

APPLICATION FOR QUALIFICATION

Company VALLEY EQUIPMENT LEASING INC.
Address 6395 E. 58th AVENUE
City COMMERCE CITY State COLORADO Zip Code 80022
Web www.valleyequipmentleasing.com
Address www.valleyequipmentleasing.com Phone 303-293-0077 Fax 303-293-3117

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

Instructions to Applicant

Please answer all questions. If the answer to any question in "No" or "None", do not leave them blank, but write "No" or "None".

Date: _____

Position applying for; Check one Company Driver Owner Operator Driver for Owner Operator

All Owner Operator's MUST have a Federal ID Number. A Trade Name or Company Name is preferred but not mandatory as long as there is a Federal ID Number.

Company Trade Name

Federal ID Number

Name:

First

Middle

Last

Phone #: _____

Emergency Phone: _____

Date of Birth: _____

Social Sec Number: _____

Physical _____

Years Experience (Class A CDL): _____

Expires: _____

CDL Expires: _____

Driver's License Number: _____

Current & Three Years Previous Addresses:

_____ Street Address	_____ City, State, Zip Code	From _____	To _____
_____ Street Address	_____ City, State, Zip Code	From _____	To _____
_____ Street Address	_____ City, State, Zip Code	From _____	To _____

Have you worked for this company before? Yes No

If yes, give dates: From _____ To _____

Reason for leaving?

Education History

Please check the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Post-Graduate: 1 2 3 4

EMPLOYMENT AND OR CONTRACT LEASE HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers or companies they were leased and or employed for the past 10 years. Fill out boxes in their entirety with correct information. Falsification or omission of information may lead to termination of employment or contract. Attach as many sheets as needed to complete your work history. (NOTE: List history in reverse order starting with the most recent and ending with the oldest company.)

NAME	FROM DATE
ADDRESS	TO DATE
CITY STATE ZIP FAX #	POSITION
CONTACT PERSON PHONE #	SALARY/WAGE

Reason for Leaving _____

Were you subject to the FMCSRs* while here? YES NO

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR Part 40? YES NO

NAME	FROM DATE
ADDRESS	TO DATE
CITY STATE ZIP FAX #	POSITION
CONTACT PERSON PHONE #	SALARY/WAGE

Reason for Leaving _____

Were you subject to the FMCSRs* while here? YES NO

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR Part 40? YES NO

NAME	FROM DATE
ADDRESS	TO DATE
CITY STATE ZIP FAX #	POSITION
CONTACT PERSON PHONE #	SALARY/WAGE

Reason for Leaving _____

Were you subject to the FMCSRs* while here? YES NO

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR Part 40? YES NO

NAME	FROM DATE
ADDRESS	TO DATE
CITY STATE ZIP FAX #	POSITION
CONTACT PERSON PHONE #	SALARY/WAGE

Reason for Leaving _____

Were you subject to the FMCSRs* while here? YES NO

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR Part 40? YES NO

NAME	FROM DATE
ADDRESS	TO DATE
CITY STATE ZIP FAX #	POSITION
CONTACT PERSON PHONE #	SALARY/WAGE

Reason for Leaving _____

Were you subject to the FMCSRs* while here? YES NO

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR Part 40? YES NO

****(The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designated or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.)***

EMPLOYMENT AND OR CONTRACT LEASE HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers or companies they were leased and or employed for the past 10 years. Fill out boxes in their entirety with correct information. Falsification or omission of information may lead to termination of employment or contract. Attach as many sheets as needed to complete your work history. (NOTE: List history in reverse order starting with the most recent and ending with the oldest company.)

