

Dispatch Logistics

TRANSPORT COMPANY:

ADDRESS:

PHONE:

HIRING CRITERIA

Drivers and Owner-Operators must meet the following requirements:

- Must be at least 23 years of age.
- Must be legally eligible to work in Canada & USA.
- Must have at least 1 years Tractor/Trailer or Straight Truck Experience.
- Must possess a Class "AZ" or "Class 1" Driver's License.
- Must have stable work history.
- Must have no more than 3 moving violations within the past 3 years.
- Must have no MTO reportable accidents which were preventable in the past 3 years.
- Must have no "failure to report an accident" on record while driving Commercial Vehicle.
- Must have no felony charges or convictions.
- Must possess adequate education to read and write legibly and can understand the rules of the company, the MTO, and the requirements of the driving classification for which they are applying.
- Must pass Road Test and attend 1 day at company for Driver Orientation Process.
- Must be able to complete 4 classes with Trucking Experts Ltd. For the following:
 - ❖ Hours of Service.
 - ❖ Pre- Trip & Post- Trip Inspection
 - ❖ Defensive Driving Course
 - ❖ Cargo Securement & CSA Awareness

Please ensure that you provide us with the following information at your earliest convenience in order that we may continue to process your application:

- CVOR & ABSTRACT (current to last 30 days)
- Criminal Record Search (current to last 90 days)

Signature _____ Date _____

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DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job-related disability, or any other protected group status.

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 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 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 previous employer;
- 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.

Signature _____ Date _____

FOR COMPANY USE ONLY

PROCESS RECORDED

Applicant Hired _____ Rejected _____
Date Employed _____ Point Employed _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Department Released From _____
Dismissed _____ Voluntary _____ Quit _____ Other _____
Termination Report Placed in File _____ Supervisor _____

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APPLICATION FOR EMPLOYMENT

POSITION APPLIED: OWNER OPERATOR USA LOCAL
COMPANY DRIVER USA LOCAL

NAME

(FIRST)

(MIDDLE)

(Maiden Name, if any)

(LAST)

ADDRESS

(STREET)

(CITY)

(STATE & POSTAL CODE)

(COUNTRY)

DATE OF BIRTH

(DDMMYYYY)

SOCIAL SECURITY NO.

HOME PHONE

CELL PHONE

E-MAIL ADDRESS

PREVIOUS THREE YEARS RESIDENCY

(STREET)	(CITY)	(STATE & ZIP CODE)	HOW LONG?
(STREET)	(CITY)	(STATE & ZIP CODE)	HOW LONG?
(STREET)	(CITY)	(STATE & ZIP CODE)	HOW LONG?
(STREET)	(CITY)	(STATE & ZIP CODE)	HOW LONG?
(STREET)	(CITY)	(STATE & ZIP CODE)	HOW LONG?

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

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

LICENSE NO.		CLASS TYPE	
EXPIRATION DATE		STATE OF ISSUE	

- 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 _____

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DRIVING EXPERIENCE

CLASS OF EQUIPMENT	NUMBER OF YEARS
STRAIGHT TRUCK	
TRACTOR AND SEMI-TRAILOR	
FLATBED	
FORKLIFT	
OTHER	

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

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

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

DATE CONVICTED	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (FORFEITIED BOND, COLLATERAL AND OR POINTS)

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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: (CURRENT JOB)

NAME _____

ADDRESS _____

PHONE _____ FAX _____ EMAIL _____

POSITION HELD _____ FROM _____ TO _____

REASONS FOR LEAVING _____

- 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

2ND LAST EMPLOYER:

NAME _____

ADDRESS _____

PHONE _____ FAX _____ EMAIL _____

POSITION HELD _____ FROM _____ TO _____

REASONS FOR LEAVING _____

- 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

3RD LAST EMPLOYER

NAME _____

ADDRESS _____

PHONE _____ FAX _____ EMAIL _____

POSITION HELD _____ FROM _____ TO _____

REASONS FOR LEAVING _____

- 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

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(Must complete 10 years of employment record)

