

APPLICATION FOR EMPLOYMENT

NAME _____
 (FIRST) (MIDDLE) (Maiden Name, if any) (LAST)
 ADDRESS _____ HOW LONG? _____
 (STREET) (CITY) (STATE & ZIP CODE)
 DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____
 TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

 (Street) (City) (State & Zip Code) # Years _____

 (Street) (City) (State & Zip Code) # Years _____

 (Street) (City) (State & Zip Code) # Years _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

REFERRED BY _____

LICENSE INFORMATION

Section 383.21, FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one drivers license . I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES	NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ___ NO ___

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES ___ NO ___

If yes, explain _____

EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ **PHONE** _____

POSITION HELD _____ **FROM** _____ **TO** _____ **SALARY** _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)

AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ **PHONE** _____

POSITION HELD _____ **FROM** _____ **TO** _____ **SALARY** _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)

AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ **PHONE** _____

POSITION HELD _____ **FROM** _____ **TO** _____ **SALARY** _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)

AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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.

"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:

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

DATE

APPLICANT'S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE

APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Owner Operator Qualifying Questions

1. What is your household goods moving experience?
 - a. Where are you currently working?
 - b. What is your experience with driver self – pack and load? When? Where?
 - c. What is your labor network like; do you run with help in your truck; if so, how many people?
 - d. Do you have testimonial, referral, reference, and/or award letters (If yes, please include sample copies)?
 - e. Do you own, lease, or finance a truck...If yes, what make, model, year, color, and mileage?
 - f. Do you own a trailer...If yes, what make, model, year, length, cube, and color is it?
2. What is your current revenue level (last 1099)?
 - a. What is your revenue goal?
 - b. What are your current contract rates (percentages)?
 - c. What is deducted from your settlements?
 - d. What is your monthly overhead amount (home expenses + truck payment and maintenance)?
 - e. How much working capital do you have?
3. How many days will you spend away from home?

4. How many days did you spend away from home last year?

5. What do feel are the three most important responsibilities of a professional Household Goods mover?
 - a.
 - b.
 - c.

6. Why do you want to leave your current situation?
 - a. What do you LIKE about your current situation?

7. In you opinion, what makes you a professional Household Goods mover?

8. How would your employer, labor and customers describe you?

9. What other skills or qualities, other than moving, do you have that I should know about you?



Applicant Drug & Alcohol Release Form

I hereby authorize Online Employment Verification Services to release information from my Department of Transportation regulated drug and alcohol testing records by my previous employers listed below:

<u>Previous Company(s) Worked For</u>	<u>City</u>	<u>State</u>

To the requesting employer / individual: _____
City: _____ State : _____ Phone: _____

This release is in accordance with DOT regulation 49 CFR Part 40, Section 40.25. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years:

1. Alcohol tests with a result of 0.04 or higher alcohol concentration;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Documentation, if any, of completion of the return-to-duty process following a rule violation;
6. Information obtained from previous employers of a drug and alcohol rule violation.

X _____
Driver Signature

X _____
Date

X _____
Print Name

X _____
Social Security Number

**** Incomplete forms will not be accepted ****

In compliance with FMCSA regulation 391.23 part (i)(1) you have certain rights regarding the investigative information that will be provided to the prospective employer: i) You have the right to review information provided by previous employers; ii) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; iii) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer investigative information must submit a written request to the prospective employer. This 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 within five business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer, then the five-business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective employer may consider you to have waived your request to review the records.

CLARK & REID COMPANY, INC.

Consent & Release Form

I authorize investigation of all statements contained herein and release Clark & Reid Company, Inc. from any liability resulting there from. I certify that this application is accurate and I understand that any misrepresentation or omission of facts called for in the Application for Employment is cause for dismissal, if employed.

I agree to take a pre-placement physical examination to determine whether I am, with reasonable accommodation, capable of performing the essential functions of the position applied for. My failure to provide correct information during the course of the pre-employment physical will be considered cause for dismissal, if employed. I also understand that Clark & Reid Company, Inc. will require a drug-screening test as part of the pre-placement physical.

If employed, I agree to comply with all Clark & Reid policies and procedures.

I understand that any employment arising from this application does not imply any contractual relationship and that any employment is terminable at-will by Clark & Reid unless otherwise specifically agreed upon in writing.

Applicant's Name (Please Print) _____

Applicant's Signature _____

Date _____

APPLICANT/EMPLOYEE DISCLOSURE AND RELEASE FOR
PROCUREMENT OF A CONSUMER REPORT

In connection with your application for, or continued employment with Clark and Reid, we may procure a consumer report (background check) on you as part of the process of considering your candidacy as an employee. In addition, be advised that we may conduct a reference check. This reference check, also known as an investigative consumer report, may include information as to your character, general reputation, personal characteristics, and mode of supplied by you, or by others that can assist with providing the aforementioned information. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential or continued employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act (FCRA).

