. on \_\_\_\_\_  
**Day Month Year**

\_\_\_\_\_  
**Driver's Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**



## Previous Employer Inquiry

Applicant Name: _____	SSN: _____ - _____ - _____
Hereby authorizes that:	
Previous Employer: _____	
Address: _____	Phone: (____) _____ - _____
City/State/Zip: _____	Fax: (____) _____ - _____
<b>May release and forward information requested by this document to:</b>	
Company: <u>LSJ TRUCKING INC 5020 FANNETT RD BEAUMONT TEXAS 77705</u>	
Applicant Signature: _____	Date: __/__/__

### 1. Employment Verification

The above referenced applicant has completed an application for employment with Company listed above for a CDL position. The applicant states that he/she was employed as a \_\_\_\_\_ by your company from \_\_\_\_\_ to \_\_\_\_\_.

### 2. DOT Alcohol and Drug Violations

Previous employer must supply the following information regarding the above named individual during the past two years while employed to perform DOT covered safety sensitive functions:

Alcohol tests with a result of 0.01 or higher alcohol concentration? Yes \_\_\_ No \_\_\_

Verified Positive Drug Tests? Yes \_\_\_ No \_\_\_

Refusals to be tested

(including verified adulterated or substituted drug test results? Yes \_\_\_ No \_\_\_

Other violations of DOT agency drug and alcohol testing regulations? Yes \_\_\_ No \_\_\_

With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return to duty requirements (including follow-up testing).

Please identify the SAP you referred the employee to if he/she had an alcohol test of 0.01 or higher, a verified positive controlled substance test, or refused testing.

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

### 3. Driver Contact Information (please include information from previous employers.)

The FMCSA requires the previous employer to provide specific contact information in case the driver/applicant wishes to request a correction or rebut any information you provide. Please provide the following information so that the driver/applicant may submit a correction or rebuttal if needed.

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

**Please provide response within 30 days of this request. Thank you for your cooperation.**

# Previous Employer Inquiry

Applicant Name: _____	SSN: _____ - _____ - _____
Hereby authorizes that:	
Previous Employer: _____	
Address: _____	Phone: (____) _____ - _____
City/State/Zip: _____	Fax: (____) _____ - _____
<b>May release and forward information requested by this document to:</b>	
Company: <u>LSJ TRUCKING INC 5020 FANNETT RD BEAUMONT TEXAS 77705</u>	
Applicant Signature: _____	Date: ___/___/___

## 1. Employment Verification

The above referenced applicant has completed an application for employment with Company listed above for a CDL position. The applicant states that he/she was employed as a \_\_\_\_\_ by your company from \_\_\_\_\_ to \_\_\_\_\_.

## 2. Commercial Motor Vehicle Accident Information

Please list all accidents involving applicant that occurred during the past 3 years. To be completed by former employer.

Date: ___/___/___	Vehicle Type: _____	Location: _____
Cited: Yes ___ No ___	Injuries: Yes ___ No ___	Fatalities: Yes ___ No ___
Hazardous Materials Involved: Yes ___ No ___	Quantity: _____	
Unreported Accident: Yes ___ No ___	Preventable: Yes ___ No ___	

Date: ___/___/___	Vehicle Type: _____	Location: _____
Cited: Yes ___ No ___	Injuries: Yes ___ No ___	Fatalities: Yes ___ No ___
Hazardous Materials Involved: Yes ___ No ___	Quantity: _____	
Unreported Accident: Yes ___ No ___	Preventable: Yes ___ No ___	

## 3. Driver Contact Information (please include information from previous employers.)

The FMCSA requires the previous employer to provide specific contact information in case the driver/applicant wishes to request a correction or rebut any information you provide. Please provide the following information so that the driver/applicant may submit a correction or rebuttal if needed.

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Why did this employee leave your company? \_\_\_\_\_

Would you rehire this person? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

**Please provide response to this request within 300days. Thank you.**

# Annual Certificate of Violations (COV)

Review of Driving Record

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

License No.: \_\_\_\_\_ State: \_\_\_\_\_

## Annual Certificate of Violations

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Violations are listed below.

