

# 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
- 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 79)

## **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 78 for an example of the forms)

## **Disqualifying Offenses**

A driver is disqualified from operating a commercial motor vehicle on public highways, if convicted of the following criminal offenses:

- Driving a CMV while under the influence of alcohol \*
- Driving a CMV while under the influence of a disqualifying drug or other controlled substance\*
- Having an alcohol concentration of 0.04 or greater while operating a CMV
- Having an alcohol concentration of 0.08 or greater while operating any motor vehicle\*
- Refusing to take an alcohol test as required by a State or jurisdiction under its implied consent laws or regulations as defined in 383.72\*
- Leaving the scene of an accident that involves a CMV\*
- Using a CMV to commit a felony\*
- Driving a CMV when the driver's CDL is revoked, suspended, or canceled, or the driver is disqualified from operating a CMV\*
- Using a CMV to cause a fatality\*
- Using a CMV to commit serious traffic violations\*
- Using a CMV to violate an Out-of-Service Order
- Using a CMV to violate the Railroad-Highway Grade Crossing rule\*

\* Effective September 30, 2005, CDL license holders are subject when driving a non-CMV (personal vehicle) to the moving violation standards in 383.51, the same as if they were driving CMV.

## **Penalties**

A driver convicted of a felony offense for using a CMV for manufacturing, distributing or dispensing a controlled substance is disqualified for life and is not eligible for reinstatement pursuant to 383.52(a)(6).

## **Suspensions for Traffic Violations**

A 60-day, 120-day, 1 year, 3 year and life suspension will be imposed on certain convictions, depending on severity, number of convictions and subsequent convictions. For more information on the types of convictions and disqualification time frames, please reference 383.51.

## 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 success-

fully 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.\*

- \*Unless grandfathered in intrastate commerce 5/13/88
- 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

\_\_\_\_\_  
 (STREET)                                      (CITY)                                      (STATE & ZIP CODE)                                      # YEARS \_\_\_\_\_  
 \_\_\_\_\_  
 (STREET)                                      (CITY)                                      (STATE & ZIP CODE)                                      # YEARS \_\_\_\_\_  
 \_\_\_\_\_  
 (STREET)                                      (CITY)                                      (STATE & ZIP CODE)                                      # YEARS \_\_\_\_\_

**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

### 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<br>(VAN, TANK, FLAT, ETC.) | DATES<br>FROM                      TO | APPROX. NO. OF<br>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<br>(HEAD-ON, REAR-END, UPSET, ETC.) | NUMBER<br>FATALITIES | NUMBER<br>INJURIES | CHEMICAL<br>SPILLS                                       |
|-------|--|----------------------|--------------------|--|
|       |  |                      |                    | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|       |  |                      |                    | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|       |  |                      |                    | YES <input type="checkbox"/> NO <input type="checkbox"/> |

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

| DATE CONVICTED<br>(month/year) | VIOLATION | STATE OF VIOLATION<br>LOCATION | PENALTY<br>(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.



**PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3**

|   |   |
|---|---|
| <b>PART 3:</b>  | <b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b> |
| <b>DRUG AND ALCOHOL HISTORY</b>   |   |
| <p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p> <ol style="list-style-type: none"> <li>1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>4. Has this person committed other violations of Subpart B of Part 382, or Part 40?<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>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.<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>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?<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></li> </ol> <p>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.</p> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p> |   |

|   |  |
|---|--|
| <b>PART 4a:</b>   | <b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b> |
| <p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p> |  |

|  |  |
|--|--|
| <b>PART 4b:</b>  | <b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b> |
| <p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p> |  |

