Part 391

Qualification of Drivers

Part 391
Qualification of Drivers

Motor carriers must assure that all drivers of commercial motor vehicles meet the minimum qualifications specified in Part 391.

Driver Requirements

A driver must meet the following requirements:

- Be at least 18 years of age for intrastate commerce and 21 years of age for interstate commerce. Must be 21 years of age in both interstate and intrastate commerce to transport hazardous materials
- Speak and read English well enough to converse with the public, understand highway traffic signs and signals, respond to official questions, and able to make legible entries on reports and records
- Be able to drive the vehicle safely
- Know how to safely load and properly block, brace, and secure the cargo
- Have only one valid commercial motor vehicle operator's license
- Provide an employing motor carrier with a list of all motor vehicle violations or a signed statement that the driver has not been convicted of any motor vehicle violations during the past 12 months. A disqualified driver must not be allowed to drive a commercial motor vehicle for any reason.
- Pass a driver's road test or equivalent
- Complete an application for employment
- Possess a valid medical certificate (unless grandfathered in intrastate commerce 5/13/88)
- Some individuals with certain physical impairments may apply for a Medical Exemption, or Certificate (See: Medical Program, Page 79)

A medical certificate is required when operating:

Intrastate commerce:

- A single or combination vehicle with a Gross Vehicle Weight Rating (GVWR) or Gross Combination Weight Rating (GCWR) of 26,001 pounds or more,
- Is designed or used to transport 9 or more passengers, including the driver,
- Is designed or used to transport 16 or more passengers, including the driver, and is not used to transport passengers for compensation
- A single or combination vehicle with a GVWR or GCWR of 10,001 pounds or more when transporting any amount of hazardous material, or
- Any size vehicle when transporting hazardous material that is required to be placarded.

Interstate commerce:

- Operating a single or combination vehicle with a GVWR or GCWR of 10,001 pounds or more,
- Designed or used to transport 9 or more passengers (including the driver);
- Designed or used to transport 16 or more passengers (including the driver) and is not used to transport passengers for compensation, or
- Any size vehicle when transporting hazardous material that is required to be placarded.

Examples of Physical Requirements

(Section 391.41 provides the complete list of physical requirements)

- Has no loss of a foot, a leg, a hand, or an arm
- Has no established medical history or clinical diagnosis of diabetes requiring insulin for control unless the treating clinician completes the ITDM Assessment Form attesting a stable insulin regimen
- Has no clinical diagnosis of any disqualifying heart disease
- Has no clinical diagnosis of high blood pressure
- Has no clinical diagnosis of epilepsy
- Has 20/40 vision or better with corrected lenses
- Has distant binocular acuity of at least 20/40 in both eyes
- Has the ability to recognize the colors (red, green and amber) of traffic signals
- Has hearing to perceive a forced whisper
- Has no history of drug use or any other substance identified in 21 CFR 1308.11 Schedule I
- Has no clinical diagnosis of alcoholism

Exemptions

There are provisions for an exemption to a disqualification for certain physical defects if the individual is otherwise qualified to drive.
(See: Medical Program, Page 80)

Additional instructions for medical examination

Additional instructions for the examining doctor are available from:

Director, Office of Bus and Truck Standards and Operations
Federal Motor Carrier Safety Administration
400 Seventh Street, S.W. (MC-PS)
Washington, DC 20590

Limited Exemptions

The following specific conditions and types of drivers are exempt from specific record keeping requirements:

Drivers regularly employed before January 1, 1971 — Drivers who have been regular employees of a motor carrier for a continuous period that began before January 1, 1971 are exempt from:

- Applications for employment
- Road Tests

Multiple-employer drivers

Multiple-employer drivers * – If a motor carrier employs a person as a driver on any basis, the motor carrier must have on file the driver's name, social security number, identification number, type issuing state of his/her motor vehicle operator's license, medical certificate, road test and certificate, and controlled substance test results, even if that driver's primary employment is with another carrier.

Drivers furnished by other motor carriers * – A motor carrier using a driver regularly employed by another motor carrier must have on file a signed written certificate that includes the driver's name and signature, certification of the driver's full qualifications, and expiration date of the driver's medical examiner's certificate.

*(See page 76 for an example of the forms)

Disqualification for Criminal and Other Offenses

In addition to CDL disqualifications for CDL drivers, the following disqualifications apply to both CDL and non-CDL commercial motor vehicle drivers. The offenses are only disqualifying if they occurred while on duty.

- Driving a commercial motor vehicle while under the influence of alcohol
- Driving a commercial motor vehicle while under the influence of a Schedule I identified controlled substance, an amphetamine, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug
- Transportation, possession, or unlawful use of a Schedule I identified controlled substance, amphetamines, narcotic drugs, a formulation of an amphetamine, or a derivative of a narcotic drugs while the driver is on duty
- Leaving the scene of an accident while operating a commercial motor vehicle
- A felony involving the use of a commercial motor vehicle
- Violating an out of service order
- Texting while driving a commercial motor vehicle
- Using a handheld mobile telephone while operating a commercial motor vehicle

Driver Qualification File – Check List

Every motor carrier must have a qualification file for each regularly employed driver. This includes drivers that are required to maintain a CDL license and a Class E license. Each driver's qualification file shall be retained for as long as a driver is employed by the motor carrier and for three years thereafter. The file must include:

☐ **Driver's Application For Employment (391.21)**
A person will not be allowed to drive a commercial motor vehicle unless he/she has completed and signed an application for employment.

