



DRIVERS OR OWNER OPERATOR'S REQUIRED DOCUMENTS

DRIVER NAME : _____
CELL NO : _____
EMAIL : _____

- SIGNED APPLICATION
- Driver CVOR + Abstract (**Within 30 Days**)
- Criminal Search Record (**Within 30 Days**)
- Previous 10 Years Address (**Canada or Back home**)
- 10 Years JOB History (**With Phone #**) (Trucking, Warehouse unemployed or study)
- 2 Photo ID's (**Driving license Copy + Passport Copy or Fastcard**)
- Road Test + Training
- Pre-Employment Drug Test
- Signed Driver Manual
- Orientation
- Incorporation Paper (**Company INC Paper**)
- PSP Record (**Before Hire Date**)
- Clearing House Query (**Before Hire Date**)

REQUIRED PAPERS FOR O/O TRUCK PLATES

- Original Ownership Portion
- Truck Bill of Sale
- Leasing Papers (**If Truck ON Lease**)
- Authorization Letter from Leasing Company
- Signed Authority Paper by O/O If Truck Owned By O/O
- 36 Days Safety, Annual Safety & Emission Test
- WSIB Waiver Paper + Owner Operator Contract
- Truck Speed Calibration Print out



8175 Lawson Road, Milton, ON, L9T 5E5

DRIVER HIRING & QUALIFICATION RECORDS CHECKLIST

DRIVER'S NAME : _____

DRIVER CELL : _____

DRIVER EMAIL : _____

DATE OF HIRE : _____

	✓
1. Application for Qualification should be fully completed and signed by applicant – No gaps in employment history. <ul style="list-style-type: none"> a. Driver's Rights (to be given to the applicant prior to driver application) b. Driver Applicant Drug and Alcohol Pre-employment Statement c. Controlled Substance and Alcohol Testing Information Acknowledgement/Consent form d. Request for Driver's Safety Performance History 	
2. Motor Vehicle Record (MVR) Province: _____ Date obtained: _____ (All licenses held by the driver in the last 3 years must be investigated.)	
3. Driver Performance Evaluation [Road Test] (Fully completed & signed by Examiner.)	
4. Receipt for Issuance of FMCSR Book	
5. Receipt for Driver's Manual/Policies	
6. Fourteen-Day Prior Hours Statement or Copies of Log Sheets (To be placed with log files.)	
7. Copy of Driver's License a) Expiration date: _____ b) Class: _____ c) Endorsements _____	
8. Annual Driver's Certification of Violations & Annual Review of Driving Record (MVR) (Must be completed at least once every 12 months from the date of hire.)	



8175 Lawson Road, Milton, ON, L9T 5E5

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period, which began before January 1, 1971.

- a) (1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and (2) An investigation of the driver's employment record during the preceding three years.
- b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency, as required. This must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This is effective as of October 30, 2004.
- d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for any accidents involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers;
2. 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; and
3. 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.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. 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 motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document.

Driver's Signature: _____ **Date:** _____

Driver's Name (Printed): _____



8175 Lawson Road, Milton, ON, L9T 5E5

APPLICATION FOR QUALIFICATION

Company Name: Blue Line Distribution Limited

Address : 8175 Lawson rd

City : Milton, ON L9T 5E5

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Instructions: 1. Please print clearly. 2. Complete all sections. If the answer to any question is "No" or "None," do not leave the item blank, but write "No" or "None."			
SECTION A - APPLICANT INFORMATION			
Name (First, Middle, Last)		Date of birth (DD/MM/YYYY)	Phone #
Position applying for (check one) <input type="checkbox"/> Driver <input type="checkbox"/> Contractor <input type="checkbox"/> Contractor's Driver <input type="checkbox"/> Other _____ (please specify)			USA Phone #
Residence history for the past 3 years, beginning with your current address.			
Current Address (no., street)			From (MM/YYYY):
City	Province	Postal code	To (MM/YYYY):
Last Address (no., street)			From (MM/YYYY):
City	Province	Postal code	To (MM/YYYY):
2nd Last Address (no., street)			From (MM/YYYY):
City	Province	Postal code	To (MM/YYYY):
Address (no., street)			From (MM/YYYY):
City	Province	Postal code	To (MM/YYYY):
Have you worked for this company before? Yes No If yes, when? From: _____ To: _____ _____ Reason for leaving?		SIN CARD # Email ID:	
Please circle the highest-grade level completed			
Grade school:		College/University:	Post-Graduate: 4
SECTION B – EMPLOYMENT HISTORY			
Please provide a complete record of all employment (starting with the current or most recent) for the past 10 years, including any unemployment or self-employment. Please also provide all commercial driving experience for the past 10 years			
Company name		Position held	Telephone #
Address (no., street)			From (MM/YYYY):
City	Province	Postal code	To (MM/YYYY):
Reason for leaving?			Supervisor:
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		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	