**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.

|  |  |
|--|--|
| <b>PART 1:</b>   | <b>COMPLETED BY THE DRIVER/APPLICANT</b> |
| <b>TO:</b>   |  |
| Prospective Employer: _____  |  |
| Street/P.O. Box: _____   |  |
| City, State, Zip: _____ Telephone # _____  |  |
| <b>FROM:</b>   |  |
| 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: <input type="checkbox"/> sent to me at the above address.<br><input type="checkbox"/> I will arrange to pick up.   |  |
| Driver/Applicant Signature: _____ Date: _____  |  |
|  | M     D     Y                            |

|  |  |
|--|--|
| <b>PART 2:</b>   | <b>COMPLETED BY THE PROSPECTIVE EMPLOYER</b> |
| 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 from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information. |  |
| <b>Information supplied to:</b>  |  |
| Name: _____  |  |
| Street: _____  |  |
| City, State, Zip: _____  |  |
| Comments: _____  |  |
| _____  |  |
| <b>By:</b>   |  |
| _____  | Release Date: _____                          |
| Signature/person providing information   | Telephone #     M     D     Y                |

**COPY 1 PROSPECTIVE 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.

|   |   |
|---|---|
| <b>PART 1:</b>  | <b>COMPLETED BY THE DRIVER/APPLICANT</b>  |
| <b>TO:</b>  | Prospective Employer: _____<br>Street/P.O. Box: _____<br>City, State, Zip: _____ Telephone # _____                    |
| <b>FROM:</b>  | Driver/Applicant: _____<br>Social Security/I.D. # _____<br>Street: _____<br>City, State, Zip: _____ Telephone # _____ |
| I request correction of erroneous information in my Safety Performance History. Please forward to the following prospective employer: Company Name: _____<br>Attention: _____<br>Street: _____<br>City, State, Zip: _____ |   |
| Explanation of desired correction (attach documents as necessary) _____<br>_____<br>_____   |   |
| Driver/Applicant Signature: _____ Date: ____/____/____<br>M D Y   |   |
| Driver: Retain <b>COPY 4 DRIVER RECORD</b> for your files, Submit copies 1, 2, and 3 to your previous employer.   |   |

|   |   |
|---|---|
| <b>PART 2:</b>  | <b>COMPLETED BY THE PREVIOUS EMPLOYER</b> |
| <b>Disposition of the requested information:</b>  |   |
| <input type="checkbox"/> Information was corrected and forwarded to the prospective motor carrier employer.                       |   |
| <input type="checkbox"/> The driver was notified on ____/____/____ that the previous employer does not agree to correct the data. |   |
| <b>Return copy 3 to the driver.</b>   |   |
| <b>Information sent to:</b> Company Name: _____<br>Attention: _____<br>Street: _____<br>City, State, Zip: _____                   |   |
| Comments: _____<br>_____  |   |
| <b>By:</b> _____ Release Date: ____/____/____<br>Signature/person providing information Telephone # M D Y                         |   |

|  |  |
|--|--|
| <b>PART 3:</b>   | <b>COMPLETED BY THE PROSPECTIVE MOTOR CARRIER EMPLOYER</b> |
| The corrected information was received on ____/____/____ |  |
| Prospective Employer: _____ Location: _____              |  |
| Received by: _____<br>Signature Title                    |  |

**COPY 1 PROSPECTIVE EMPLOYER**



Missouri Department of Revenue  
Request for Information

|                              |                |  |                                      |                               |
|------------------------------|----------------|--|--------------------------------------|-------------------------------|
| <b>Requestor Information</b> | Name           |  | Security Access Code (if applicable) |                               |
|                              | Address        |  | City                                 | State Zip Code                |
|                              | E-mail Address |  | Telephone Number<br>(____)____-____  | Fax Number<br>(____)____-____ |

|                            |  |  |                                    |  |
|----------------------------|--|--|------------------------------------|--|
| <b>Subject Information</b> | Name As It Appears On Subject's Current Missouri Driver License or Record    |  | Missouri Classified License Number | Date of Birth (MM/DD/YYYY)<br>__/__/____ |
|                            | Address As It Appears On Subject's Current Missouri Driver License or Record |  | City                               | State Zip Code                           |