4TH LAST EMPLOYER

NAME _____

ADDRESS _____

PHONE _____ FAX _____ EMAIL _____

POSITION HELD _____ FROM _____ TO _____

REASONS FOR LEAVING _____

- 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

5TH LAST EMPLOYER

NAME _____

ADDRESS _____

PHONE _____ FAX _____ EMAIL _____

POSITION HELD _____ FROM _____ TO _____

REASONS FOR LEAVING _____

- 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

6TH LAST EMPLOYER

NAME _____

ADDRESS _____

PHONE _____ FAX _____ EMAIL _____

POSITION HELD _____ FROM _____ TO _____

REASONS FOR LEAVING _____

- 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

7TH LAST EMPLOYER

NAME _____

ADDRESS _____

PHONE _____ FAX _____ EMAIL _____

POSITION HELD _____ FROM _____ TO _____

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(Must complete 10 years of employment record)

REASONS FOR LEAVING _____

- 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

8TH LAST EMPLOYER

NAME _____

ADDRESS _____

PHONE _____ FAX _____ EMAIL _____

POSITION HELD _____ FROM _____ TO _____

REASONS FOR LEAVING _____

- 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 investigating my safety performance history as required by 49 CFR 39123(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.

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DRIVER STATEMENT OF ON-DUTY HOURS

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed 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 395.80(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.

Name _____ Social Insurance Number _____

Driver's License Number: _____ State _____ Class _____

DAY	1	2	3	4	5	6	7	Total Hours Worked
DATE								
HOURS WORKED								

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

_____ am pm 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, also performing any compensated work for any non-motor carrier entity.

(Circle 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

 Company Representative

 Date

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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 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 10,001 pounds or more, can transport more than 15 people, 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:

POSSESS ONLY ONE LICENSE: You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

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 or suspension of your driver's license. 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: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

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 _____

Drivers Certification: I certify that I have read and understood the above requirements.

Driver's Name: _____

Driver's Signature: _____

Date: _____

FAIR CREDIT REPORTING ACT DISCLOSURE

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 Federal Motor carrier Safety Regulations.

Print Name: _____

Applicant's Signature: _____ Date _____

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DRIVER APPLICANT DRUG AND ALCOHOL PRE- EMPLOYMENT STATEMENT

CFR Part 40.25(i) requires the employer to ask any applicant, 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 rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process.

(See Section 40.25(b)(5) and (e).

Applicant Name _____ SsN Number _____

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 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?

Yes No

2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

Yes No

My signature below certifies that the information provided is true and correct.

Applicant Signature _____ Date _____

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DRIVER'S ACKNOWLEDGEMENT

Management reviews the following policies & procedures in detail with drivers as part of Hiring and orientation process. On completion, the Driver and Company Representative will both sign the document.

1. _____ Company Hiring Criteria.
2. _____ Terms of Employment & Probationary Period.
3. _____ Absenteeism Policy.
4. _____ Drug & Alcohol Policy.
5. _____ Hours of Service & Log Book Completion.
6. _____ Collision Reporting Procedures.
7. _____ Compliance with the law and agreement to report all moving violations & incidents.
8. _____ Discipline Policy.
9. _____ Safe Driving Guidelines.
10. _____ Personal Protective Clothing Requirements.
11. _____ Pre-Trip Inspection Procedures.
12. _____ No Passenger Policy.
13. _____ No Pet Policy.
14. _____ Cell Phone & Hand-Held Device Policy.
15. _____ Fleet Maintenance Policy 7 procedures.
16. _____ Approved Drivers Only Policy (Company & O/D)
17. _____ Equipment Damage.
18. _____ Speed Policy.

I _____ hereby acknowledge that receipt of the driver's Manual and that I have reviewed and understand company policies.

Applicant's Signature

Date

Carrier Representative's Signature

NOTE: This receipt shall be reviewed and signed by the driver and company official.