8175 Lawson Road, Milton, ON, L9T 5E5

Company name		Position held		Telephone #	
Address (no., street)				From (MM/YYYY):	
City		Province	Postal code	To (MM/YYYY):	
Reason for leaving?				Supervisor:	
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No			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		
Company name		Position held		Telephone #	
Address (no., street)				From (MM/YYYY):	
City		Province	Postal code	To (MM/YYYY):	
Reason for leaving?				Supervisor:	
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No			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		
Company name		Position held		Telephone #	
Address (no., street)				From (MM/YYYY):	
City		Province	Postal code	To (MM/YYYY):	
Reason for leaving?				Supervisor:	
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No			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		
<p>*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more; (2) is designed or used to transport nine or more passengers; or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.</p>					
SECTION C – DRIVING HISTORY/EXPERIENCE					
Driving Experience		Dates		Approximate Miles	
		From	To		
Straight Truck					
Tractor-trailer					
LCV's					
Other: (specify)					
List any Safe Driving Awards you hold and from whom.					
List special courses/training completed (PTD/DDC, Dangerous Goods, etc).					
List provinces and states operated in for the last five years.					
Collision record for the past three years (attach an additional sheet, if required) If none click <input type="checkbox"/> No					
Date of collision (DD/MM/YYYY)	Nature of Collision	Location		Number of Fatalities	Number of Injured people

ADDITIONAL ADDRESS HISTORY

Address (no., street)			From (MM/YYYY):
City	Province	Postal code	To (MM/YYYY):
Address (no., street)			From (MM/YYYY):
City	Province	Postal code	To (MM/YYYY):
Address (no., street)			From (MM/YYYY):
City	Province	Postal code	To (MM/YYYY):

ADDITIONAL WORK HISTORY

Company name		Position held	Telephone number
Address (no., street)			From (MM/YYYY):
City	Province	Postal code	To (MM/YYYY):
Reason for leaving?			
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		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	
Company name		Position held	Telephone number
Address (no., street)			From (DD/MM/YYYY):
City	Province	Postal code	To (DD/MM/YYYY):
Reason for leaving?			
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		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	
Company name		Position held	Telephone number
Address (no., street)			From (DD/MM/YYYY):
City	Province	Postal code	To (DD/MM/YYYY):
Reason for leaving?			
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		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	
Company name		Position held	Telephone number
Address (no., street)			From (DD/MM/YYYY):
City	Province	Postal code	To (DD/MM/YYYY):
Reason for leaving?			
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		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	
Company name		Position held	Telephone number
Address (no., street)			From (DD/MM/YYYY):
City	Province	Postal code	To (DD/MM/YYYY):
Reason for leaving?			
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		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	
Company name		Position held	Telephone number
Address (no., street)			From (DD/MM/YYYY):
City	Province	Postal code	To (DD/MM/YYYY):
Reason for leaving?			
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		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	



8175 Lawson Road, Milton, ON, L9T 5E5

Traffic convictions and forfeitures for the past three years (other than parking violations) If none click <input type="checkbox"/> No				
Date (DD/MM/YYYY)	Location	Offence	Penalty	
Driver's License (List each driver's license held in the past three years.)				
Province	License number	Type	Endorsements	Expiration date
Have you ever been denied a license, permit or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.		Has any license, permit or privilege ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.		
Personal references – List three persons for references, other than family members, who have knowledge of your safety habits.				
Name	Address	Telephone number		
To Be Read and Signed by Applicant				
<p><i>This certifies that I completed this application form and that all entries on it and information in it are true and complete to the best of my knowledge. It is agreed and understood that any misrepresentation given on this application or interview(s) shall be considered an act of dishonesty and may result in a discharge.</i></p> <p><i>It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.</i></p> <p><i>I agree to furnish such additional information and complete such examinations as may be required to complete my application file.</i></p> <p><i>It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.</i></p> <p><i>It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.</i></p> <p><i>I understand that from time to time the company will furnish my personal information as necessary to third parties such as insurance companies and brokers. The company agrees to collect, use and disclose such information only in a manner that a reasonable person would consider appropriate in the circumstances, and that would be in compliance with the Protection of Personal Information and Electronic Documents Act (PIPEDA).The company further agrees to safeguard the security of such information in a manner appropriate to the sensitivity of such information, and in compliance with PIPEDA.</i></p> <p><i>I agree to supply the following information as part of this application</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Driver's MVR Abstract (current to the past 30 days) <input type="checkbox"/> Driver's CVOR Abstract (Ontario only, current to the past 30 days) <input type="checkbox"/> Criminal Record Search (current to the past 30 days) 				
Signature of applicant			Date	
Remarks (For office use only)				