NAME	FROM DATE
ADDRESS	TO DATE
CITY STATE ZIP FAX #	POSITION
CONTACT PERSON PHONE #	SALARY/WAGE

Reason for Leaving _____

Were you subject to the FMCSRs* while here? YES NO

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR Part 40? YES NO

NAME	FROM DATE
ADDRESS	TO DATE
CITY STATE ZIP FAX #	POSITION
CONTACT PERSON PHONE #	SALARY/WAGE

Reason for Leaving _____

Were you subject to the FMCSRs* while here? YES NO

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR Part 40? YES NO

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ADDRESS	TO DATE
CITY STATE ZIP FAX #	POSITION
CONTACT PERSON PHONE #	SALARY/WAGE

Reason for Leaving _____

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ADDRESS	TO DATE
CITY STATE ZIP FAX #	POSITION
CONTACT PERSON PHONE #	SALARY/WAGE

Reason for Leaving _____

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Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR Part 40? YES NO

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ADDRESS	TO DATE
CITY STATE ZIP FAX #	POSITION
CONTACT PERSON PHONE #	SALARY/WAGE

Reason for Leaving _____

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Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR Part 40? YES NO

****(The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designated or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.)***

Driving Experience

Class of Equipment	Dates		Approximate Number of Miles
	From	To	
Straight Truck			
Tractor and Semi Trailer			
Tractor-two trailers (doubles)			
Tractor-three trailers (triples)			
Other			

List states operated in, for the last five years: _____

List special courses/training completed (PTD/DDC, HazMat, etc.):

List any Safe Driving Awards you hold and from whom:

Accident Record for past three years *(attach extra sheet if more space is needed)*

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	Number of Fatalities	Number of People Injured

Traffic Convictions and Forfeitures for the last three years *(other than parking violations)*

Date	Location	Charge	Penalty

Driver's License *(list each driver's license held in the past three years)*

State	License #	Type	Endorsements	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No
- C. Is there any reason you might be unable to perform the functions of the job for which
You have applied (as described in the job description)?..... Yes No
- D. Have you ever been convicted of a felony?..... Yes No
- If the answers to A, B, C or D is "YES", give details _____

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this qualification file shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to the applicant's record, whether same is of record or not. The applicant releases all previous employers or companies leased to for any damages on account of furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, person characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my qualification file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or contract the applicant.

It is agreed and understood that if qualified and hired or contracted, there is a probationary period, at which time I may be disqualified without recourse.

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

_____ **APPLICANT SIGNATURE**

_____ **DATE**

REMARKS (FOR OFFICE USE ONLY)*****

REQUEST TO PRIOR EMPLOYERS AND CARRIERS THAT CONTRACTED WITH DRIVER APPLICANT

VALLEY EQUIPMENT LEASING INC

Jeremy Obermiller

CARRIER NAME

CONTACT PERSON

6395 E. 58TH AVENUE

COMMERCE CITY

CO

80022

ADDRESS

CITY

STATE

ZIP

303-293-0077

303-293-3117

PHONE

CONFIDENTIAL FAX
NUMBER

~ Driver to Complete This Section Only ~

As a Commercial Motor Vehicle (CMV) Driver, I understand that per the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers or companies I have leased with for the past three years, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired or leased on, that I have the right to review this information and rebut any errors in these statements from my prior employers or companies I have leased with as described in the FMCSR Part 391.23.

I _____ hereby authorize this company to release all driver records, including assessments of my

PRINT NAME

Performance, ability, and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for qualification with said company. I hereby release this company, and its employees, officers, directors and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

APPLICANT'S SIGNATURE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

TODAY'S DATE

PREVIOUS EMPLOYER

CONTACT PERSON

MAILING ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER

FAX NUMBER

EMPLOYMENT OR CONTRACT DATES

SECTION I Past Employer or Company Contracted to Complete >>>> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above – named applicant mark here _____

1. Any Test with a result of 0.04 or higher alcohol concentration? Yes No
2. Any verified positive drug test? Yes No
3. Any refusals to be tested (including verified adulterated or substituted drug test results)? Yes No
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)? Yes No
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, or under contract, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including verified adulterated/ substituted drug test result)? Yes No
6. If yes to any of the above questions please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return to work duty requirements (including follow-up tests) if they remained in your employ or under contract.*

*If this information is not available from the previous employer, you as a prospective employer, must obtain this information from the applicant.