|                            |  |  |
|----------------------------|--|--|
| <b>Record(s) Requested</b> | I hereby request the following record (please select the appropriate box(es):<br>The fee is \$5.88 per record.   |  |
|                            | <input type="checkbox"/> Driver Record*<br><input type="checkbox"/> Case History* (A case history consists of any open case or any reinstatement or termination case not less than two years old).<br>Case Document (Specify)*<br><input type="checkbox"/> Reinstatement Notice<br><input type="checkbox"/> Suspension Notice<br><input type="checkbox"/> Conviction (Ticket # _____)<br><input type="checkbox"/> SR-22<br><input type="checkbox"/> Image Portfolio (License Photo)<br><input type="checkbox"/> Limited Driving Privilege Package (Consists of a certified driver record, certified SR-22, and a certified Ignition Interlock Device (IID) if applicable). | <input type="checkbox"/> Other (Specify)<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |

\*Records May Be Certified

| <b>Payment Options</b>   | Please send the above record(s) by: <input type="checkbox"/> Mail <input type="checkbox"/> Fax (Add \$0.50 per page faxed)   |                              |                             |             |                             |            |          |                  |                  |            |                      |   |   |   |   |   |   |   |   |      |  |   |   |  |   |   |   |   |               |  |  |  |  |   |   |   |   |  |                   |                 |                  |        |                   |        |                    |        |                  |       |
|--|--|------------------------------|-----------------------------|-------------|-----------------------------|------------|----------|------------------|------------------|------------|----------------------|---|---|---|---|---|---|---|---|------|--|---|---|--|---|---|---|---|---------------|--|--|--|--|---|---|---|---|--|-------------------|-----------------|------------------|--------|-------------------|--------|--------------------|--------|------------------|-------|
|  | <input type="checkbox"/> Select If Certified Record Requested  |                              |                             |             |                             |            |          |                  |                  |            |                      |   |   |   |   |   |   |   |   |      |  |   |   |  |   |   |   |   |               |  |  |  |  |   |   |   |   |  |                   |                 |                  |        |                   |        |                    |        |                  |       |
|  | Records can be obtained by walk-in, mail-in, or e-mail request. The fee is \$5.88 per record. A convenience fee will be charged for credit or debit card transactions.   |                              |                             |             |                             |            |          |                  |                  |            |                      |   |   |   |   |   |   |   |   |      |  |   |   |  |   |   |   |   |               |  |  |  |  |   |   |   |   |  |                   |                 |                  |        |                   |        |                    |        |                  |       |
|  | <table border="1"> <thead> <tr> <th></th> <th>Cash</th> <th>Check</th> <th>Money Order</th> <th>Debit Card</th> <th>Discover</th> <th>Visa</th> <th>American Express</th> <th>Mastercard</th> </tr> </thead> <tbody> <tr> <td>Central Office Visit</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Mail</td> <td></td> <td>✓</td> <td>✓</td> <td></td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Fax or E-mail</td> <td></td> <td></td> <td></td> <td></td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> </tbody> </table> |                              | Cash                        | Check       | Money Order                 | Debit Card | Discover | Visa             | American Express | Mastercard | Central Office Visit | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | Mail |  | ✓ | ✓ |  | ✓ | ✓ | ✓ | ✓ | Fax or E-mail |  |  |  |  | ✓ | ✓ | ✓ | ✓ | <table border="1"> <thead> <tr> <th>Total Record Fees</th> <th>Convenience Fee</th> </tr> </thead> <tbody> <tr> <td>\$0.00 - \$50.00</td> <td>\$1.25</td> </tr> <tr> <td>\$50.01 - \$75.00</td> <td>\$1.75</td> </tr> <tr> <td>\$75.01 - \$100.00</td> <td>\$2.15</td> </tr> <tr> <td>\$100.01 or more</td> <td>2.15%</td> </tr> </tbody> </table> | 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% |
|  |  | 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:  |  |                              |                             |             |                             |            |          |                  |                  |            |                      |   |   |   |   |   |   |   |   |      |  |   |   |  |   |   |   |   |               |  |  |  |  |   |   |   |   |  |                   |                 |                  |        |                   |        |                    |        |                  |       |
| <table border="1"> <tr> <td>Name (as it appears on card)</td> <td>Card Type</td> <td>Card Number</td> <td>Expiration Date<br/>__/__/__</td> </tr> </table> |  | Name (as it appears on card) | Card Type                   | Card Number | Expiration Date<br>__/__/__ |            |          |                  |                  |            |                      |   |   |   |   |   |   |   |   |      |  |   |   |  |   |   |   |   |               |  |  |  |  |   |   |   |   |  |                   |                 |                  |        |                   |        |                    |        |                  |       |
| Name (as it appears on card)   | Card Type  | Card Number                  | Expiration Date<br>__/__/__ |             |                             |            |          |                  |                  |            |                      |   |   |   |   |   |   |   |   |      |  |   |   |  |   |   |   |   |               |  |  |  |  |   |   |   |   |  |                   |                 |                  |        |                   |        |                    |        |                  |       |
| <table border="1"> <tr> <td>Requester's Signature</td> <td>Printed Name</td> </tr> </table>  |  | Requester's Signature        | Printed Name                |             |                             |            |          |                  |                  |            |                      |   |   |   |   |   |   |   |   |      |  |   |   |  |   |   |   |   |               |  |  |  |  |   |   |   |   |  |                   |                 |                  |        |                   |        |                    |        |                  |       |
| 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 370, 301 West High Street, Jefferson City, Missouri.