Please be advised that you have the right to request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, whichever is later.

By your signature below, you hereby authorize Clark and Reid to obtain a consumer report and/or investigative report about you in order to consider you for employment.

Applicant's Name: _____

Alias or Maiden Names Used in the Past 7 Years: _____

Applicant's Address: _____

City / State / Zip: _____

Social Security Number: _____ Date of Birth: _____

Driver's License State and Number: _____

Signature: _____ Date: _____

NOTICE TO ALL CALIFORNIA RESIDENTS:

If you would like a copy of the consumer report produced by easybackgrounds.com, please check the following box.

Signature: _____ Date: ____/____/____

California, Minnesota and Oklahoma Residents Only:

If a consumer credit report is ordered, do you want a free copy mailed to you? Yes No

Signature: _____ Date: ____/____/____

VIOLATION AND REVIEW RECORD

Driver's Name: _____

(Please Print or Type)

1. CERTIFICATION OF VIOLATIONS

I certify that the following is 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 36 months.

Date of Conviction	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 required to be listed during the past 36 months.



(Date of Certification)

(Driver's Signature)

Clark & Reid Company, Inc. One Dunham Road Billerica, MA 01821

(Motor Carrier's Name)

(Motor Carrier's Address)

(Reviewed by: Signature)

(Title)

2. In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past 36 months.

Action taken:

Clark & Reid Company, Inc. One Dunham Road Billerica, MA 01821

(Motor Carrier's Name)

(Motor Carrier's Address)

(Reviewed by: Signature)

(Title)

(Date)

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST & VEHICLE ACCIDENT STATEMENT

Sec.40.25(j) As the employer, you must also 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. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents a successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name:
(Print)

The prospective employee is required by Sec. 40.25 (j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

VEHICLE ACCIDENT INFORMATION

Driver/Applicant Must Select at Least One of the Following:

- I have not been involved in any DOT reportable accidents in the past three (3) years.
 I have been involved in a DOT reportable accident(s) in the past three (3) years.
 I have not worked with a previous employer in a CDL capacity during the past three (3) years.

I certify that the information provided on this document is true and correct.

Prospective Employee Signature:

Date:



Clark & Reid

EXECUTIVE MOVING SERVICES

VOLUNTARY EQUAL OPPORTUNITY DATA RECORD

Clark & Reid is an equal opportunity/affirmative action employer. Qualified applicants and employees are treated without regard to race, color, religion, sex, sexual preference, national origin, age, marital status, veteran status, or status as a qualified individual with a disability.

As an equal opportunity employer, we comply with all relevant government regulations and affirmative action responsibilities. Solely to help us with equal opportunity record keeping, reporting and other legal requirements, please fill out this Data Record. Submission of this information is voluntary.

Name: _____
(Last) (First) (Middle)

Check One: Check one only: (if you belong to more than one, select the one that is most appropriate)

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> White (Not of Hispanic Origin) |
| <input type="checkbox"/> Female | <input type="checkbox"/> Black (Not of Hispanic Origin) |
| | <input type="checkbox"/> Asian/Pacific Islander |
| | <input type="checkbox"/> American Indian/Alaskan Native |
| | <input type="checkbox"/> Hispanic |

Check if any of the following are applicable:

- | | |
|--------------------------|------------------------------|
| <input type="checkbox"/> | Vietnam Era Veteran |
| <input type="checkbox"/> | Individual with a disability |
| <input type="checkbox"/> | Veteran with a disability |
| <input type="checkbox"/> | Other Veteran |

See reverse side for definitions of above categories.

Definitions of Federal Government Classifications

WHITE

(Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

BLACK

(Not of Hispanic origin) All persons having origins in any of the Black racial groups of Africa.

ASIAN OR PACIFIC ISLANDER

All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippines Islands, Samoa, India and Pakistan.

HISPANIC

All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

VETERAN WITH A DISABILITY

The term "special veteran with a disability" means (1) a veteran who is entitled to compensation under laws administered by the Veterans' Administration for a disability rated at 30 percent or more, or (2) a person who was discharged or released from active duty because of a service connected disability.

VETERAN OF THE VIETNAM ERA

The term "Veteran of the Vietnam Era" means an "eligible veteran" any part of whose active military, navel or air service was during the "Vietnam Era." The term "Veteran with a disability" means a person who (1) served on active duty for a period of more than 180 days and was discharged or released there from with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service connected disability. The term "Vietnam Era", according to regulations promulgated by OFCCP, appears to encompass the period between August 5, 1964 and May 7, 1975.