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TICKET AUTHORIZATION

To:

I _____, as per company's _____
Name of Driver **Name of Trucking Company**

Rules and Regulations, throughout my employment (from the first day of my work until the last day of my work), any ticket(s) issued to me or the company through my work which I am directly responsible while performing duties for my employer. I shall give the ticket(s) to employer, to communicate with any legal representative on my behalf. I confirm that this authorization has been read to me in a language that I understand. A photocopy, faxed copy or emailed copy of this authorization shall be considered as valid and binding as the original.

PARALEGAL ASSIGNED _____

Dated this ____ day of _____, 20____, at _____, _____.
Month **City** **Province/State**

Signature of Witness or Employer

Signature of Client (Driver)

Print name of Witness or Employer

Print Name of Client (Driver)

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CERTIFICATION OF ROAD TEST

Driver's Name: _____

SSN's Number: _____

Driving License Number: _____

Type of power unit _____

This is to certify that the above-named driver was given a road - test under my supervision on _____ consisting of approximately _____ miles of driving.

It is considered opinion that this driver possesses enough driving skills to operate safety the type of commercial motor vehicle listed above.

(Signature of Examiner)

(Title)

(Organization and address of Examiner)

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DRIVERS ROAD TEST

Driver's Name: _____

Driver's License Number: _____

Marketing Code: X — Unsatisfactory
 \ — Improvement Needed
 OK - - Satisfactory

1. Pre- Trip Inspection

Engine Check

Coolant, Fuel, Lubricant Leaks	X	\	OK
Oil, Water, Power Steering levels	X	\	OK
Belts, Hoses, Wiring Condition	X	\	OK

Circle Check

Tires, Airlines, Slack Adjuster	X	\	OK
Suspension, Logouts, All lights	X	\	OK
Body, Doors, Mud Flaps, Wipers, Mirrors	X	\	OK
Driveshaft, Muffler	X	\	OK

2. Vehicle in Motion and Use of controls

Motor

Starts Motor properly	X	\	OK
Allows proper Warm Up	X	\	OK
Lugs Engine	X	\	OK
Over Rev's Engine	X	\	OK

Clutch & Transmission

Starts off	X	\	OK
Smoothly	X	\	OK
Use proper gear to move unit	X	\	OK
Co-Ordinates Gearshifts	X	\	OK
Uses Proper Gear	X	\	OK
Sequence	X	\	OK
Grinds or Misses Shifts	X	\	OK
Double Clutch Procedure	X	\	OK

3. Steering

Allows unit to wonder	X	\	OK
Steering Grip and Method	X	\	OK

4. Driving Along

Maintains Proper Speed	X	\	OK
Uses Gear which matches speed	X	\	OK
Adjusts to changing Road and traffic conditions	X	\	OK
Position of unit in Lane	X	\	OK
Following	X	\	OK
Distance	X	\	OK
Lane Change Signaling	X	\	OK
Checks in Mirrors Adequately	X	\	OK
Checks	X	\	OK
Instruments	X	\	OK

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PRE-EMPLOYMENT SCREENING

IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with _____ (“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 _____ (“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 decide regarding my suitability as an employee.

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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) _____

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HOURS OF SERVICE QUIZ

Directions: Read each statement carefully and circle the response that best answer the question.

1. **According to FMCSR, you may not drive for more than:**
 - a. 15 hours
 - b. 8 hours
 - c. 11 hours
 - d. 14 hours

2. **On-duty time includes:**
 - a. Driving time
 - b. Unloading
 - c. Waiting for a customer
 - d. All the above

3. **You must keep your record of duty status for the previous seven day:**
 - a. In your possession always
 - b. At home
 - c. To prove that you are working enough hours
 - d. All the above

4. **After 11 hours of driving time you must:**
 - a. Stop working and go home
 - b. Work 5 more hours
 - c. Get 10 consecutive hours of rest before driving again.
 - d. All the above