**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](mailto:dlrecords@dor.mo.gov)



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

# 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 preparing 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.

**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)

**SAMPLE  
DOCUMENT**

**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

Empty text box for listing surgery.

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

Empty text box for describing medications.

(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.\*\*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Exam Date: \_\_\_\_\_

**DRIVER HEALTH HISTORY (continued)**

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

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

SAMPLE DOCUMENT

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)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Exam Date: \_\_\_\_\_

**TESTING**

Pulse rate: \_\_\_\_\_ Pulse rhythm regular:  Yes  No Height: \_\_\_ feet \_\_\_ inches Weight: \_\_\_ pounds

| Blood Pressure             | Systolic | Diastolic | Urinalysis   | Sp. Gr. | Protein | Blood | Sugar |
|----------------------------|----------|-----------|--|---------|---------|-------|-------|
| Sitting                    |          |           | Urinalysis is required. Numerical readings must be recorded. |         |         |       |       |
| Second reading (optional)  |          |           |  |         |         |       |       |
| Other testing if indicated |          |           |  |         |         |       |       |

**SAMPLE DOCUMENT**

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

**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 | Check if hearing aid used for test:   |
|------------|-------------|-----------|----------------------------|---|
| Right Eye: | 20/ _____   | 20/ _____ | Right Eye: _____ degrees   | <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Neither |
| Left Eye:  | 20/ _____   | 20/ _____ | Left Eye: _____ degrees    |   |
| Both Eyes: | 20/ _____   | 20/ _____ |                            |   |

Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors  Yes  No

Monocular vision  Yes  No

Referred to ophthalmologist or optometrist?  Yes  No

Received documentation from ophthalmologist or optometrist?  Yes  No

**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).

**Whisper Test Results**  
Record distance (in feet) from driver at which a forced whispered voice can first be heard \_\_\_\_\_

**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        | <input type="radio"/> | <input type="radio"/> | 8. Abdomen                                 | <input type="radio"/> | <input type="radio"/> |
| 2. Skin           | <input type="radio"/> | <input type="radio"/> | 9. Genito-urinary system including hernias | <input type="radio"/> | <input type="radio"/> |
| 3. Eyes           | <input type="radio"/> | <input type="radio"/> | 10. Back/Spine                             | <input type="radio"/> | <input type="radio"/> |
| 4. Ears           | <input type="radio"/> | <input type="radio"/> | 11. Extremities/joints                     | <input type="radio"/> | <input type="radio"/> |
| 5. Mouth/throat   | <input type="radio"/> | <input type="radio"/> | 12. Neurological system including reflexes | <input type="radio"/> | <input type="radio"/> |
| 6. Cardiovascular | <input type="radio"/> | <input type="radio"/> | 13. Gait                                   | <input type="radio"/> | <input type="radio"/> |
| 7. Lungs/chest    | <input type="radio"/> | <input type="radio"/> | 14. Vascular system                        | <input type="radio"/> | <input type="radio"/> |

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.