Drug and alcohol information need to be kept in a separate confidential file.

REQUEST TO PRIOR EMPLOYERS AND CARRIERS THAT CONTRACTED WITH DRIVER APPLICANT

SECTION II Past Employer or Company Contracted to Complete >>>> ACCIDENT INFORMATION

Please provide the following information as required by 391.23(d)(1)(2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment or contract. Companies may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here

DATE	LOCATION TOWN OR CLOSEST CITY STATE	ANY VEHICLES TOWED	HAZMAT SPILL	NUMBER OF FATALITIES	NUMBER OF INJURIES

SECTION III Past Employer or Company Contracted to Complete >>>> WORK / CONTRACT HISTORY INFORMATION

Please provide the following information on the above-named applicant:

He/She was employed or under contract for you as a: _____ from _____ to _____

Driver was a Company Driver / Employee Owner Operator / Contractor Driver for an Owner Operator Other Explain: _____

What type of equipment did he/she operate? Straight Trucks Tractor/Trailer Doubles Triples Other Explain: _____

Type of Trailer(s) pulled: _____

General area traveled _____ Commodities hauled _____

While under your employment/contract was he/she:

Bonded? Yes No

Convicted of any traffic violations? Yes No

If yes, please list all including date and type: _____

License(s) suspended, revoked, or denied? Yes No

If yes, please explain: _____

Reason for leaving: _____

Would you employ or contract this driver again? Yes No Upon Review

Please explain: _____

Additional comments: _____

Previous Company Supplying Information

PRINT NAME	TITLE
SIGNATURE	DATE

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

DRIVER QUALIFICATION DRUG AND ALCOHOL STATEMENT

CFR Part 40.25(j) requires a company to ask any applicant, whether he or she has tested positive, or refused to test, on any drug or alcohol test administered by a previous company to which the applicant applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the applicant admits that he or she has had a positive test or refusal to test, we must not use the applicant to perform safety-sensitive functions, until and unless the potential applicant provides documentation of successful completion of the return-to-duty process. See Section 40.25(b)(5) and (e).

As an applicant, applying to perform safety-sensitive functions for our company you are required by CFR Part 40.25(j) to respond to the following questions:

1. Have you tested positive, or refused to test, on any drug or alcohol test administered by a company to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

YES NO

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

YES NO

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

APPLICANT SIGNATURE

DATE

APPLICANT NAME PRINTED

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

Motor Carriers have the responsibility to make the following investigations and inquiries with respect to each driver who applies.

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

Drivers have the following rights:

1. The right to review information provided by previous motor carriers.
2. The right to have errors in the information corrected by the previous motor carrier and for them to re-send the corrected information to the prospective motor carrier.
3. The right to have a rebuttal statement attached to the alleged erroneous information if the previous motor carrier and applicant cannot agree on the accuracy of the information.

Drivers who wish to review previous motor carrier provided investigative information must submit a written request to the prospective motor carrier when applying or as late as 30 days after employed or contracted or being notified of denial of employment or contract. The prospective motor carrier must provide the information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective motor carrier making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

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

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

DRIVER SIGNATURE

DATE

DRIVER PRINTED NAME

AUTHORIZATION FOR RELEASE OF MOTOR VEHICLE RECORDS TO COMPLY WITH THE DRIVER QUALIFICATION FILES PORTION OF THE DOT REGULATIONS

TO WHOM IT MAY CONCERN:

NAME (FIRST) (MIDDLE) (LAST)

LICENSE NUMBER EXPIRATION DATE STATE OF ISSUE

I hereby authorize Valley Equipment Leasing, Inc to obtain my driving record from the State of Colorado

DRIVER SIGNATURE DATE

NOTICE TO DRIVERS AND CERTIFICATE OF COMPLIANCE

NOTICE TO DRIVERS:

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds and to any vehicle, regardless of weight, transporting hazardous materials. The following provisions of this legislation became effective July 1, 1987.