☐ **Inquiry To Previous Employers - 3 Years** (391.23(a)(2) & (c))
An investigation of the driver's safety performance history with DOT regulated employers during the preceding three years. This investigation must be made within 30 days of the date his/her employment begins.

☐ **Inquiry To State Agencies – 3 Years** (391.23(a)(1) & (b))
The driver's driving record for the preceding three years within first 30 days of hire and annually thereafter.

☐ **Annual Review Of Driving Record** (391.25)
At least once every 12 months, a motor carrier must review the driving record of each driver. A note stating the results of this review shall be included in the Driver's Qualification File.

☐ **Annual Driver's Certification Of Violations** (391.27)
At least once every 12 months, a motor carrier must require each driver that it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances during the previous 12 months. Note: Drivers who have provided information required by Section 383.31 need not repeat that information in this annual list of violations.

☐ **Driver's Road Test Certificate Or Equivalent** (391.31)
A person must not be allowed to drive a commercial motor vehicle until he/she has successfully completed a road test and has been issued a certificate, or a copy of the license or certificate, which the motor carrier accepted as equivalent to the driver's road test pursuant to Section 391.33.

☐ **Medical Examinations** (391.43)
The driver must pass a medical examination conducted by a licensed health care professional and be issued a Medical Examiner's Certificate by which must be carried with the driver until January 30, 2015. After that date, the medical examination must be on file at the carrier's principle place of business. The certificate need not be carried with the driver. As of May 21, 2014, the medical examiner must be listed on the National Registry of Certified Medical Examiners maintained by the FMCSA. Medical certification must be renewed every two years.

- RSMo 307.400.2-Drivers having a valid Chauffer's License on May 13, 1988 are not subject to the medical requirements of Section 391.41. This exemption applies to Missouri intrastate commerce only.
- Individuals with some physical impairments may qualify for the Medical Program, (see Page 79)
- A note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners must be placed in the driver's qualification file in association with each new medical examination.

☐ **Drug & Alcohol Testing** (382.301)
Drivers operating commercial motor vehicles, which require a commercial driver's license (CDL), are subject to drug and alcohol testing as required by Part 382.

- Pre-employment drug test results (382.301)
- Carrier Drug and Alcohol Policy (382.601(d))
- Previous employer check on drug and alcohol (382.413), (40.25)

☐ **Entry-Level Driver Training Certificate** (380.505)
All entry level drivers who drive in interstate / intrastate commerce, and are subject to the CDL requirements of Part 383 must comply with subpart E of Part 380.

- Employer must maintain a copy in either the personnel or qualification file (380.509(b))

APPLICATION FOR EMPLOYMENT

COMPANY _____ STREET ADDRESS _____

CITY, STATE AND ZIP CODE _____

NAME _____
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

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

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

_____ # YEARS _____
(STREET) (CITY) (STATE & ZIP CODE)

_____ # YEARS _____
(STREET) (CITY) (STATE & ZIP CODE)

_____ # YEARS _____
(STREET) (CITY) (STATE & ZIP CODE)

(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.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

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

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

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

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

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

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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

If yes, explain _____

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

If yes, explain _____

EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

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

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

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____SALARY _____

REASONS FOR LEAVING _____

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

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

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

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____SALARY _____

REASONS FOR LEAVING _____

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

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

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

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____SALARY _____

REASONS FOR LEAVING _____

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

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

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

TO BE READ AND SIGNED BY APPLICANT

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

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

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

_____ _____
DATE APPLICANT'S SIGNATURE

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

_____ _____
DATE APPLICANT'S SIGNATURE

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

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____ _____
First M.I. Last Social Security Number

Hereby authorize: _____
Date of Birth

Previous Employer: _____ Email: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____.
(employment application date)

To: Prospective Employer: _____

Attention: _____ Telephone: _____

Street: _____

City, State, Zip: _____

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's fax number: _____

Prospective employer's email address: _____

_____ _____
Applicant's Signature Date

This information is being requested in compliance with §40.25(g) and 391.23.

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes ☐ No ☐

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____

2. Reason for leaving your employ: Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐
If there is no safety performance history to report, check here ☐, sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check ☐ here if there is no accident register data for this driver.

	Date	Location	# Injuries	# Fatalities	Hazmat Spill
1.					
2.					
3.					

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

_____

_____

Any other remarks:

_____

_____

_____

Signature: _____

Title: _____ Date: _____

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?
   YES ☐ NO ☐
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
   YES ☐ NO ☐
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?
   YES ☐ NO ☐
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?
   YES ☐ NO ☐
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.
   YES ☐ NO ☐
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?
   YES ☐ NO ☐

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Part 3 Completed by (Signature): _____ Date: _____

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other _____

By: _____ Date: _____

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone

Date: _____ ☐ Other _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PAGE 1 PART 1: Prospective Employee
- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

PAGE 2 PART 4a: Prospective Employer
- Complete the information
- Send to Previous Employer

PAGE 1 PART 2: Previous Employer
- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

PAGE 2 PART 3: Previous Employer
- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

PAGE 2 PART 4b: Prospective Employer
- Record receipt of the information
- Retain the form

RECORDS REQUEST FOR
DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (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.

