



# CMV DRIVER'S QUALIFICATION APPLICATION

(per 49 CFR 391.21)

Date of Application \_\_\_\_\_

\_\_\_\_ Medallion Transport & Logistics, LLC  
307 Oates Road, Ste. H  
Mooresville, NC 28117

\_\_\_\_ Medallion International, LLC  
307 Oates Road, Ste. H  
Mooresville, NC 28117

\_\_\_\_ NHH Services, LLC  
307 Oates Road, Ste. H  
Mooresville, NC 28117

\_\_\_\_ Ace Heavy Haul, LLC  
307 Oates Road, Ste. H  
Mooresville, NC 28117

### PLEASE READ COMPLETELY

The information requested on this form is required by federal law (49 CFR) to be provided by any driver applying for a commercial driver position as defined in 49 CFR 390.5. Failure to complete required areas can place both the applicant and carrier in violation of federal law. Information provided will be verified by carrier as required under various parts of 49 CFR, including Part 382 and Part 391. If unsure of question or require help with competing form please ask carrier representative.

**PLEASE PRINT CLEARLY AND SIGN YOUR FULL LEGAL NAME AT THE END WHERE  
REQUIRED. FALSE STATEMENTS MAY RESULT IN REFUSAL TO HIRE OR IMMEDIATE**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle (Jr./Sr.)

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Document Presented to Verify Age \_\_\_\_\_

Current Address Street \_\_\_\_\_

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

How Long? Yr./Mo \_\_\_\_\_

Previous Addresses (If less than 3 years):

\_\_\_\_\_  
Street/City/State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_  
Yr./Mo.

\_\_\_\_\_  
Street/City/State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_  
Yr./Mo.

\_\_\_\_\_  
Street/City/State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_  
Yr./Mo.

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

Are you legally authorized to work in the United States as a commercial driver under 49 CFR? Yes\_No

Have you ever been convicted of a felony? \_\_\_\_\_  
If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to qualification. All circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied? Are you applying for ADA consideration? If yes please explain if you wish \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## APPLICANT MUST COMPLETE

(answer all questions – please print)

### WORK HISTORY

All applicants must provide the following information for any previous company during the preceding 3 years. Complete all areas below. Applicants shall also provide an additional 7 years of information for those companies for whom the applicant has operated a CMV.

(NOTE: List companies in reverse order starting with the most recent. Use additional sheet if necessary.)

CURRENT COMPANY		DATES (Mo./Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	<b>REASON FOR LEAVING</b>
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PREVIOUS COMPANY		DATES (Mo./Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	<b>REASON FOR LEAVING</b>
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PREVIOUS COMPANY		DATES (Mo./Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	<b>REASON FOR LEAVING</b>
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PREVIOUS COMPANY		DATES (Mo./Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	<b>REASON FOR LEAVING</b>
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PREVIOUS COMPANY		DATES (Mo./Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	<b>REASON FOR LEAVING</b>
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**ACCIDENT RECORD**

PROVIDE THE FOLLOWING INFORMATION FOR ANY ACCIDENT YOU WERE INVOLVED IN DURING THE PRECEDING 3 YEARS (IF NONE, WRITE, NONE)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVICTIONS**

PROVIDE THE FOLLOWING INFORMATION FOR ALL MOTOR VEHICLE VIOLATIONS FOR WHICH YOU WERE CONVICTED OR PLED GUILTY TO DURING THE PRECEDING 3 YEARS (DO NOT INCLUDE PARKING TICKETS) (IF NONE, WRITE, NONE)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_  
 IF THE ANSWER TO EITHER QUESTION IS YES, GIVE DETAILS \_\_\_\_\_

**DRIVING EXPERIENCE** CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (MN) TO (MN)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK YES NO _	(VAN, TANK, FLAT, DUMP, REEFER)		
TRACTOR & SEMI TRAILER YES_NO _	(VAN, TANK, FLAT, DUMP, REEFER)		
TRACTOR TWO TRAILERS YES_NO _	(VAN, TANK, FLAT, DUMP, REEFER)		
OTHER _____			

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

**Drug & Alcohol Information**

In the previous three (3) years have you:

- Violated the Alcohol and Controlled Substance prohibitions under subpart B of 49CFR Part 382 or 49CFR Part 40? Yes \_\_\_ No \_\_\_
- Failed to undertake or complete a rehabilitation program prescribed by a SAP pursuant to 49CFR 382.605? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Check all that apply:

- I had an alcohol test result of 0.04 or higher? Yes \_\_\_ No \_\_\_ N/A \_\_\_  
 I had a Verified Positive Drug Test? Yes \_\_\_ No \_\_\_ N/A \_\_\_  
 I refused to test (including verified adulterated or substituted drug test result) Yes \_\_\_ No \_\_\_ N/A \_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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

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

By completing and signing this application, I understand that all necessary reports including but not limited to: MVR, 20/20 Criminal, Social Security Verification, Work History and CDLIS will be pulled by a third party provider(s) and reviewed for my potential qualification. I further understand such reports will be made available to me at my request at no expense within 60 days from the date the reports were pulled.

