

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
1. (Print Name) _____	
First	M.I.
Last	Social Security Number
Herby authorize: _____	
Previous Employer: _____	Date of Birth _____
Email: _____	
Street: _____	Telephone: _____
City, State, Zip: _____ Fax No. _____	
To release and forward the information requested by Section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (employment application date)	
To:	Prospective Employer: _____
	Attention: _____
	Street: _____
	City, State, Zip: _____
In compliance with Section 391.23(h) release of information may take any form that reasonably ensures confidentiality, including fax, email or letter.	
Prospective employer's fax number: _____	
_____ Applicant's Signature	_____ Date

PART 2	TO BE COMPLETED BY PREVIOUS EMPLOYER
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed as _____ from (m/y) _____ to (m/y) _____	
1. Did he/she drive motor vehicles for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____	
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return.	
ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)), or check <input type="checkbox"/> here if there is no accident register data for this driver.	
Date	Location
# Injuries	# Fatalities
Hazmat Spills	
1. _____	_____
2. _____	_____
3. _____	_____
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies. _____	
Any other remarks: _____	
Signature: _____	
Title: _____	
Date: _____	

**INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY
RECORDS REQUEST**

<p>PAGE 1 PART 1: Prospective Employee</p> <ul style="list-style-type: none">• Complete the information required in this section• Sign and date• Submit to the Prospective Employer <p>PAGE 2 PART 4a: Prospective Employer</p> <ul style="list-style-type: none">• Complete the information• Sign and date• Turn form over to complete SIDE 2 SECTION 3	<p>PAGE 2 PART 3: Previous Employer</p> <ul style="list-style-type: none">• Complete the information required in this section• Sign and date• Return to Prospective Employer <p>PAGE 2 PART 4b: Prospective Employer</p> <ul style="list-style-type: none">• Record receipt of the information• Retain the form
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RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY

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

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

PART 1:	COMPLETED BY THE DRIVER/APPLICANT
To:	
Prospective Employer: _____	
Street/P.O. Box: _____	
City, State, Zip: _____ Telephone # _____	
From:	
Driver/Applicant: _____ Social Security/I.D.# _____	
Street: _____	
City, State, Zip: _____ Telephone # _____	
<p>I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History. 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.</p>	
<p>This information should be:</p> <p style="margin-left: 150px;"><input type="checkbox"/> sent to me at the address above</p> <p style="margin-left: 150px;"><input type="checkbox"/> I will arrange to pick up</p>	
Driver/Applicant Signature _____ Date: ____ / ____ / ____ <div style="text-align: right; margin-left: 150px;">M D Y</div>	

PART 2:	COMPLETED BY THE PROSPECTIVE EMPLOYER
The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.	
Information supplied to:	
Name: _____	
Street: _____	
City, State, Zip: _____	
Comments: _____	
By:	
Signature/Person providing information _____	Telephone # _____ Release Date: ____ / ____ / ____
	M D Y

COPY 1 PROSPECTIVE EMPLOYER

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<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"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of subpart B of Part 38, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP prescribed rehabilitative program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/> 	
<p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers under all applicable DOT regulations.</p>	
Name: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone # _____	
Part 3 Completed by (Signature): _____ Date: _____	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<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>	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<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>	