8175 Lawson Road, Milton, ON, L9T 5E5

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR Part 40.25(j) 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 function, 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 _____
(Please Print)

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's Signature: _____

Date: _____



8175 Lawson Road, Milton, ON, L9T 5E5

CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with **Blue Line Distribution Limited** (Motor Carrier), Commercial Motor Vehicle (CMV) Driver Applicants must submit to a per-employment-controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

Post-Accident – Section 382.303, Random– Section 382.305, Reasonable Suspicion – Section 382.307, Return to Duty – Section 382.309, Follow-up – Section 382.311

A driver, who tests positive to a controlled substance and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a Driver from returning to a safety-sensitive position for any motor carrier until and unless the Driver completes the Substance Abuse Professionals (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40, Subpart O.

The following is a referral list of Substance Abuse Professionals: (to be completed by Carrier)

Name	Address	Phone #

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I _____ have read the above controlled substances and alcohol
(Print Name)

testing requirements and understand them. I acknowledge receipt of the referral list of Substance Abuse Professionals.

(Applicant's Signature) Date: _____

(Employer Representative) Date: _____

Original to be retained on file - Copy to Driver Applicant



8175 Lawson Road, Milton, ON, L9T 5E5

DRIVER “INVESTIGATION HISTORY” FILE CHECKLIST

The Federal Motor Carrier Safety Regulations require motor carriers to maintain the Driver Investigation History File in a secure location with access to the files limited to those individuals with a need to know basis.

Driver’s Name: _____

FORM OR PROCESS	COMPLETED		Initials of Person verifying
	YES	NO	
1. Written notification of driver’s due process rights signed by the driver.			
2. Written consent form signed by the driver to obtain previous employment verifications, safety information, and alcohol & controlled substance history.			
3. Past employment verifications. (At least the previous three-year period. Additional verifications are recommended.)			
4. Documentation of good-faith efforts to obtain required information.			
5. Verification from previous employers of violations of alcohol and/or controlled substance prohibitions within the previous three-year period.			
6. Signed PSP Consent Form			
7. Verification of the driver’s failure to complete rehabilitation program, if required.			
8. Verification follow-up testing was completed after rehabilitation, if required.			
9. Verification of alcohol tests .04 or higher.			
10. Verification of positive drug tests, if required.			
11. Verification of refusals to be tested.			
12. Records of requests and responses to prospective employers.			
13. Reports to the Federal Motor Carrier Safety Administration pertaining to previous employers’ failure to respond to requests for information.			
14. Copies of responses to drivers about requests to correct information.			



8175 Lawson Road, Milton, ON, L9T 5E5

FOURTEEN-DAY PRIOR LOG FORM
(Data sheet for new, casual, or temporary drivers)

NAME: _____ PHONE #: _____

ADDRESS: _____

DRIVER'S LICENSE #: _____ Province: _____

Instructions: At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation [Section 395.8 (j)(2)] require the motor carrier to obtain from you a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which you were last relieved from duty prior to beginning work for the motor carrier. In the spaces below, show the number of hours worked (on duty) in each of the last 7 days. For Canadian drivers please enter each of the last fourteen days.

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	TOTAL
	Yesterday														
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: _____ on _____
Time Day Month Year

Signature: _____

Witness: _____ Date: _____

Company Representative



8175 Lawson Road, Milton, ON, L9T 5E5

VIOLATION AND ANNUAL REVIEW RECORD

Driver's Name _____
(Please print or Type)

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

Certification of Violations

Date of	Offence	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 required to be listed during the past 12 months.

_____ (Date of Certification)	_____ (Driver's Signature)
Blue Line Distribution (Motor Carrier's Name)	8175 Lawson Rd, Milton, ON L9T-5E5 (Motor Carrier's Address)
_____ (Reviewed By: Signature)	Nilam Desai (Safety & Compliance Manager) (Print Name and Title)

ANNUAL REVIEW AND EVALUATION OF DRIVER'S RECORD

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the 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 12 months.