I have had no violations.

Date of Conviction	Offense	Location	Motor Vehicle Type

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Date of Certification: \_\_\_/\_\_\_/\_\_\_

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

Date: \_\_\_/\_\_\_/\_\_\_

Reviewed by: CRYSTINA OWEN  
Print

Title: TERMINAL MANAGER

## Annual Review of Driving Record

In accordance with 49 Code of Federal Regulations Section 391.25, (Federal Motor Carrier Safety Regulations), all information pertinent to the above driver's safety of operation, including the list of violations furnished by driver in accordance with 49 CFR Section 391.27, has been reviewed for the past 12 months.

Reviewer: CRYSTINA OWEN

Date: \_\_\_/\_\_\_/\_\_\_



## Request for Pre-Employment Drug Testing

I hereby consent to submit to a drug test as shall be determined by LSJ TRUCKING INC  
5020 FANNETT RD BMT TX 77705 (Company) in the selection process of applicants for  
employment, for the purpose of determining the drug content thereof.

I hereby release the Company, its employees, agents and contractors from any and all liability  
whatsoever arising from this request for a specimen, from the testing of the specimen and from  
the decisions made concerning my application of employment based upon the results of the  
specimen analysis.

I further agree to and hereby authorize the release of the results of said tests to Windsor Compa-  
ny.

I understand that it is the current use of illegal drugs, the use of prescription drugs in a manner  
other than prescribed, or a positive test for alcohol shall prohibit me from being employed at  
Company.

I further agree that a reproduced copy of this pre-employment consent and release form shall  
have the same force and effect as the original.

I have read the foregoing and fully understand its contents. I acknowledge that my signing of  
this consent and release is a voluntary act on my part and that I have not been coerced into sign-  
ing this document by anyone.

Name (Print): \_\_\_\_\_ SSN #: \_\_\_\_\_

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

Witness (Printed Name): CRYSTINA OWEN

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## CDL Drivers Employment Application (Cont.)

### Education Data:

School	Address & Phone Number	Number of Years Attended	Degree	Major Course of Study

Skills: List any job-related skills, qualifications, education or information that supports your application and further qualifies you for the position you are applying for:

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In order to permit a check of your work and educational records, should we be aware of any changes of name or assumed name that you previously used? Yes \_\_\_ No \_\_\_

If Yes, identify name(s) used and relevant dates: \_\_\_\_\_

Have you worked for this company before? Yes \_\_\_ No \_\_\_

Where? \_\_\_\_\_ Dates: From: \_\_\_\_\_ To \_\_\_\_\_

Position: \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_ / Per \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you ever applied here before? Yes \_\_\_ No \_\_\_ If Yes, When? \_\_\_\_\_

Are you employed now? Yes \_\_\_ No \_\_\_ If No, when were you last employed? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of Pay Expected: \$ \_\_\_\_\_

Have you ever been dismissed or forced to resign from any employment? Yes \_\_\_ No \_\_\_

If Yes, please explain: \_\_\_\_\_

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May we contact your present employer? Yes \_\_\_ No \_\_\_

If No, explain: \_\_\_\_\_

Are you a Military Veteran? Yes \_\_\_ No \_\_\_ If Yes, what branch? \_\_\_\_\_

Service Dates: \_\_\_\_\_ To \_\_\_\_\_. Date of Discharge: \_\_\_\_\_

Do you have transportation to work? Yes \_\_\_ No \_\_\_ Will you work overtime? Yes \_\_\_ No \_\_\_

List any shifts you will not work: \_\_\_\_\_

Are you on a layoff or subject to a recall? Yes \_\_\_ No \_\_\_

If Yes, explain: \_\_\_\_\_

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## CDL Drivers Employment Application (Cont.)