(Attach additional sheets if necessary)

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: \_\_\_\_\_



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Exam Date: \_\_\_\_\_

**MEDICAL EXAMINER DETERMINATION (State)**

Use this section for examinations performed in accordance with 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):

- Does not meet standards in 49 CFR 391.41 with any applicable State variances (specify reason): \_\_\_\_\_
  - Meets standards in 49 CFR 391.41 with any applicable State variances
  - 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  Grandfathered from State requirements (State)

**If the driver meets the standards outlined in 49 CFR 391.41, with applicable State variances, then complete a Medical Examiner's Certificate, 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: \_\_\_\_\_ 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: \_\_\_\_\_



# Instructions for Completing the Medical Examination Report Form (MCSA-5875)

## I. Step-By-Step Instructions

### Driver:

#### Section 1: Driver information

- **Personal Information:** Please complete this section using your name as written on your driver's license, your current address and phone number, your date of birth, age, gender, driver's license number and issuing state.
  - **CLP/CDL Applicant/Holder:** Check "yes" if you are a commercial learner's permit (CLP) or commercial driver's license (CDL) holder, or are applying for a CLP or CDL. CDL means a license issued by a State or the District of Columbia which authorizes the individual to operate a class of a commercial motor vehicle (CMV). A CMV that requires a CDL is one that: (1) has a gross combination weight rating or gross combination weight of 26,001 pounds or more inclusive of a towed unit with a gross vehicle weight rating (GVWR) or gross vehicle weight (GVW) of more than 10,000 pounds; or (2) has a GVWR or GVW of 26,001 pounds or more; or (3) is designed to transport 16 or more passengers, including the driver; or (4) is used to transport either hazardous materials requiring hazardous materials placards on the vehicle or any quantity of a select agent or toxin.
  - **Driver ID Verified By:** The Medical Examiner/staff completes this item and notes the type of photo ID used to verify the driver's identity such as, commercial driver's license, driver's license, or passport, etc.
  - **Question: Has your USDOT/FMCSA medical certificate ever been denied or issued for less than two years?** Please check the correct box "yes" or "no" and if you aren't sure check the "not sure" box.
- **Driver Health History:**
  - **Have you ever had surgery:** Please check "yes" if you have ever had surgery and provide a written explanation of the details (type of surgery, date of surgery, etc.)
  - **Are you currently taking medications (prescription, over-the-counter, herbal remedies, diet supplements):** Please check "yes" if you are taking any diet supplements, herbal remedies, or prescription or over the counter medications. In the box below the question, indicate the name of the medication and the dosage.
  - **#1-32:** Please complete this section by checking the "yes" box to indicate that you have, or have ever had, the health condition listed or the "No" box if you have not. Check the "not sure" box if you are unsure.
  - **Other Health Conditions not described above:** If you have, or have had, any other health conditions not listed in the section above, check "Yes" and in the box provided and list those condition(s).
  - **Any yes answers to questions #1-32 above:** If you have answered "yes" to any of the questions in the Driver Health History section above, please explain your answers further in the box below the question. For example, if you answered "yes" to question #5 regarding heart disease, heart attack, bypass, or other heart problem, indicate which type of heart condition. If you checked "yes" to question #23 regarding cancer, indicate the type of cancer. Please add any information that will be helpful to the Medical Examiner.
- **CMV Driver Signature and Date:** Please read the certification statement, sign and date it, indicating that the information you provided in Section 1 is accurate and complete.