5. **You may “reset” your 70-hour clock after having at least _____ consecutive hours off duty according to MTO.**
 - a. 10
 - b. 24
 - c. 36
 - d. 34

6. **You may “reset” your 70-hour clock after having at least _____ consecutive hours off duty according to FMCSR.**
 - a. 10
 - b. 24
 - c. 36
 - d. 34

7. **On duty times:**
 - a. Include time spent working for another employer
 - b. May never exceed 8 hours
 - c. May never exceed 10 hours
 - d. All the above

8. **You may have two extra hours of driving time in addition to the 11-hour rules if:**
 - a. Weather conditions interfere with ability to perform duties within 11 hours and you could not foresee them before you set out.
 - b. You use the split-breaking option.
 - c. You get 6 consecutive hours of rest between driving periods
 - d. All the above

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- 9. If you drive within a radius of 100 air miles of your company terminal, you:**
- May be exempt from keeping a log if certain criteria are met.
 - May be drive for 14 hours each.
 - May be on duty for 15 consecutive hours each day.
 - Are not subject to any of the hours of service.
- 10. If you use the sleeper berth option:**
- You may count a rest period of less than two hours toward your 10 hours of rest between driving periods.
 - You may accumulate you requires 10 hours of rest in two periods. One of at least 8 consecutive hours in the sleeper berth and the other of at least two consecutive hours in the sleeper berth, off duty, or a combination of the two.
 - You may not drive after 10 hours of on-duty time.
 - You must log this as on duty time.
- 11. If you start your day at 7:00 am in the morning, until what time you can work before you take off duty of 10 hours.**
- 6:00 AM
 - 8:00 PM
 - 9:00 PM
 - 5:00 PM
- 12. After _____ hours of driving, you must have 10 consecutive hours of rest before you can drive again.**
- 8
 - 11
 - 12
 - 15
- 13. After _____ consecutive hours after coming on duty, you must have 10 consecutive hours of rest before you can drive again.**
- 8
 - 10
 - 12
 - 14
- 14. All time spent at the driving controls of a commercial motor vehicle in considered driving.**
- True
 - False
- 15. On-duty time includes all time from the time a driver begins work until he/she is relieved from all work responsibilities.**
- True.
 - False.
- 16. After 11 hours of driving time, you must have consecutive hours of rest before you may drive again.**
- 6
 - 10
 - 12
 - 24

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- 17. All time spent at the driving controls of a commercial motor vehicle in operation in considered driving time.**
- a. True
 - b. False
- 18. After 14 consecutive hours after coming on duty, you must get consecutive hours of rest before you may drive again.**
- a. 6
 - b. 10
 - c. 12
 - d. 24
- 19. Which item must be included on a driver's daily log?**
- a. The date
 - b. Name of carrier.
 - c. Shipping document number(s) or name of the shipper and commodity.
 - d. All the above.
- 20. Which item is not required on a driver's daily log?**
- a. Total hours and date
 - b. From (starting point or place and to (destination)
 - c. Truck/tractor and trailer number
 - d. 11 of the above

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ROADSIDE INSPECTION QUIZ

Directions: Read each statement carefully and circle the response that best answer the question.

1. CVSA stands for:
 - a. Commercial Vehicle Service Association
 - b. Commercial Vehicular Safety Association
 - c. Commercial Vehicle Safety Alliance
 - d. Commercial Vehicular Service Alliance

2. Roadside inspections are conducted by the Department of Transportation/MTO under guidelines developed by the:
 - a. Federal Highway Administration (FHWA)
 - b. National Transportation Safety Board (NTSB)
 - c. Commercial Vehicle Safety Alliance (CVSA)
 - d. Department of Transportation (DOT)

3. How many different levels of roadside inspections are there?
 - a. Three
 - b. Four
 - c. Five
 - d. Six

4. Out-of-Service Criteria has been developed:
 - a. To punish drivers and carriers for not properly maintaining vehicles
 - b. To address unsafe conditions that could result in an accident or breakdown
 - c. To help law enforcement levy substantial fines against carriers
 - d. To force maintenance crews to fix mechanical problems with vehicles

5. Which of these are ways to avoid getting an out of service sticker during a roadside inspection?
 - a. Keeping your truck clean
 - b. Acting professionally and answering all questions asked by the inspector
 - c. Doing a thorough inspection each day before driving and correcting any defects
 - d. All of the above.