**MANDATORY DRIVER'S SAFETY PERFORMANCE HISTORY  
(REQUEST FOR PREVIOUS COMPANY INFORMATION)  
REPLY REQUIRED BY FEDERAL LAW (49 CFR 391.23)**

**PLEASE FAX BACK TO 704-353-7959**

**Page 1 of 2**

Medallion Transport & Logistics, LLC  Medallion International, LLC  Ace Heavy Haul, LLC  NHH Services, LLC

307 Oates Road, Ste. H, Mooresville, NC 28117  
Phone (704) 235-0460 **FAX (704) 353-7959**

Name of Driver Applicant: \_\_\_\_\_ SS No.: \_\_\_\_\_ DOB \_\_\_\_\_  
CDL #: \_\_\_\_\_ State: \_\_\_\_\_

**I authorize release of the information contained on this form as required under 49 CFR 40.331, 382.413, 391.23 and other applicable requirements. I acknowledge, that I have the right to due process as identified in 49CFR 391.23 to correct information submitted under this authorization.**

Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Previous Company: \_\_\_\_\_ Address: \_\_\_\_\_  
Date Contacted: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Person Providing Information: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Person Providing Information Signature: \_\_\_\_\_

Worked from: \_\_\_\_\_ to: \_\_\_\_\_ as:  Company Driver  Lease  Owner/Operator  Other

Type:  Solo  Team  Student  Other **Equipment Operated:**  Tractor-Trailer  Straight Truck  Other

Experience:  Flatbed  Van  Reefer  Intermodal  Heavy Haul **Trailer Length:** \_\_\_\_\_

Areas Driven:  OTR  Regional  Local # of states driven \_\_\_\_\_ **Loads Hauled:** \_\_\_\_\_

Subject to FMCSRs?  Yes  No Subject to DOT D&A?  Yes  No **Responsible for Maintaining Logs?**  Yes  No

Reason(s) for Leaving: \_\_\_\_\_ Terminated?  Yes  No **Eligible for Rehire?**  Yes  No

Was driver involved in any DOT Accidents per 49CFR 390.5 during the previous three (3) years  Yes  No  
# Preventable: \_\_\_\_\_ # Non-Preventable \_\_\_\_\_ # DOT Reportable \_\_\_\_\_

If YES, provide the following data elements for each as required by 49CFR 390.15(b)(1).

DATE	CITY/TOWN STATE	# OF INJURIES	# OF FATALITIES	VEHICLES TOWED	HAZMAT SPILLED

Does your company track accidents other than DOT Recordable (390.15)?  Yes  No

If YES provide information on each such incident involving the driver applicant identified herein as appropriate

Continued

**MANDATORY DRIVER'S SAFETY PERFORMANCE HISTORY  
(REQUEST FOR PREVIOUS COMPANY INFORMATION)  
REPLY REQUIRED BY FEDERAL LAW (49 CFR 391.23)**

**Page 2 of 2**

Continued for Applicant: \_\_\_\_\_

**Drug & Alcohol Information**

If driver applicant performed Safety-Sensitive Functions, provide answers to each of the following:

In the previous three years:

1. Did this driver applicant violate the Alcohol and Control Substance prohibitions under subpart B of 49CFR Part 382 or 49CFR Part 40?    Yes    No
2. Did this driver applicant fail to undertake or complete a rehabilitation program prescribed by a SAP pursuant to 49CFR 382.605?    Yes    No    N/A
3. If this driver applicant successfully completed a SAP's rehabilitation referral and remained with your company, you must provide the following additional information:
  - Were driver alcohol test results 0.04 or higher?    Yes    No    N/A
  - Verified Positive Drug Test?    Yes    No    N/A
  - Refused to test (including verified adulterated or substituted drug test result)?  
Yes    No    N/A

**Under 49CFR 391.23, failure to provide the above information should be reported to US DOT (FMCSA) following procedures specified in 49CFR 386.12**

**Medallion Transport and Logistics, LLC  
Medallion International, LLC  
Ace Heavy Haul, LLC  
NHH Services, LLC**

**DRIVER'S CERTIFICATION OF COMPLIANCE  
With Driver License Requirements**

**Motor Carrier Instructions:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous material that require being placarded.