## Medical Examiner:

### Section 2: Examination Report

- **Driver Health History Review:** Review answers provided by the driver in the driver health history section and discuss any “yes” and “not sure” responses. In addition, be sure to compare the medication list to the health history responses ensuring that the medication list matches the medical conditions noted. Explore with the driver any answers that seem unclear. Record any information that the driver omitted. As the Medical Examiner conducting the driver's physical examination you are required to complete the entire medical examination even if you detect a medical condition that you consider disqualifying, such as deafness. Medical Examiners are expected to determine the driver's physical qualification for operating a commercial vehicle safely. Thus, if you find a disqualifying condition for which a driver may receive a Federal Motor Carrier Safety Administration medical exemption, please record that on the driver's Medical Examiner's Certificate, Form MCSA-5876, as well as on the Medical Examination Report Form, MCSA-5875.
- **Testing:**
  - **Pulse rate and rhythm, height, and weight:** record these as indicated on the form.
  - **Blood Pressure:** record the blood pressure (systolic and diastolic) of the driver being examined. A second reading is optional and should be recorded if found to be necessary.
  - **Urinalysis:** record the numerical readings for the specific gravity, protein, blood and sugar.
  - **Vision:** The current vision standard is provided on the form. When other than the Snellen chart is used, give test results in Snellen-comparable values. When recording distance vision, use 20 feet as normal. Record the vision acuity results and indicate if the driver can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors; has monocular vision; has been referred to an ophthalmologist or optometrist; and if documentation has been received from an ophthalmologist or optometrist.
  - **Hearing:** The current hearing standard is provided on the form. Hearing can be tested using either a whisper test or audiometric test. Record the test results in the corresponding section for the test used.
- **Physical Examination:** Check the body systems for abnormalities and indicate normal or abnormal for each body system listed. Discuss any abnormal answers in detail in the space provided and indicate whether it would affect the driver's ability to safely operate a commercial motor vehicle.

***In this next section, you will be completing either the Federal or State determination, not both.***

- **Medical Examiner Determination (Federal):** Use this section for examinations performed in accordance with the FMCSRs ([49 CFR 391.41-391.49](#)). Complete the medical examiner determination section completely. When determining a driver's physical qualification, please note that English language proficiency ([49 CFR part 391.11](#): General qualifications of drivers) is not factored into that determination.
  - **Does not meet standards:** Select this option when a driver is determined to be not qualified and provide an explanation of why the driver does not meet the standards in 49 CFR 391.41.
  - **Meets standards in 49 CFR 391.41; qualifies for 2-year certification:** Select this option when a driver is determined to be qualified and will be issued a 2-year Medical Examiner's Certificate.