PART 1:	**COMPLETED BY THE DRIVER/APPLICANT**

TO:

Prospective Employer: _____

Street/P.O. Box: _____

City, State, Zip: _____ Telephone # _____

FROM:

Driver/Applicant: _____ Social Security/I.D. # _____

Street: _____

City, State, Zip: _____ Telephone # _____

I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.

This information should be: ☐ sent to me at the above address.
☐ I will arrange to pick up.

Driver/Applicant Signature: _____ Date: _____/_____/_____
M D Y

PART 2:	**COMPLETED BY THE PROSPECTIVE EMPLOYER**

The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information form the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.

Information supplied to:

Name: _____

Street: _____

City, State, Zip: _____

Comments: _____

_____

By:

_____ _____ Release Date: _____/_____/_____
Signature/person providing information Telephone # M D Y

COPY 1 PROSPECTIVE EMPLOYER

SAFETY PERFORMANCE HISTORY INFORMATION
DRIVER/APPLICANT REBUTTAL

This rebuttal is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(j)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

§391.23(j)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

(i) Forward a copy of the rebuttal to the prospective motor carrier employer;

(ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirements.

PART 1:	**COMPLETED BY THE DRIVER/APPLICANT**

TO:

Previous Employer: _____

Street/P.O. Box: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

FROM:

Driver/Applicant: _____ _____
Social Security #

Street: _____

City, State, Zip: _____ Telephone No.: _____

I have submitted this rebuttal to my previous employer requesting that it be attached to my Safety Performance History and provided to subsequent prospective employers.

Reason for the rebuttal (attach documents as necessary): _____

_____

_____

_____

_____

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_____

I request that this rebuttal be sent to the attached list of motor carriers.

Driver/Applicant Signature: _____ Date: _____/_____/_____
M D Y

PART 2:	**COMPLETED BY THE PREVIOUS EMPLOYER**

Received by:

Signature: _____ Date: _____/_____/_____
M D Y

COPY 1 PREVIOUS EMPLOYER

CORRECTION REQUEST
OF
ERRONEOUS SAFETY PERFORMANCE HISTORY INFORMATION

This request is made by the driver/applicant in compliance with the Department of Transportation regulations, §391.23, investigations and inquiries, paragraphs (j)(1) and (2) as printed below.

§391.23(j)(1) Driver wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

§391.23(j)(2) 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 a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

PART 1:	**COMPLETED BY THE DRIVER/APPLICANT**

TO: Prospective Employer: _____

Street/P.O. Box: _____

City, State, Zip: _____ Telephone # _____

FROM: Driver/Applicant: _____

Social Security/I.D. # _____

Street: _____

City, State, Zip: _____ Telephone # _____

I request correction of erroneous information in my Safety Performance History. Please forward to the following prospective employer: Company Name: _____

Attention: _____

Street: _____

City, State, Zip: _____

Explanation of desired correction (attach documents as necessary)_____

_____

_____

Driver/Applicant Signature: _____ Date: _____/_____/_____
M D Y

Driver: Retain **COPY 4 DRIVER RECORD** for your files, Submit copies 1, 2, and 3 to your previous employer.

PART 2:	**COMPLETED BY THE PREVIOUS EMPLOYER**

Disposition of the requested information:

☐ Information was corrected and forwarded to the prospective motor carrier employer.

☐ The driver was notified on _____/_____/_____ that the previous employer does not agree to correct the data.

Return copy 3 to the driver.

Information sent to: Company Name: _____

Attention: _____

Street: _____

City, State, Zip: _____

Comments: _____

_____

By: _____ _____ Release Date: _____/_____/_____
Signature/person providing information Telephone # M D Y

PART 3:	**COMPLETED BY THE PROSPECTIVE MOTOR CARRIER EMPLOYER**

The corrected information was received on _____/_____/_____

Prospective Employer: _____ Location: _____

Received by: _____ _____
Signature Title

COPY 1 PROSPECTIVE EMPLOYER

Form **1745**

MISSOURI DEPARTMENT OF REVENUE

Request for Information

Requestor Information

Name			Security Access Code (if applicable)
Address	City	State	ZIP Code
E-mail Address	Telephone Number (__ __ __)__ __ __-__ __ __ __	Fax Number (__ __ __)__ __ __-__ __ __ __	

For multiple record requests, please complete page 2.

Subject Information

Name As It Appears On Subject's Current Missouri Driver License or Record	Driver License or Social Security Number	Date of Birth (MM/DD/YYYY) __ __/__ __/__ __ __ __
Address As It Appears On Subject's Current Missouri Driver License or Record	City	State / ZIP Code

Record(s) Requested

I hereby request the following record (please select the appropriate box(es):
The fee is $2.82 per record.

- ❒ Driver Record*
- ❒ Case History* (A case history consists of any open case or any reinstatement or termination case not less than two years old).

Case Document (Specify)*

- ❒ Reinstatement Notice
- ❒ Suspension Notice
- ❒ Conviction (Ticket # _____)
- ❒ SR-22

- ❒ Image Portfolio (License Photo)
- ❒ Limited Driving Privilege Package (Consists of a certified driver record, certified SR-22, and a certified Ignition Interlock Device (IID) if applicable).

*Records May Be Certified

- ❒ Other (Specify)

_____
_____
_____
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_____
_____
_____

Payment Options

Please send the above record(s) by: ❒ Mail ❒ Fax (Add $0.50 per page faxed)
❒ Select If Certified Record Requested

Records can be obtained by walk-in, mail-in, or e-mail request. The fee is $2.82 per record. A convenience fee will be charged for credit or debit card transactions.