Action Taken: _____

Blue Line Distribution Limited

(Motor Carrier's Name)

(Reviewed by: Signature)

(Date)

8175 Lawson Road, Milton ON L9T 5E5

(Motor Carrier Address)

Safety & Compliance Manager

(Title)



THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY

ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with **Blue Line Distribution Limited** ("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.



8175 Lawson Road, Milton, ON, L9T 5E5

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **Blue Line Distribution Limited** ("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

Driver 's Signature

Name (Please Print)

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

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.



8175 Lawson Road, Milton, ON, L9T 5E5

**General Consent for Limited Queries of the
Federal Motor Carrier Safety Administration (FMCSA)
Drug and Alcohol Clearinghouse**

I, _____, hereby provide consent to Blue Line Distribution Limited to conduct a multiple limited queries of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by **Blue Line Distribution Limited**. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to **Blue Line Distribution Limited**. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for **Blue Line Distribution Limited**. to conduct a limited query of the Clearinghouse, **Blue Line Distribution Limited**. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations.

Employee Signature

Date



8175 Lawson Road, Milton, ON, L9T 5E5

Request for Driver's Safety Performance History & Information from DOT Regulated Previous Employer(s)

NOTES:

1. If this information is not available from the previous employer, you as a prospective employer must get this information from the Driver/Applicant.
2. Drug and Alcohol information must be kept in a separate Personnel and/or Confidential file.

Hiring company to complete this section			
Carrier name	Blue Line Distribution Limited		Contact person NILAM DESAI
Address 8175 Lawson Road			Telephone number 905-875-4630
City Milton	Province ON	Postal code L9T 5E5	Confidential fax number 905-875-1838
Driver to complete this section			
<p>As a Commercial Motor Vehicle (CMV) Driver, I understand that per the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous Employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, within the past three years, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.</p> <p>I _____, hereby authorize this Company to release all records of employment, including assessments of my job performance, ability and fitness (including dates of any and all alcohol or drug tests, those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.</p>			
Previous Employer		Contact Person	
Address			Telephone #
City	Province	Postal code	Fax or Email
Dates of employment: From (MM/YYYY):		To (MM/YYYY):	
Driving Lic #		Date of birth	
Date		Signature	
DOT Regulated past employer to complete the following sections			
SECTION I – DRUG & ALCOHOL INFORMATION			
Please provide the following Drug and Alcohol information as required by FMCSR Part 391.23 & 40.25.			
If no Drug and Alcohol information is available on above named applicant check here. <input type="checkbox"/>			
		Yes	No
Any alcohol test with a result of 0.04 or higher alcohol concentration?			
Any verified positive drug test?			
Any refusals to be tested (including verified adulterated or substituted drug test results?)			
Any other violations of DOT agency drug & alcohol testing regulations (Part 382 or Part 40)?			
If this Driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for; an Alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result?)			
If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.			



8175 Lawson Road, Milton, ON, L9T 5E5

SECTION II – ACCIDENT INFORMATION					
Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named Driver/Applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.					
If there is no accident information for this driver, please check here. <input type="checkbox"/>					
Date	Location City/town, Province/State	Any Vehicles Towed?	HazMat Spill?	Number of fatalities?	Number of injured?
SECTION III – WORK HISTORY INFORMATION					
Position held (please check all that apply):					
<input type="checkbox"/> Driver <input type="checkbox"/> Contractor <input type="checkbox"/> Contractor's Driver <input type="checkbox"/> Other _____ (please specify)					
Dates of employment: From (DD/MM/YYYY):			To (DD/MM/YYYY)		
If employed as a Driver, what type of equipment did he/she operate?					
Straight Trucks <input type="checkbox"/> Tractor/Trailer <input type="checkbox"/> Doubles <input type="checkbox"/> Triples <input type="checkbox"/> Other _____					
Type of Trailer(s) pulled					
General area traveled			Commodities transported		
While under your employment was he/she:					
a. Bonded: Yes <input type="checkbox"/> No <input type="checkbox"/>					
b. Convicted of any traffic violations: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please list all, including date and type:					

License(s) suspended, revoked or denied: Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please explain:					

Reason for leaving			Would you re-employ this person: Yes <input type="checkbox"/> No <input type="checkbox"/> Upon Review <input type="checkbox"/>		
			Please explain:		
Additional comments					
Name			Title		
Signature			Date		

Please remember to retain a copy for your records. Your timely response is appreciated.