6. The most common and comprehensive roadside inspection is:
 - a. Level I — North American Standard Inspection
 - b. Level II — Walk-Around Driver/Vehicle Inspection
 - c. Level III — Driver-Only Inspection
 - d. Level IV — Vehicle-Only Inspection

7. The chances of getting pulled over for a roadside inspection are pretty slim.
 - a. True
 - b. False

8. Having Pre-Pass will automatically allow you to always bypass the scales.
 - a. True
 - b. False

9. A clean truck and a professional attitude could mean the difference between being placed out of service and having a good day.
 - a. True
 - b. False

10. Roadside inspections can be hassle-free if you complete thorough vehicle inspections of your rig on a daily basis.

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- a. True
- b. False

11. The best way to keep roadside inspections from interfering with your schedule is to know your vehicle, keep it in good shape, and be prepared.

- a. True
- b. False

12. Roadside inspections:

- a. Can take place just about anywhere
- b. Can take place after an officer stops you for a routine traffic violation
- c. Can take place at a portable scale along the highway or at a weigh station
- d. All of the above

13. During a walk-around inspection while en-route, you noticed that you had one marker light out, but didn't have a replacement bulb with you. Now you are getting pulled into a scale for inspection. What should you do about the burned-out light?

- a. Ignore it; maybe the inspector won't see it
- b. Tell the inspector that you have a light out, but you are planning on getting it fixed at the nearest truckstop ahead
- c. Tell the inspector that it doesn't matter, because it's daytime and you don't need your lights
- d. Nothing

14. If an inspector asks to see your logbook, you should:

- a. Run, run as fast as you can
- b. Ask to bring it up to date first
- c. Plead the Fifth Amendment and ask why the cops are always out to get you
- d. Make it available to the inspector in a polite manner.

15. If asked for your logbook and it is not current, you should:

- a. Tell the inspector you don't have one, because the fine costs less not to have one than to have one that's not current to your last change of duty status.
- b. Tell the inspector that you would like to have an opportunity to get it current (assuming you can do it legally)
- c. Tell the inspector that you don't have one, because you don't haul logs
- d. Call your dispatcher and ask him or her what to do?

16. If you are asked by a CVSA officer if they can inspect the inside of your truck; you have the right to ask:

- a. What has led you to believe there's a reason to search my vehicle?
- b. What specific areas of the vehicle do you want to search?
- c. What, specifically, are you looking for?
- d. Any or all of the above

17. The inspector will provide you with a copy of the inspection report because:

- a. It's the proof required by DOT that you were stopped for a roadside inspection
- b. You'll need it to verify the time in your logbook
- c. It alerts your carrier of any defects or violations that must be dressed within 15 days of the inspection
- d. It gives you valuable points toward a "get out of an inspection free" card

18. If you are placed out of service, you should:

- a. Fix the problem and leave without telling anyone
- b. Ask the inspector if you can go to the Truckstop and wait
- c. Contact your company