	Cash	Check	Money Order	Debit Card	Discover	Visa	American Express	Mastercard
Central Office Visit	✔	✔	✔	✔	✔	✔	✔	✔
Mail		✔	✔		✔	✔	✔	✔
Fax or E-mail					✔	✔	✔	✔

Total Record Fees	Convenience Fee
$0.00 - $50.00	$1.25
$50.01 - $75.00	$1.75
$75.01 - $100.00	$2.15
$100.01 or more	2.15%

If you are paying by credit or debit card you must provide the following:

Name (as it appears on card)	Card Type	Card Number	Expiration Date __ __/__ __

Requester's Signature	Printed Name

The Missouri Department of Revenue may electronically resubmit checks returned for insufficient or uncollected funds.
You may visit us at Central Office, Harry S Truman Building, Room 470, 301 West High Street, Jefferson City, Missouri.

Form 1745 (Revised 02-2019)

Mail to: Driver License Bureau
DL Record Center
P.O. Box 2167
Jefferson City, MO 65105-2167

Phone: (573) 526-3669
Fax: (573) 526-7367
E-mail: dlrecords@dor.mo.gov

Visit http://dor.mo.gov/drivers/records.php for additional information.

	Name	Date of Birth (MM/DD/YYYY)	Driver License or Social Security Number
1.			
2.			
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Form 1745 (Revised 02-2019)

Violation And Review Record

_____

Driver's Name - please print or type

I. Certification Of Violations

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.

Date	Offense	Location	Vehicle Type 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

_____ _____

Motor Carrier's Name Motor Carrier's Address

_____ _____

Reviewer's Signature Reviewer's Signature

II. Review And Evaluation Of Driver's Record

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past 12 months.

Action taken:

_____

_____

_____ _____

Motor Carrier's Name Motor Carrier's Address

_____ _____

Reviewer's Signature Title Date

Driver's Road Test Examination

Driver's Name

Address City State Zip

Phone Cell

The motor carrier, or a person designated by it, shall give the road test. However, another person must give a driver who is a motor carrier the test. A person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign shall give the test.

Rating of Performance

_____ The pre-trip inspection (As required by Sec. 392.7)

_____ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units

_____ Placing the equipment in operation

_____ Use of vehicle's controls and emergency equipment

_____ Operating the vehicle in traffic and while passing other vehicles

_____ Turning the vehicle

_____ Braking, and slowing the vehicle by means other than braking

_____ Backing and parking the vehicle

_____ Other, Explain:

Type of equipment used in giving test:

Examiner's Signature Date

Record Of Road Test

Instructions to Evaluator: Check ( ) items which the driver performs satisfactorily, use "X" where performance is unsatisfactory. Any item not evaluated, leave blank.

Driver's Name	Home Address	City	State	Zip
Social Security No.	License No.		State	Class

Equipment Driven:

Truck Tractor (Make & Model)	Trailer(s) (Body Type & Length of Each)

Length of Test	Mi. From/In	To
Start Time	Finish Time	Weather Conditions

Part 1 - Pre-Trip Inspection and Emergency Equipment

Checks general condition approaching unit ____

Checks fuel, oil, water and for excessive oil on engine ____

Checks around unit - Tires, lights, trailer hook-up, brake and light line, doors and inspects for body damage ____

Tests steering, brake action, tractor protection valve, and parking brake ____

Checks horn, windshield wipers, mirrors, emergency equipment; reflectors, flares, fuses, tire chains (if necessary), fire equipment ____

Checks instruments for normal readings ____

Checks dashboard warning lights for proper functioning ____

Cleans windshield, windows, mirrors, lights and reflectors ____

Reviews and signs previous report ____

Part 2 - Coupling and Uncoupling

Connects glad hands to trailer to apply trailer brakes before coupling ____

Connects glad hands and light line properly ____

Couples without difficulty ____

Raises landing gear fully after coupling ____

Visually checks king pin assembly to be certain of proper coupling ____

Checks coupling by applying hand valve or tractor-protection valve (trailer air supply valve) and gently applying pressure by trying to pull away from trailer ____

Assures himself that surface will support trailer before uncoupling ____

Part 3 - Placing Vehicle In Motion And Use Of Controls

A. MOTOR
- Places transmission in neutral before starting engine ____
- Starts engine without difficulty ____
- Checks instruments at regular intervals ____
- Maintains proper engine rpm while driving ____

B. BRAKES
- Knows proper use of and checks tractor-protection valve (trailer air supply valve ____
- Tests service brakes ____
- Builds full air pressure before moving ____

C. CLUTCH AND TRANSMISSION
- Starts unit moving smoothly ____
- Uses clutch properly ____

D. LIGHTS (if tested at night)
- Adjusts speed for range of headlights ____
- Dims lights when approaching another vehicle or following other traffic ____

Part 4 - Backing and Parking

A. BACKING
- Gets out and checks area before backing ____
- Understands and utilizes mirrors properly ____
- Signals when backing (if appropriate) ____
- Avoids backing from blind side ____

B. PARKING (CITY)
- Parks without hitting any other vehicles or stationary objects ____
- Parks correct distance from curb ____
- Secures unit properly - sets parking brake, transmission in correct gear, shuts off engine, blocks wheels (when necessary) ____
- Carefully enters traffic from parked position ____