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? Yes \_\_\_ No \_\_\_

If Yes, explain: \_\_\_\_\_

### Personal References

List three (3) persons not related to you whom you have known at least one year:

Name	Address & Phone	Occupation

### Employment History Must Be Completed By Truck Driver Applicants

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional seven (7) years information on those employers for whom the applicant operated such vehicle.

**Note: List employers starting with most recent. Add additional sheets as necessary.**

<b>Employer: Must List <u>10</u> Years With No Gaps!</b>	<b>Date:</b>
<b>Name:</b>	<b>Start Date:</b> <b>End Date:</b>
<b>Address:</b>	<b>Position Held</b>
<b>City:</b> <b>State:</b> <b>Zip:</b>	<b>Salary/Wage:</b> \$                      Per _____
<b>Contact Person &amp; Phone Number</b>	<b>Reason for Leaving</b>
<b>Were you subject to the FMCSR while employed at this company?</b>	<b>Yes ___ No ___</b>
<b>Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug &amp; Alcohol testing requirements of 40 CFR Part 40?</b>	<b>Yes ___ No ___</b>



## CDL Drivers Employment Application (Cont.)

<b>Employer: Must List <u>10</u> Years With No Gaps!</b>	<b>Date:</b>
Name:	Start Date:      End Date:
Address:	Position Held
City:                                  State:                  Zip:	Salary/Wage:                                  S                                  Per _____
Contact Person & Phone Number	Reason for Leaving
Were you subject to the FMCSR while employed at this company?	Yes ___ No ___
Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40?	Yes ___ No ___

<b>Employer: Must List <u>10</u> Years With No Gaps!</b>	<b>Date:</b>
Name:	Start Date:      End Date:
Address:	Position Held
City:                                  State:                  Zip:	Salary/Wage:                                  S                                  Per _____
Contact Person & Phone Number	Reason for Leaving
Were you subject to the FMCSR while employed at this company?	Yes ___ No ___
Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40?	Yes ___ No ___

<b>Employer: Must List <u>10</u> Years With No Gaps!</b>	<b>Date:</b>
Name:	Start Date:      End Date:
Address:	Position Held
City:                                  State:                  Zip:	Salary/Wage:                                  S                                  Per _____
Contact Person & Phone Number	Reason for Leaving
Were you subject to the FMCSR while employed at this company?	Yes ___ No ___
Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40?	Yes ___ No ___



# CDL Drivers Employment Application (Cont.)

## Accident Record For Past 3 Years or More (Attach Sheets As Necessary)

Accident Date	Details	Fatalities	Injuries

## Traffic Convictions and Forfeitures For The Past 3 Years (Other Than Parking Violations)

Location	Date	Charge	Penalty

## Experience and Qualifications - Driver

License Number	State	Type / Endorsements	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_ No \_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_ No \_\_\_

If answer to A or B is Yes, Explain: \_\_\_\_\_

## Driving Experience

Class of Equipment	Type of Equip Van, Tank, etc.	Date From	Date To	Approx. Number of Miles
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailer				
Other _____				

## CDL Drivers Employment Application (Cont.)

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List States Operated In For Past Five (5) Years: \_\_\_\_\_  
\_\_\_\_\_

Show Special Courses or Training That Will Help You As A Driver: \_\_\_\_\_  
\_\_\_\_\_

Which Safe Operating Awards Do You Hold And From Whom? \_\_\_\_\_  
\_\_\_\_\_

Show trucking, transportation or any experience that may help your work at this company:  
\_\_\_\_\_  
\_\_\_\_\_

List courses and training other than shown elsewhere in this application: \_\_\_\_\_  
\_\_\_\_\_

List any other special equipment or technical materials you can work with: \_\_\_\_\_  
\_\_\_\_\_

### **Notice To Applicant**

This Employer complies with the Americans with Disabilities Act of 1990. During the interview process you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination. All information will be kept confidential and in separate files.

Applicants accepted for employment should clearly understand that while we make an effort to provide steady, continuous work, we have no employment contracts and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc., and of course, employees may elect to leave of their own accord to seek other employment.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to random blood tests and/or urinalysis screening for drug or alcohol use.