INDIVIDUAL WITH A DISABILITY

The term "Individual with a Disability" means any person who (1) has a physical or mental impairment which "substantially limits" one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment. "Substantially limits" means likely to cause difficulty in securing, retaining or advancing in employment.



Clark & Reid

EXECUTIVE MOVING SERVICES

EQUAL EMPLOYMENT OPPORTUNITY
AFFIRMATIVE ACTION PROGRAM

Clark & Reid Company, Inc. (The company) is committed to a policy of nondiscrimination and equal employment opportunity and to continuing and expanding positive programs which will assure the strengthening of this policy.

While the employment philosophy of Clark & Reid Company, Inc. stresses the need to employ and promote the best qualified person for a particular job, it provides for equal employment opportunity WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, VETERAN'S STATUS OR PHYSICAL OR MENTAL HANDICAP, in connection with, but not limited to, Hiring, Placement, Upgrading, Transfer, or Demotion, Recruiting, Advertising or Solicitation, Compensation, Selection for Training, Layoff, Termination, Participation in Social and Recreational functions, and Use of Employee Facilities. Moreover, in conjunction with, and as part of its equal employment opportunity policy, the company is also subject to Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974 and Section 503 of the Rehabilitation Act of 1973 which requires government contractors to take affirmative action to employ and advance in employment qualified, disabled veterans, of the Vietnam era and qualified handicapped persons. Periodic analysis of all personnel actions will be conducted to ensure equal employment opportunity. Furthermore, all employees and job applicants shall be protected from coercion, intimidation, interference or discrimination for filing a complaint or assisting in an investigation with regard to equal employment opportunity and the affirmative action program.

To reaffirm and supplement the long-standing and continuing commitment of Clark & Reid Company, Inc. to equal employment opportunity, a specific Affirmative Action Program has been prepared and put into effect. This Affirmative Action Program sets forth the action being taken and to be taken by officials and employees of the Company to meet its legal and moral responsibilities concerning equal employment opportunities. Though Kenneth F. Bush, Vice President of Finance and Administration, is primarily responsible for implementing and monitoring the Affirmative Action Program, equal employment opportunity is a function and responsibility of all employees. Clark & Reid Company, Inc. has resolved and pledged to promote this Affirmative Action Program in all of its operations.

AFFIRMATIVE ACTION STATEMENT

Clark & Reid Company, Inc. does not discriminate in hiring or employment on the basis of race, color, religion, sex, or national origin or on the basis of age against persons whose age is greater than forty. Furthermore, the Company does not discriminate in hiring or employment because of physical or mental handicap in regard to any position for which the applicant or employee is qualified. No question on this application is intended to be used for such discrimination. Moreover, the Company also emphasizes the employment and advancement of qualified disabled veterans and veterans of the Vietnam era.

Clark & Reid Company, Inc. is a government (sub) contractor subject to Section 503 of the Rehabilitation Act of 1973, which requires government contractors (and subcontractors) to take affirmative action to employ and advance in employment qualified handicapped individuals, and Section 402 of the Vietnam Era Readjustment Assistance Act of 1974, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam era. If you have such a handicap or if you are a disabled veteran covered by the program, please tell us. Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of handicapped individuals or disabled veterans, and regarding necessary accommodations, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) government officials investigating compliance with the Act shall be informed.

If you are handicapped, or if you are a qualified disabled veteran or veteran of the Vietnam era, we would like to include you under the affirmative action program. It would assist us if you tell us about (1) any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your handicap or disability, so that you will be considered for any positions of that kind, and (2) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, or other accommodations.

**NOTICE TO DRIVERS
&
CERTIFICATE OF COMPLIANCE**

I. NOTICE TO DRIVERS

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials.

The following provisions of this legislation became effective July 1, 1987.

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license. A limited exception is made for drivers who are subject to non-resident licensing requirements of any state. This exception does not apply after December 31, 1989.
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier AND the state which issued the license to that driver of such conviction within 30 days.
3. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as a driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. Any violation is punishable by a fine not to exceed \$2,500. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle must advise the motor carrier the next business day after receiving notification of such action.

TO BE RETAINED BY MOTOR CARRIER

II. CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986 which became effective on July 1, 1987.

Driver's Name (print) _____ Soc. Sec. # _____

Driver's Address _____

License: State _____ Type/Class _____ ID# _____

I further certify that the above commercial vehicle license is the only one held _____; or that I have surrendered the following license to the states indicated.

State _____ Type/Class _____ ID# _____

State _____ Type/Class _____ ID# _____

Driver's Signature _____ Date _____

IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service

In connection with your application for employment with Clark & Reid ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Clark & Reid ("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 consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. 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 am challenging 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 have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer 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)