C. PARKING (ROAD)
- Parks off pavement ____
- Secures unit properly ____
- Uses emergency warning signal or devices when necessary ____

Part 5 - Slowing and Stopping

Uses clutch and gears properly ____

Gears down properly before descending hills ____

Starts without rolling back ____

Tests brakes before descending grades ____

Uses brakes properly on grades ____

Makes proper use of mirrors ____

Plans stop far enough in advance to avoid hard braking ____

Stops clear of crosswalks ____

Part 6 - Operating In Traffic, Passing and Turning

A. TURNING
- Signals intention to turn well in advance ____
- Gets into proper lane well in advance of turn ____
- Checks traffic conditions and turns only when intersection is clear ____
- Restricts traffic from passing on right when perparing to complete right hand turn ____
- Completes turn promptly and safely and does not impede other traffic ____

B. TRAFFIC SIGNS AND SIGNALS
- Plans stop in advance and adjusts speed correctly ____
- Obeys all traffic signals ____
- Comes to a complete stop at all stop signs ____

C. INTERSECTIONS
- Yields right of way ____
- Checks for cross traffic regardless of traffic controls ____
- Enters all intersections prepared to stop if necessary ____

D. GRADE CROSSINGS
- Stops at a minimum 15 feet but not more than 50 feet before crossing if stop is necessary ____
- Selects proper gear and does not shift gears while crossing ____
- Knows and understands Federal and State rules governing grade crossings ____

E. PASSING
- Allows sufficient space ahead for passing ____
- Passes only in safe locations ____
- Signals changing lanes before and after passing ____
- Warns driver ahead of his intention to pass ____
- Passes with sufficient speed differential to minimize obstructing traffic ____
- Returns to right lane promptly but only when safe to do so ____

F. SPEED
- Observes speed limits ____
- Drives at speed consistent with ability ____
- Adjusts speed properly to road, weather and traffic conditions ____
- Slows down in advance of curves, danger zones and intersections ____
- Maintains constant speed where possible ____

G. COURTESY AND SAFETY
- Yields right of way ____
- Consistently strives to drive in safe manner ____
- Allows faster traffic to pass ____
- Uses horn only when necessary ____

Part 7 - Miscellaneous

A. GENERAL DRIVING ABILITY AND HABITS
- Consistently alert and attentive ____
- Consistently is aware of changing traffic conditions ____
- Anticipates problems ____
- Performs routine functions without taking eyes from road ____
- Checks instruments regularly while driving ____
- Personal appearance is professional ____
- Remains calm under pressure ____

B. USE OF SPECIAL EQUIPMENT (SPECIFY)

_____ ____

_____ ____

_____ ____

_____ ____

_____ ____

_____ ____

Remarks _____

General Performance Satisfactory ☐ Needs Training ☐ Explain _____

Qualified For Straight Truck ☐ Tractor-Semitrailer ☐ Twin Trailers ☐ Other Combination ☐

Special Equipment _____
Specify

Signature of Examiner Date

Certification of Road Test

Driver's Name

Social Security Number | Operators or Chauffeurs License Number | State

Type of Power Unit | Type of Trailer(s)

If passenger carrier, type of bus

This is to certify that the above named driver was given a road test under my supervision on

_____, 20 ____ consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Examiner's Signature | Title

Organization and Address of Examiner

Equivalent of Road Test for CDL Drivers

§391.33 Equivalent of Road Test

a) In place of, and as equivalent to, the road test required by §391.31, a person who seeks to drive a motor vehicle may present, and a motor carrier may accept -

   1) A valid operator's license which has been issued to him by a State that licenses drivers to operate specific categories of motor vehicles and which, under the laws of that State, licenses him after successful completion of a road test in a motor vehicle of the type the motor carrier intends to assign to him; or

   2) A copy of a valid certificate of driver's road test issued to him pursuant to §391.31 within the preceding 3 years.

b) If a driver presents, and a motor carrier accepts, a license or certificate as equivalent to the road test, the motor carrier shall retain a legible copy of the license or certificate in its files as part of the driver's qualification file.

c) A motor carrier may require any person who presents a license or certificate as equivalent to the road test to take a road test or any other test of his driving skill as a condition to his employment as a driver.

Medical Examination Report

For Commercial Driver Fitness Determination

On December 22, 2015 the Federal Motor Carrier Safety Administration (FMCSA) implemented a requirement for medical examiners to start using a new medical examination form and certificate. This new requirement allows for the continued use of the existing form until April 20, 2016. Medical examiners who have been trained and certified to conduct medical examinations should have copies of both the new medical form and certificate. Should there be a need, please find a copy of both forms on the following pages. This new form and certificate are property of the FMCSA and may be copied for commercial driver certification.

Form MCSA-5875

OMB No. 2126-0006 Expiration Date: 11/30/2021

Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 25 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examination Report Form

(for Commercial Driver Medical Certification)

MEDICAL RECORD #

_____

(or sticker)

SECTION 1. Driver Information *(to be filled out by the driver)*

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: ____ Date of Birth: _____ Age: ___

Street Address: _____ City: _____ State/Province: _____ Zip Code: _____

Driver's License Number: _____ Issuing State/Province: _____ Phone: _____ Gender: ◯ M ◯ F

E-mail *(optional)*: _____ CLP/CDL Applicant/Holder*: ◯ Yes ◯ No

Driver ID Verified By**: _____

Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ◯ Yes ◯ No ◯ Not Sure

*CLP/CDL Applicant/Holder: See instructions for definitions.

**Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below. ◯ **Yes** ◯ **No** ◯ **Not Sure**

Are you currently taking medications *(prescription, over-the-counter, herbal remedies, diet supplements)*?
If "yes," please describe below. ◯ **Yes** ◯ **No** ◯ **Not Sure**

SAMPLE FORM - SAMPLE FORM - SAMPLE FORM - SAMPLE FORM

(Attach additional sheets if necessary)

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

SAMPLE

Last Name: _____ First Name: _____ DOB: _____ Exam Date: _____

DRIVER HEALTH HISTORY *(continued)*

Do you have or have you ever had:	Yes	No	Not Sure
1. Head/brain injuries or illnesses *(e.g., concussion)*	○	○	○
2. Seizures, epilepsy	○	○	○
3. Eye problems *(except glasses or contacts)*	○	○	○
4. Ear and/or hearing problems	○	○	○
5. Heart disease, heart attack, bypass, or other heart problems	○	○	○
6. Pacemaker, stents, implantable devices, or other heart procedures	○	○	○
7. High blood pressure	○	○	○
8. High cholesterol	○	○	○
9. Chronic (long-term) cough, shortness of breath, or other breathing problems	○	○	○
10. Lung disease *(e.g., asthma)*	○	○	○
11. Kidney problems, kidney stones, or pain/problems with urination	○	○	○
12. Stomach, liver, or digestive problems	○	○	○
13. Diabetes or blood sugar problems	○	○	○
Insulin used	○	○	○
14. Anxiety, depression, nervousness, other mental health problems	○	○	○
15. Fainting or passing out	○	○	○
16. Dizziness, headaches, numbness, tingling, or memory loss	○	○	○
17. Unexplained weight loss	○	○	○
18. Stroke, mini-stroke (TIA), paralysis, or weakness	○	○	○
19. Missing or limited use of arm, hand, finger, leg, foot, toe	○	○	○
20. Neck or back problems	○	○	○
21. Bone, muscle, joint, or nerve problems	○	○	○
22. Blood clots or bleeding problems	○	○	○
23. Cancer	○	○	○
24. Chronic (long-term) infection or other chronic diseases	○	○	○
25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	○	○	○
26. Have you ever had a sleep test *(e.g., sleep apnea)*?	○	○	○
27. Have you ever spent a night in the hospital?	○	○	○
28. Have you ever had a broken bone?	○	○	○
29. Have you ever used or do you now use tobacco?	○	○	○
30. Do you currently drink alcohol?	○	○	○
31. Have you used an illegal substance within the past two years?	○	○	○
32. Have you ever failed a drug test or been dependent on an illegal substance?	○	○	○

Other health condition(s) not described above: ○ **Yes** ○ **No** ○ **Not Sure**

Did you answer "yes" to any of questions 1-32? If so, please comment further on those health conditions below: ○ **Yes** ○ **No** ○ **Not Sure**

(Attach additional sheets if necessary)

CMV DRIVER'S SIGNATURE

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of 49 CFR 390.35, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 390.37 and 49 CFR 386 Appendices A and B.

Driver's Signature: _____ Date: _____

SECTION 2. Examination Report *(to be filled out by the medical examiner)*

DRIVER HEALTH HISTORY REVIEW

Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

(Attach additional sheets if necessary)

SAMPLE FORM - SAMPLE FORM - SAMPLE FORM - SAMPLE FORM

Last Name: _____ First Name: _____ DOB: _____ Exam Date: _____

TESTING

Pulse rate: _____ Pulse rhythm regular: ◯ Yes ◯ No Height: __ *feet* __ *inches* Weight: ____ *pounds*

Blood Pressure	Systolic	Diastolic
Sitting		
Second reading (optional)		

Urinalysis	Sp. Gr.	Protein	Blood	Sugar
Urinalysis is required. Numerical readings must be recorded.				

Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Other testing if indicated

Vision

Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

Acuity	Uncorrected	Corrected	Horizontal Field of Vision
Right Eye:	20/____	20/____	Right Eye: ____ degrees
Left Eye:	20/____	20/____	Left Eye: ____ degrees
Both Eyes:	20/____	20/____	

	Yes	No
Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors	◯	◯
Monocular vision	◯	◯
Referred to ophthalmologist or optometrist?	◯	◯
Received documentation from ophthalmologist or optometrist?	◯	◯

Hearing

*Standard: Must first perceive whispered voice at not less than 5 feet **OR** average hearing loss of less than or equal to 40 dB, in better ear (with or without hearing aid).*

Check if hearing aid used for test: ☐ Right Ear ☐ Left Ear ☐ Neither

Whisper Test Results	Right Ear	Left Ear
Record distance *(in feet)* from driver at which a forced whispered voice can first be heard	_____	_____

OR

Audiometric Test Results

Right Ear			Left Ear		
500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
_____	_____	_____	_____	_____	_____

Average (right): _____ Average (left): _____

PHYSICAL EXAMINATION

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen, or is readily amenable to treatment. Even if a condition does not disqualify a driver, the Medical Examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if neglecting the condition could result in a more serious illness that might affect driving.