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- d. Ask another driver for a ride to the Truckstop to wait it out
- 19. You are required to turn the inspection report into your carrier:**
- At the earliest opportunity, or within 24 hours
 - Within 15 days of the inspection
 - With your completed logbook pages
 - By express mail so they get it as soon as possible.
- 20. CVSA decals are:**
- Fun to collect and trade with your friends
 - Placed on the vehicle only, trailer and/or tractor
 - A sure way to not get stopped for another inspection
 - Valid for one year only
- 21. Because you have a current CVSA decal in your windshield, you *know* that you are current on your roadside inspections and don't need to pull into any scales.**
- True
 - False
- 22. If you have a complaint about an inspection or a specific inspector, you should:**
- Call your carrier and let them use the appropriate means to register a complaint
 - Demand your privacy and call your attorney
 - Refuse to let the inspector look inside your cab
 - Call the CVSA and issue a complaint before the inspector knows what hit him
- 23. A possible result of a roadside inspection is:**
- Vehicle and driver are incarcerated until defects have been repaired
 - Driver is placed out of service for ten hours for violating Hours of Service Regulations
 - Vehicle is placed out of service for ten hours for mechanical defect(s)
 - Driver is awarded a CVSA decal for no violations or defects
- 24. Why should you always keep your cab doors locked?**
- It's the *safe* and practical thing to do
 - It will keep inspectors out, because they can't enter a truck that's locked
 - It allows you to keep your truck as messy as you want
 - So, you won't fall out
- 25. You haul hazardous materials. Where should you keep your paperwork relating to the freight if you leave the vehicle?**
- Anywhere that's convenient for you
 - In the trailer, where the receiver will see it
 - Where it's accessible from the driver's seat, when seated
 - On the driver's seat or in the door pouch of the driver's door

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Vehicle Inspections Quiz

Directions: Read each statement carefully and circle the response that best answers the question.

- 1. Thorough vehicle inspections may:**
 - a. Make your job easier
 - b. Make your job safer
 - c. Make road side inspection less of hassle
 - d. All of the above

- 2. The best reason for doing thorough vehicle inspections is:**
 - a. Your safety director will applaud your behaviour
 - b. They're required by regulation
 - c. Your safety and the safety of those with whom you share the road
 - d. They're common practice in the industry

- 3. Whose responsibility is it to see that a vehicle is in good working condition before going out on the road?**
 - a. Your company's maintenance shop
 - b. The previous driver
 - c. The DOT
 - d. Yours

- 4. When performing a vehicle inspection, you should:**
 - a. Move around the vehicle in a counter-clockwise direction
 - b. Move around the vehicle in a clockwise direction
 - c. Move toward the rear of the vehicle on each side, starting from the front
 - d. Do it the same way every time, so you don't miss anything

- 5. A walk-around inspection is:**
 - a. At your discretion with newer vehicles
 - b. An important part of every vehicle inspection
 - c. Outlined in detail by the Federal Motor Carrier Safety Regulations (FMCSR)
 - d. A good way to get a little exercise

- 6. DVIR stands for:**
 - a. DOT vehicle inspection requirement
 - b. Driver vehicle inspection release
 - c. Driver's verification of inspection results
 - d. Driver's vehicle inspection report

- 7. The DVIR is necessary because:**
 - a. It's the only on-the-job, weekly report covering vehicle maintenance
 - b. It's required by the Federal Motor Carrier Safety Regulations (FMCSR)
 - c. You must turn it in to the dispatcher before leaving with a load
 - d. It tracks how long it has taken to have something repaired on your vehicle

- 8. Any problems you find during a vehicle inspection should be:**
 - a. Reported and fixed immediately
 - b. Reported and fixed when you return to
 - c. Noted on the DVIR
 - d. Brought to the attention of your dispatcher

- 9. Vehicle inspections should be performed:**
 - a. Before every trip
 - b. During every trip
 - c. After every trip
 - d. All of the above

- 10. Why are vehicle inspections so important?**
 - a. Mechanical problems can be spotted and repaired before they lead to a breakdown on the road
 - b. They help your carrier control its operating costs
 - c. An unsafe condition can be spotted and repaired before causes an incident or crash
 - d. All of the above

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Weight and Dimensions

Directions: Read each statement carefully and circle the response that best answers the question.

