

**IMPORTANT**

[This Photo](#) by Unknown Author is licensed under [CC BY-NC](#)

**Please include a copy of the front and back of your driver's license, social security card, medical card/certificate, and MVR (5 or more years). Your application cannot be processed without these documents.**

**Due to the emphasis and restrictions on dated material, please note that, if the application to lease process has not been completed within 1 month after our office receives your lease application, the process may be terminated. Please have most of the required paperwork prepared and ready to submit with your application.**

**Owner Operators will need to provide:**

- All pages of the application completed.
- Trailer registration (if you have your own)
- Truck registration (Cab Card)
- Lease/ Finance agreement or proof of ownership for equipment
- Medical Examiners certificate
- Non-trucking liability insurance/bobtail certificate (if you have your own)
- If applicable, corporation, LLC, LLP, 2290 or other business classification agreement

**Owners with driver(s) will need to provide:**

- All pages of the application completed.
- Trailer registration (if you have your own)
- Truck registration (Cab Card)
- Lease/ Finance agreement or proof of ownership for equipment
- Medical Examiners certificate
- Non-trucking liability insurance/bobtail certificate (if you have your own)
- If applicable, corporation, LLC, LLP, 2290 or other business classification agreement

**All driver(s) will need to provide:**

- All pages of the application completed
- CDL front and back
- Social Security Card
- MVR (5 yrs. or more)
- Medical Examiners Certificate

# **MAG CARRIERS, LLC APPLICATION FORM**

## **TO BE READ AND SIGNED BY APPLICANT**

**I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of independent contractor's lease or employment has been extended.) I hereby release employers, schools, health care providers and other persons for all liability in responding to inquiries and releasing information in connection with my application.**

**In the event of obtaining an independent contractor's lease or 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 and FMCSRs (Federal Motor Carrier Safety Regulations).**

**I understand that information I provide regarding current and/or previous employment 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 I have the right to:**

- **Review information provided by previous employers.**
- **Have errors in the information corrected by previous employers to re-send the corrected information to the prospective employers; and**
- **Have a rebuttal statement to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# MAG CARRIERS, LLC APPLICATION FORM

**Full Name:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Current Address**

\_\_\_\_\_  
Street city state zip # years

**Past 3 years residency:**

\_\_\_\_\_  
Street city state zip # years

\_\_\_\_\_  
Street city state zip # years

**Position applying for:** \_\_\_\_\_ **Referred by** \_\_\_\_\_

**Have you ever been leased to MAG?** \_\_\_\_\_ **When?** \_\_\_\_\_

**Have you ever been leased to MAG under a different name?** \_\_\_\_\_

**If yes, what name:** \_\_\_\_\_

**If currently employed, where:** \_\_\_\_\_

**Highest Grade completed:** \_\_\_\_\_ **Years of College:** \_\_\_\_\_

**Have you ever been convicted of a felony?** (This will not necessarily affect your application) \_\_\_\_\_

**If yes, please describe the conditions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Employment History

(Use an additional employment history form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten-year employment record). You are required to list the complete mailing address, street number & name, city, state, and zip code.

**Current or Last Employer:** Name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

Street address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
month/ year month/year

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\*\*while employed? \_\_\_\_\_

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? \_\_\_\_\_

\*Account for period between jobs-include dates (month/year) and reason: \_\_\_\_\_

**Second Last Employer:** Name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

Street address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
month/ year month/year

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\*\*while employed? \_\_\_\_\_

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? \_\_\_\_\_

\*Account for period between jobs-include dates (month/year) and reason: \_\_\_\_\_

## **Employment History continued**

**Third Last Employer:** Name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

Street address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
month/ year month/year

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\*\*while employed? \_\_\_\_\_

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? \_\_\_\_\_

\*Account for period between jobs-include dates (month/year) and reason: \_\_\_\_\_

**Fourth Last Employer:** Name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

Street address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
month/ year month/year

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\*\*while employed? \_\_\_\_\_

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? \_\_\_\_\_

\*Account for period between jobs-include dates (month/year) and reason: \_\_\_\_\_

**Fifth Last Employer:** Name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

Street address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
month/ year month/year

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\*\*while employed? \_\_\_\_\_

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? \_\_\_\_\_

\*Account for period between jobs-include dates (month/year) and reason: \_\_\_\_\_

## Employment History continued

Sixth Last Employer: Name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

Street address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
month/ year month/year

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\*\*while employed? \_\_\_\_\_

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? \_\_\_\_\_

\*Account for period between jobs-include dates (month/year) and reason: \_\_\_\_\_

**\*Any gaps in employment and/or unemployment must be explained.**

**\*\* The Federal Motor Carriers Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weighs 10,0001 pounds or more, (2) is designed or used to transport 9 or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.**

# Request for Driver's Safety Performance History

TO BE COMPLETED BY PROSPECTIVE DRIVER:

I, \_\_\_\_\_ Social Security Number: \_\_\_\_\_

First

M.I.