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 material that require being placarded.

**Driver Requirements:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements with which you as a driver must comply. These requirements are in effect as of July 1, 1987. They are as follows:

**1. POSSESS ONLY ONE LICENSE**

- A. You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- B. If you have more than one license, keep the license from your state of residence and return the additional license(s) to the state(s) that issued them. DESTROYING a license DOES NOT close the record in the state that issued it. You MUST notify the state. If a multiple license has been lost, stolen or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

**2. NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION AND NOTIFICATION OF CITATION**

- A. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your company the NEXT BUSINESS DAY of any revocation or suspension of your driver's license.
- B. 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 motor carrier and 2) the state that issued your license. The notification to both the company and state must be in writing.

The following license is the only one I now possess:

Driver License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

→ \_\_\_\_\_ / / \_\_\_\_\_  
Signature Today's Date

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

**Medallion Transport and Logistics, LLC  
Medallion International, LLC  
Ace Heavy Haul, LLC  
NHH Services, LLC**

**PRE-QUALIFICATION URINALYSIS CONSENT & ACKNOWLEDGEMENT OF RECEIPT OF DRUG  
AWARENESS PROGRAM**

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 United States Code of Federal Regulations, Section 382.301 and company policy, all prospective drivers must submit to tests for controlled substances.

I understand that a urine sample will be collected at a collection site selected by the company and that the sample will be tested for controlled substances by a drug-testing laboratory by the National Institute of Drug Abuse, United States Department of Health and Human Services.

I understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle.

The results of the drug test will be maintained by an impartial Medical Review Officer for the company who will report whether the results were negative or positive to the Company. The results will not be released to any additional parties without my written consent.

I understand that I will be receiving a driver drug and alcohol information packet. I agree to sign, date and return the front page to the Safety Department. This requirement fulfills the 49 CFR 382.601 of the Federal Motor Carrier Safety Requirements.

I agree to comply with (Company) policies and Federal Regulations dealing with use and possession of alcohol and restricted drugs.

\_\_\_\_\_  
Name (Please Print)

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

→ \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Medallion Transport & Logistics, LLC  
Medallion International, LLC  
Ace Heavy Haul, LLC  
NHH Services, LLC**

**Notification of Traffic Violation**

The Commercial Motor Vehicle Safety Act of 1986 (Section 383.31) requires that commercial drivers notify their company and the state that issued their license of all moving violations, including those committed in a personal vehicle, for which the driver forfeited collateral or was convicted, within 30 days after conviction.

The following information is being provided by the below named driver to comply with the traffic violation notification requirements of the Act.

Driver's Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_

Date of Violation: \_\_\_\_\_ Citation No.: \_\_\_\_\_

Vehicle Operated (check one):

Personal       Commercial ( GVWR 26,001 pounds or more)

Other (describe): \_\_\_\_\_

Location of Offense: City/Town/County: \_\_\_\_\_ State: \_\_\_\_\_

Nature of Violation: \_\_\_\_\_

Disposition of Case (bail forfeiture, conviction with fine and/or loss of license, unconditional discharge, etc.):

\_\_\_\_\_

Date of Conviction: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Medallion Transport and Logistics, LLC  
Medallion International, LLC  
Ace Heavy Haul, LLC  
NHH Services, LLC

Safety Department  
307 Oates Road, Suite H  
 Mooresville, NC 28117

**DECLARATION OF WORK**

**GAPS DUE TO NOT WORKING:** Please complete the following (if applicable):

I, \_\_\_\_\_, was not working during the following period(s):

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

**SELF-EMPLOYMENT:** Please complete the following (if applicable):

I, \_\_\_\_\_, was self-employed during the following period(s):

From \_\_\_\_\_ To \_\_\_\_\_

My DOT# or MC# was \_\_\_\_\_ I was leased to \_\_\_\_\_

\*In order to provide proof of work for this period of time I have attached my W2 or long tax form.

**PAST COMPANIES:** Please complete the following (if applicable):

I, \_\_\_\_\_, worked at \_\_\_\_\_, which is no longer in business, during the following period:

From \_\_\_\_\_ To \_\_\_\_\_

In order to provide proof of work for this period of time I have attached by W2 or 1099 tax form.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**IMPORTANT DISCLOSURE**

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

In connection with your application for employment with Medallion Transport & Logistics LLC, Medallion International LLC, Ace Heavy Haul LLC, or NHH Services LLC (“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 Medallion Transport & Logistics LLC, Medallion International LLC, Ace Heavy Haul LLC, or NHH Services LLC (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

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

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

*LAST UPDATED 12/22/2015*