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license.
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier AND the state which issued the license to that driver of such convictions within 30 days.
3. Any person applying for work as a commercial vehicle driver must inform the motor carrier of all previous employment or contracted labor as the driver of a commercial vehicle for the past 10 years in addition to any other required information about the applicant's work history.
4. Any violation is punishable by a fine not to exceed \$2,500. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle must advise the motor carrier the next business day after receiving notification of such action.

CERTIFICATION BY DRIVER:

I hereby, certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986 which became effective on July 1, 1987.

DRIVER SIGNATURE SOCIAL SECURITY NO

ADDRESS CITY, STATE ZIP

LICENSE STATE TYPE/CLASS ID NO

I further certify that the above commercial vehicle license is the only one held, or that I have surrendered the following licenses to the state(s) as indicated below:

LICENSE STATE TYPE/CLASS ID NO

LICENSE STATE TYPE/CLASS ID NO

ANNUAL VIOLATION AND REVIEW RECORD

DRIVER NAME (PRINTED) _____

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. If you have no violations please state NO VIOLATIONS.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited a bond or collateral on account of any violation required to be listed during the past 12 months.

DATE OF CERTIFICATION

DRIVER SIGNATURE

REVIEW BY SIGNATURE

TITLE

VALLEY EQUIPMENT LEASING, INC
PO BOX 16284
DENVER, CO 80216
(303) 293-0077

REVIEW AND EVALUATION OF THIS RECORD

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

ACTION TAKEN: _____

Valley Equipment Leasing, Inc
MOTER CARRIER NAME

6395 E. 58th Avenue, Commerce City, CO 80022
MOTOR CARRIER ADDRESS

Safety Manager

REVIEWED BY (SIGNATURE) TITLE DATE

INFORMED CONSENT AND RELEASE OF LIABILITY

I understand the company has a no tolerance Substance Policy. Substance is defined by alcohol, controlled substances (i.e., illegal drugs, and prescribed drugs), over-the-counter medications, and any other Substance that may be inhaled, injected, absorbed or taken by mouth that may, in the company's opinion, impair an individual.

As a condition of employment or under execution of a contract agreement, I understand that I am required to submit to periodic or random testing for alcohol and drugs. I understand that this analysis will be conducted under the direction of the company and its designated healthcare agent.

In the event of an accident I acknowledge that it may be required that I be tested for drug and alcohol abuse. I hereby give my consent to testing. If the accident affects a company client I also give the company permission to release the results of the testing with the company's client.

SIGNATURE

DATE

PRINTED NAME

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION TO
VALLEY EQUIPMENT LEASING INC

TO WHOM IT MAY CONCERN:

I, _____
 FIRST MIDDLE LAST

Born on _____ at _____,
 MONTH DAY YEAR CITY STATE

Presently residing at: _____
 STREET ADDRESS CITY STATE ZIP

Hereby authorize any physician or other person who has attended, examined, or treated me, or any clinic, hospital, institution, company, or Federal, State or municipal agency, office or bureau which may have information concerning my medical history, to release to Valley Equipment Leasing, Inc or their representative any available information or records concerning my medical history in their knowledge or possession.

I have also been known by the following name(s): _____
 IF NONE, STATE "NONE"

A reproduction of this authorization shall be deemed as effective and valid as the original, as long as I am employed by or an independent contractor with Valley Equipment Leasing, Inc and/or its subsidiaries.

SIGNATURE

DATE

PRINTED NAME

***THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR
MANDATORY USE BY ALL ACCOUNT HOLDERS***

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Valley Equipment Leasing, Inc. (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

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

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

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

I authorize Valley Equipment Leasing, Inc. (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

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

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

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

Date: _____

Signature

Name (Please Print)

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

LAST UPDATED 12/22/2015