Last

Date of Birth: \_\_\_\_\_

Hereby authorize:

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

To release and forward the information requested by this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from : \_\_\_\_\_

Today's date

In compliance with 40.25(g) and 391.23(h), release of this information must be made in written form that ensures confidentiality such as fax, email, or letter. Please forward the requested document(s) to :

Email : [apply@magcarriers.com](mailto:apply@magcarriers.com)

Fax: 706- 699-7051

Mail: MAG Carriers, LLC

184 Printup St.

Dearing, Ga 30808

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date



# Request for Driver's Safety Performance History

TO BE COMPLETED BY PROSPECTIVE DRIVER:

I, \_\_\_\_\_ Social Security Number: \_\_\_\_\_

First

M.I.

Last

Date of Birth: \_\_\_\_\_

Hereby authorize:

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

To release and forward the information requested by this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from : \_\_\_\_\_

Today's date

In compliance with 40.25(g) and 391.23(h), release of this information must be made in written form that ensures confidentiality such as fax, email, or letter. Please forward the requested document(s) to :

Email : [apply@magcarriers.com](mailto:apply@magcarriers.com)

Fax: 706- 699-7051

Mail: MAG Carriers, LLC

184 Printup St.

Dearing, Ga 30808

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

# Request for Driver's Safety Performance History

TO BE COMPLETED BY PROSPECTIVE DRIVER:

I, \_\_\_\_\_ Social Security Number: \_\_\_\_\_

First

M.I.

Last

Date of Birth: \_\_\_\_\_

Hereby authorize:

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

To release and forward the information requested by this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from : \_\_\_\_\_

Today's date

In compliance with 40.25(g) and 391.23(h), release of this information must be made in written form that ensures confidentiality such as fax, email, or letter. Please forward the requested document(s) to :

Email : [apply@magcarriers.com](mailto:apply@magcarriers.com)

Fax: 706- 699-7051

Mail: MAG Carriers, LLC

184 Printup St.

Dearing, Ga 30808

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

# Experience and Qualification

Attach a separate sheet if more space is needed

## Driving Experience

If no driving experience in the last 3 years- check here

<u>Class of Equipment</u>	<u>Equipment Type</u>	<u>Dates</u>		<u>Estimate number of miles</u>
	(Van, Reefer, Tank, Flat)			
Straight Truck	_____	From: _____	To: _____	_____
Tractor Trailer	_____	From: _____	To: _____	_____
Tractor 2 Trailers	_____	From: _____	To: _____	_____
Tractor 3 Trailers	_____	From: _____	To: _____	_____

## Accident History (3 years)

If no accidents in the past 3 years check here

<u>Date</u>	<u>Nature of accident</u>	<u>Fatalities</u>	<u>Injuries</u>	<u>Hazardous Spill?</u>
(month/year)	(head-on, rear end, upset etc.)	how many	how many	yes or no
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Traffic Convictions and Forfeitures (3 years)

If none in the past 3 years, check here

<u>Date Convicted</u>	<u>Violation</u>	<u>State of Violation</u>	<u>Penalty</u>
(month/year)	(other than Parking only)		(Forfeited bond, collateral, and/or points)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# License Information

## **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 transport 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) **POSSES 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 CANCELTATION:** 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 transfer your CDL within 30 days.

### License History

If you have ever been denied a license, permit, or privilege to operate a motor vehicle, please describe the circumstance.

---

If you have had any license, permit, or privilege suspended or revoked, please describe the circumstance.

---

### Applicant Certifications

I certify that I have read and understand the requirements listed above and that I do not have more than one motor vehicle license, the information for which is listed below. I further certify that this application in its entirety, was filled out by me, and that all entries and information on it are true and complete to the best of my knowledge.

\_\_\_\_\_  
State

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Consent and/or Authorizations

MAG Carriers, LLC requires your consent or authorization to obtain the following documentation as part of your qualification process to be obtained for insurance and/or qualification purposes and kept with your application file.

I. **Long Form Physical/Medical Card Waiver:** I authorize MAG Carriers, LLC to possess a copy of my long form physical and medical examiners card. \_\_\_\_\_  
INTL

II. **Background Check:** I hereby authorize MAG Carriers, LLC, and its designated agents and representative to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to MAG Carriers, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. MAG Carriers, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

\_\_\_\_\_  
INTL

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will

receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.**

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

**IMPORTANT DISCLOSURE  
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with MAG Carriers, LLC, 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 MAG Carriers, LLC 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 12/22/2015*