- **Meets standards, but periodic monitoring is required:** Select this option when a driver is determined to be qualified but needs periodic monitoring and provide an explanation of why periodic monitoring is required. Select the corresponding time frame that the driver is qualified and if selecting other, specify the time frame.
  - **Determination that driver meets standards:** Select all categories that apply to the driver's certification (e.g., wearing corrective lenses, accompanied by a waiver/exemption, driving within an exempt intracity zone, etc.).
- **Determination pending:** Select this option when more information is needed to make a qualification decision and specify a date, on or before the 45 day expiration date, for the driver to return to the medical exam office for follow-up. This will allow for a delay of the qualification decision for as many as 45 days. If the disposition of the pending examination is not updated via the National Registry on or before the 45 day expiration date, FMCSA will notify the examining medical examiner and the driver in writing that the examination is no longer valid and that the driver is required to be re-examined.
  - **MER amended:** A Medical Examination Report Form (MER), MCSA-5875, may only be amended while in determination pending status for situations where new information (e.g., test results, etc.) has been received or there has been a change in the driver's medical status since the initial examination, but prior to a final qualification determination. Select this option when a Medical Examination Report Form, MCSA-5875, is being amended; provide the reason for the amendment, sign and date. In addition, initial and date any changes made on the Medical Examination Report Form, MCSA-5875. A Medical Examination Report Form, MCSA-5875, cannot be amended after an examination has been in determination pending status for more than 45 days or after a final qualification determination has been made. The driver is required to obtain a new physical examination and a new Medical Examination Report Form, MCSA-5875, should be completed.
- **Incomplete examination:** Select this when the physical examination is not completed for any reason (e.g., driver decides they do not want to continue with the examination and leaves) other than situations outlined under determination pending.
- **Medical Examiner information, signature and date:** Provide your name, address, phone number, occupation, license, certificate, or registration number and issuing state, national registry number, signature and date.
- **Medical Examiner's Certificate Expiration Date:** Enter the date the **driver's** Medical Examiner's Certificate (MEC) expires.
- **Medical Examiner Determination (State):** Use this section for examinations performed in accordance with the FMCSRs ([49 CFR 391.41-391.49](#)) with any applicable State variances (which will only be valid for intrastate operations). Complete the medical examiner determination section completely.
  - **Does not meet standards in 49 CFR 391.41 with any applicable State variances:** Select this option when a driver is determined to be not qualified and provide an explanation of why the driver does not meet the standards in 49 CFR 391.41 with any applicable State variances.
  - **Meets standards in 49 CFR 391.41 with any applicable State variances:** Select this option when a driver is determined to be qualified and will be issued a 2-year Medical Examiner's Certificate.
  - **Meets standards, but periodic monitoring is required:** Select this option when a driver is determined to be qualified but needs periodic monitoring and provide an explanation of why periodic monitoring is required. Select the corresponding time frame that the driver is qualified and if selecting other, specify the time frame.
    - **Determination that driver meets standards:** Select all categories that apply to the driver's certification (e.g., wearing corrective lenses, accompanied by a waiver/exemption, etc.).

- **Medical Examiner information, signature and date:** Provide your name, address, phone number, occupation, license, certificate, or registration number and issuing state, national registry number, signature and date.
- **Medical Examiner's Certificate Expiration Date:** Enter the date the **driver's** Medical Examiner's Certificate (MEC) expires.

- II. If updating an existing exam, you must resubmit the new exam results, via the Medical Examination Results Form, MCSA-5850, to the National Registry, and the most recent dated exam will take precedence.**
- III. To obtain additional information regarding this form go to the Medical Program's page on the Federal Motor Carrier Safety Administration's website at <http://www.fmcsa.dot.gov/regulations/medical>.**

**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     Accompanied by a \_\_\_\_\_ waiver/exemption     Driving within an exempt intracity zone ([49 CFR 391.62](#)) *(Federal)*
  - Wearing hearing aid     Accompanied by a Skill Performance Evaluation (SPE) Certificate     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 Name *(please print or type)*

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

Medical Examiner's Telephone Number

Date Certificate Signed

- MD     Physician Assistant     Advanced Practice Nurse
- DO     Chiropractor     Other Practitioner *(specify)* \_\_\_\_\_

Issuing State

National Registry Number

Driver's Signature

Driver's License Number

Issuing State/Province

Driver's Address

CLP/CDL Applicant/Holder

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_  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.\*\***

# 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 authorization, FMCSA requires examiners undergo periodic 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 because of a limb amputation, limb impairment, vision impairment, or insulin-treated diabetes mellitus 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 a diabetes or vision exemption. 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 a limb amputation, limb impairment, vision impairment or insulin-treated diabetes mellitus 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.

## **Helpful Links**

### **Federal Motor Carrier Safety Administration**

*[www.fmcsa.dot.gov](http://www.fmcsa.dot.gov)*

### **FMCSA Medical**

*[www.fmcsa.dot.gov/rules-regulations/topics/medical/medical.htm](http://www.fmcsa.dot.gov/rules-regulations/topics/medical/medical.htm)*

### **NRCME**

*<https://nationalregistry.fmcsa.dot.gov/>*

### **NRCME Part 390.101 – 390.115**

*[www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/fmcsrguidedetails.aspx?menukey=390](http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/fmcsrguidedetails.aspx?menukey=390)*

### **MoDOT Motor Carrier Services Medical**

*[www.modot.org/mcs](http://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 \_\_\_\_\_