Check the body systems for abnormalities.

Body System	Normal	Abnormal	Body System	Normal	Abnormal
1. General	◯	◯	8. Abdomen	◯	◯
2. Skin	◯	◯	9. Genito-urinary system including hernias	◯	◯
3. Eyes	◯	◯	10. Back/Spine	◯	◯
4. Ears	◯	◯	11. Extremities/joints	◯	◯
5. Mouth/throat	◯	◯	12. Neurological system including reflexes	◯	◯
6. Cardiovascular	◯	◯	13. Gait	◯	◯
7. Lungs/chest	◯	◯	14. Vascular system	◯	◯

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.

SAMPLE FORM - SAMPLE FORM - SAMPLE FORM - SAMPLE FORM

(Attach additional sheets if necessary)

SAMPLE

Last Name: _____ First Name: _____ DOB: _____ Exam Date: _____

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

MEDICAL EXAMINER DETERMINATION (Federal)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

◯ Does not meet standards *(specify reason)*: _____

◯ Meets standards in 49 CFR 391.41; qualifies for 2-year certificate

◯ Meets standards, but periodic monitoring required *(specify reason)*: _____

Driver qualified for: ◯ 3 months ◯ 6 months ◯ 1 year ◯ other *(specify)*: _____

☐ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption *(specify type)*: _____

☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 *(Federal)*

☐ Driving within an exempt intracity zone *(see 49 CFR 391.62) (Federal)*

☐ Determination pending *(specify reason)*: _____

☐ Return to medical exam office for follow-up on *(must be 45 days or less)*: _____

☐ Medical Examination Report amended *(specify reason)*: _____

(if amended) Medical Examiner's Signature: _____ Date: _____

☐ Incomplete examination *(specify reason)*: _____

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: _____

Medical Examiner's Name *(please print or type)*: _____

Medical Examiner's Address: _____ City: _____ State: _____ Zip Code: _____

Medical Examiner's Telephone Number: _____ Date Certificate Signed: _____

Medical Examiner's State License, Certificate, or Registration Number: _____ Issuing State: _____

☐ MD ☐ DO ☐ Physician Assistant ☐ Chiropractor ☐ Advanced Practice Nurse

☐ Other Practitioner *(specify)*: _____

National Registry Number: _____

Medical Examiner's Certificate Expiration Date: _____

SAMPLE

Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** _____ **First Name:** _____ in accordance with *(please check only one)*:

◯ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)* ***OR***

◯ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)*:

- ☐ Wearing corrective lenses
- ☐ Wearing hearing aid
- ☐ Accompanied by a _____ waiver/exemption
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
- ☐ Qualified by operation of 49 CFR 391.64 *(Federal)*
- ☐ Grandfathered from State requirements *(State)*

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

Medical Examiner's Signature _____

Medical Examiner's Telephone Number _____

Date Certificate Signed _____

Medical Examiner's Name ***(please print or type)*** _____

◯ MD ◯ Physician Assistant ◯ Advanced Practice Nurse
◯ DO ◯ Chiropractor ◯ Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number _____

Issuing State _____

National Registry Number _____

Driver's Signature _____

Driver's License Number _____

Issuing State/Province _____

Driver's Address

Street Address: _____ City: _____ State/Province: _____ Zip Code: _____

CLP/CDL Applicant/Holder ◯ Yes ◯ No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

SAMPLE

Form MCSA-5876 (Revised: 12/06/2015)

OMB No. 2126-0006 Expiration Date: 8/31/2018

Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** _____ **First Name:** _____ in accordance with *(please check only one)*:

◯ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)* ***OR***

◯ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)*:

- ☐ Wearing corrective lenses
- ☐ Wearing hearing aid
- ☐ Accompanied by a _____ waiver/exemption
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
- ☐ Qualified by operation of 49 CFR 391.64 *(Federal)*
- ☐ Grandfathered from State requirements *(State)*

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

_____

Medical Examiner's Signature _____

Medical Examiner's Telephone Number _____

Date Certificate Signed _____

Medical Examiner's Name *(please print or type)* _____

◯ MD ◯ Physician Assistant ◯ Advanced Practice Nurse
◯ DO ◯ Chiropractor ◯ Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number _____

Issuing State _____

National Registry Number _____

Driver's Signature _____

Driver's License Number _____

Issuing State/Province _____

Driver's Address

Street Address: _____ City: _____ State/Province: _____ Zip Code: _____

CLP/CDL Applicant/Holder ◯ Yes ◯ No

SAMPLE

Medical Requirements

- Medical Professionals, Motor Carriers and Drivers

The Federal Motor Carrier Safety Administration published a final rule establishing a National Registry of Certified Medical Examiners that is effective May 21, 2014.

Medical Examiners

- ☐ Only medical professionals who have passed training authorized by FMCSA are authorized to conduct the medical examination report and provide a medical examiner's certificate.
- ☐ Medical examiners are certified for a period of 10 years. Within 4-5 years issuance of authoriza tion, FMCSA requires examiners undergo peri odic training. The recertification process begins nine years after the medical professional receives an examiner credential.
- ☐ FMCSA may remove a medical examiner from the NRCME when a medical examiner fails to meet or maintain established qualifications. .
- ☐ Upon completion of a driver medical examination, the medical examiner must date and sign the medical examination report and provide his or her full name, office address, and telephone number on the report.