### **Applicant's Statement**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of my background and all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from any liability as a result of such contact and release all such persons or companies or corporations supplying information from all liability for all damages on account of supplying such information. I understand that misrepresentations, omissions or facts or incomplete information requested in this application may remove me from further consideration for employment or, if employed by Employer, may result in termination of my employment. I agree to furnish such additional information and complete such examinations as may be required to complete this application.

# CDL Drivers Employment Application (Cont.)

## Applicant's Statement (Cont.)

In consideration of my employment, I agree to conform to the rules and regulations of the Employer. I understand that my employment with the Employer is for no specific term, and that my employment, compensation, and benefits can be terminated, with or without cause, and with or without notice, at any time, for any reason, at the option of the Employer or Employee.

I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Employee Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between the Employer or Employee.

The contents of any Employee Handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice.

I also understand that no manager, supervisor, or company representative(s) other than the Employer Directors, has any authority to enter into any employment agreement for any specified time period, or to make any oral or written agreement contrary to the foregoing.

I understand all notices to applicants above, and I agree to submit to testing for drug or alcohol use in accordance with the Employer's policies.

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company.

## Applicant Acceptance:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicants Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

This application will remain active for \_\_\_\_ days. Any applicant wishing to be considered for employment beyond this time should reapply.

**Note: This Employer is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, sexual orientation, religion, national origin, disability, veteran or marital status, or condition protected by applicant's federal or state statutes, except where a bona fide occupational qualification exists. Your opportunity for employment with the Employer depends solely upon your qualifications.**

# CDL Drivers Employment Application (Cont.)

## Process Record - For Internal Use Only

Date of review: \_\_\_/\_\_\_/\_\_\_

Applicant Hired: \_\_\_\_\_ Applicant Rejected: \_\_\_\_\_

If rejected, list reasons: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date Employed: \_\_\_/\_\_\_/\_\_\_

Department: \_\_\_\_\_ Classification: \_\_\_\_\_

This section to be filled in by Responsible Officer or Company Representative:

Process	Superior	Good	Fair	Below Average	Poor	Written Record On File
Application						
Interview						
Past Employment						
Written Exam						
Road Test						
Criminal and Traffic Convictions						

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature of Interviewing Officer Date  
 CRYSTINA OWEN

## Termination of Employment

Termination Date: \_\_\_/\_\_\_/\_\_\_ Department Released From: \_\_\_\_\_

Reason:

Dismissed: \_\_\_ Voluntary Quit: \_\_\_ Other: \_\_\_\_\_

\_\_\_ Termination Report placed in Employee File \_\_\_ Copy given to Administration

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature of Direct Supervisor Date

# Certificate of Driver's Road Test

Driver's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver's Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver's SSN: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

The road test shall be given by the Motor Carrier or a person designated by them. However, a driver who is a Motor Carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the Motor Carrier intends to assign. The original copy of this document shall be placed in the Driver's Qualification File; a copy of this document shall also be given to the person examined in accordance with 49 CFR 391.31(e)(f)(g).

Rating of Performance	Description
_____	The Pre-Trip Inspection (As required by Sec. 392.7)
_____	Coupling and uncoupling of combination units, if the equipment he/she may drive includes combination units.
_____	Placing the equipment in operation
_____	Use of vehicle's controls and emergency equipment
_____	Operating the vehicle in traffic and while passing other vehicles
_____	Turning the vehicle
_____	Braking, and slowing the vehicle by means other than braking
_____	Backing, and parking of the vehicle
_____	Interim and Post Trip Inspections
_____	Other - Explain: _____

Type of equipment used in giving test: STRAIGHT TRUCK

Number of miles driven during the course of the test: 4 Miles

LSJ TRUCKING INC 5020 FANNETT RD BEAUMONT TX 77705

OWNER

\_\_\_\_\_  
Print Name of Examiner & Company Association

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Examiner

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Completed