1. **Provinces and territories have maximum vehicle weights to preserve highway infrastructure and to ensure public safety.**
 - a. True
 - b. False

2. **How does a carrier find out whether their vehicles are legally overweight or over dimension?**
 - a. They may use the maximum allowable weight calculator
 - b. They may refer to the regulations and calculate the weights themselves.
 - c. They don't have to determine whether their vehicles are overweight or over dimension.
 - d. Both answers a and b.

3. **A permitted over dimension vehicle that is over 2.60 meters wide (8'6") must show flags by day and warning lights by night.**
 - a. True
 - b. False

4. **The signs on the sides of a vehicle must be at least __mm in height and must be clearly visible.**
 - a. 20
 - b. 40
 - c. 50
 - d. 70

5. **What is the purpose of Alberta Transportation's Online Services?**
 - a. It shows you what kind of signs to use on Oversize vehicles.
 - b. It allows you to apply for permits and to check the status of those you have already sent in.
 - c. It allows you to send request for training in overweight and over-dimensional vehicle operations.
 - d. None of the above.

6. **Which of the following is NOT available on Alberta Transportation's Online Services?**
 - a. Single Trip Overweight Permit.
 - b. Drilling Rig Overweight permit
 - c. Long Combination Vehicle permit
 - d. Multi-trip Over-Dimension permit.

7. **Third party agencies may assist carriers with certain permit applications.**
 - a. True
 - b. False

8. **Sometimes the roads in Alberta are restricted for carriers because of construction, maintenance or seasonal conditions such as spring thaw.**
 - a. True
 - b. False

9. **The High Load Corridor is a set of highways within the Province of Alberta which accommodates extremely high or wide loads.**
 - a. True
 - b. False

10. **You need a permit to transport a load up to 9 meters high, even if you are operating in the High Load Corridor.**
 - a. True
 - b. False

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Cargo Securement

Directions: Read each statement carefully and circle the response that best answers the question.

- 1. The intent of Cargo Securement Standard is to:**
 - a. Reduce the number of accidents caused by cargo shifting or falling from commercial vehicles
 - b. Harmonize to the greatest extent practicable U.S., Canadian, and Mexican, securement regulations.
 - c. Protect cargo from being lost or damaged.
 - d. All of the above.

- 2. According to Division 3 of NSC Standard 10, cargo securement standards not apply**
 - a. Packaged lumber
 - b. Concrete tubes
 - c. Liquids and gases
 - d. Intermodal containers

- 3. Current standards state that carriers are not required to use manufacturer marked tie downs.**
 - a. True
 - b. False
 - c.

- 4. Articles of cargo that are likely to roll must be restrained by:**
 - a. Tie downs or steel strapping
 - b. Chocks, wedges or cradles
 - c. Ropes
 - d. Metal coils

- 5. Only one tie down is required if an article of cargo is _____ meters in length and does not exceed _____ kilograms in weight.**
 - a. 1.52 meters / 500 kilograms
 - b. meters / 500 kilograms
 - c. 1.52 meters / 600 kilograms
 - d. 3.04 meters / 600 kilograms

- 6. The combined working load limit of the items used in a securement system to prevent an article or group of articles from moving must be at least '22 the weight of that article or group of articles.**
 - a. True
 - b. False

- 7. A carrier is required to ensure its drivers know how to secure loads using the Commercial Vehicle Safety Regulations and NSC Standard 10.**
 - a. True
 - b. False

- 8. Commodity-specific cargo securement standard apply to the transportation of automobiles, light trucks and vans which individually weigh _____ kilograms or less.**
 - a. 11,794 kilograms
 - b. 4,500 kilograms
 - c. 5,000 kilograms
 - d. 7,800 kilograms

- 9. Commodity- specific cargo securement standards apply to large boulders.**
 - a. True
 - b. False

- 10. The Commercial Vehicle Safety Regulation and NSC Standard 10 only apply to all commercial vehicles including trailers and commercial vehicle that are weighing or registered for less than 4,500 kilograms.**
 - a. True
 - b. False

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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 383.31 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 of Certification _____ 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 _____

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