  If the medical examiner finds that the person examined is physically qualified to operate a commercial motor vehicle, he or she must complete a certificate in the form prescribed and furnish the original to the person who was examined. The examiner must provide a copy to a prospective or current employing motor carrier who requests it.

  Once every calendar month, beginning May 21, 2014, the medical examiner must electronically transmit, via a secure FMCSA-designated website, a completed Form MCSA-5850, Medical Examiner Submission of CMV Driver Medical Examination Results. The form must include all information specified for each medical examination conducted during the previous month for any driver who is required to be examined by a medical examiner listed on the National Registry of Certified Medical Examiners.
- ☐ The medical examiner's certificate shall be substantially in accordance with the form listed in Title 49 CFR 391.43.
- ☐ Each original (paper or electronic) completed medical exam report and a copy or electronic version of each medical examiner's certificate must be retained on file at the office of the medical examiner for at least 3 years from the date of examination. The medical examiner must make all records and information in these files available to an authorized representative of FMCSA or an authorized Federal, State, or local enforcement agency representative, within 48 hours of the request

Drivers

- ☐ Drivers are responsible to ensure they are examined by medical professionals on the NRCME list.
- ☐ Drivers need to ensure they maintain their current mailing address and current medical exam certificate filed with their State Driver License Office to avoid a lapse of medical coverage and maintain compliance by being physically qualified to operate a commercial motor vehicle, regardless of operating in interstate or intrastate commerce.
- ☐ Drivers that may not be physically qualified be cause of a limb amputation, limb impairment, vision impairment, hearing impairment, or history of epilepsy may wish to.may wish to pursue an exemption to operate in interstate commerce (vehicle and/or product cross state lines).
- ☐ FMCSA has an application process for drivers to obtain a Skill Performance Evaluation if they have a limb amputation or impairment and an application process for vision, hearing, and

epilepsy exemptions.The vision exemption process through FMCSA requires that a driver have three years of commercial motor vehicle driving experience after their vision impairment before accepting an application.

- ☐ MoDOT has an application process for drivers and can grant a medical exemption only by issuing an SPE certificate to those drivers who may not be physically qualified only for for a limb amputation, limb impairment, vision and hearing impairment and not for any other physical impairment or issue.MoDOT does not have a minimum requirement for the years of commercial motor vehicle driving experience for any of the exemptions available.

Drivers Diagnosed with Insulin-Treated Diabetic Mellitus (ITDM)

Drivers diagnosed with ITDM must be examined by a physician listed on the National Registry of Certified Medical Examiners at least once every year (DOT physical).

Prior to the annual physical examination, the driver must be evaluated by the healthcare professional that both prescribes insulin for, and manages the treatment of the driver's diabetic condition. This health professional will complete an ITDM assessment form on which they attest that the driver's insulin regimen is stable and controls the condition properly. As part of the assessment, the driver will provide glucose self-monitoring records for the 3 months immediately preceding the healthcare visit.

The certified medical examiner performing the DOT physical must have the ITDM assessment form dated within 45 days or less from the date of the physical exam. The medical examiner will consider the information provided on the ITDM assessment form and determine whether the driver meets the physical qualifications to operate a CMV safely. If so, the medical examiner will issue a medical certificate valid for a maximum of 12 months.

If the driver experiences a severe hypoglycemic episode, they will be prohibited from operating a CMV. They must report the episode and be evaluated by a healthcare professional who manages their condition and prescribes insulin, as soon as reasonably practicable.

Helpful Links

Federal Motor Carrier Safety Administration
www.fmcsa.dot.gov

FMCSA Medical
https://www.fmcsa.dot.gov/regulations/medical

NRCME
https://www.nrcmetrainingonline.com/

NRCME Part 390.101 – 390.115
www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/fmcsrguidedetails.aspx?menukey=390

MoDOT Motor Carrier Services Medical
www.modot.org/mcs

Multiple-Employer Drivers

Instructions: If a motor carrier employs a person as a multiple-employer driver (as defined in CFR 390.5), the motor carrier shall comply with all requirements of Part 391, except the carrier need not-

(1) Require the person to furnish an application for employment (391.21);
(2) Make an inquiry into the person's driving record during the preceding three years to the appropriate State agency(s) and an investigation of the person's employment record during the preceding three years (391.23);
(3) Perform annual driving record inquiry required (391.25(a));
(4) Perform the annual review of the person's driving record required (391.25(b)); or
(5) Require the person to furnish a record of violations or a certificate (391.27).

The checklist below may be helpful to ensure that required documents are obtained.

Multiple-Employer Drivers

Name _____

Social Security Number _____

Driver's License Number _____

Type of License _____ State _____

In addition to the above information, copies of the following must be obtained.

- ☐ Medical Examiner's Certificate
- ☐ Road Test (or equivalent)
- ☐ Certificate of Road Test
- ☐ Controlled Substances Test

Driver Furnished by Other Motor Carriers Certificate

Driver's Name _____

Social Security Number _____

Driver's Signature _____

I certify that the above named driver, as defined in 390.5 is regularly driving a commercial motor vehicle operated by the below named carrier and is fully qualified under Part 391, Federal Motor Carrier Safety Regulations. His current medical examiner's certificate expires on _____ (Date).

This certificate expires:_____
(Date not later than expiration date of medical certificate)

Issued on _____
(Date)

Issued by _____
(Name of carrier)

Address _____

_____