

TJ's Trucking, LLC

97 W Ogden Road
Loving, NM 88256
(575) 745-1673

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

RECIPIENT EMPLOYER: The individual identified below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operator of a commercial motor vehicle and/or that was subject to US Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply TJ's Trucking, LLC with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete **SECTIONS 2 through 4 (as applicable)** and return to **TJ's Trucking, LLC** shown in **SECTION 1**.

SECTION 1: To Be Completed by Applicant submitted to TJ's Trucking, LLC

Applicant's Name _____
hereby authorize:

Applicant's Social Security Number _____

Applicant's Date of Birth _____

Previous Employer _____

Previous Employer Email _____

Street _____

Previous Employer Telephone _____

City, State, Zip _____

Fax _____

To release and forward the information requested by Section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years.

To:
TJ's Trucking, LLC
Attention: Jackie Stevens
97 W Ogden Road, Loving, NM 88256

Office: (575) 745-1673
Fax: (575) 745-2337
Email: TJs.Trucking@yahoo.com

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

Applicant's Signature _____

Date _____

SECTION 2: To Be Completed By Previous Employer

The applicant named above was or is employed or used by us. Yes No

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

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

Reason for leaving Resigned Terminated Still Employed Other: _____

Completed by: _____ Telephone: _____

Company: _____

Address: _____

Signature: _____

SECTION 3: To Be Completed By Previous Employer

Accident History

Check here if there is **no** accident register data for this driver and skip to Section 4. Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown in Section 1.

Date	Location	# of Injuries	# of Fatalities	HazMat Spill

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

SECTION 4: To Be Completed By Previous Employer

Drug and Alcohol History

Check here and return if applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you.

Applicant was subject to DOT testing requirements from _____ to _____.

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

Within the past 3 years from the application date shown in Section 1:

- Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: Yes No
 - An alcohol test with a result of 0.04 or higher alcohol concentration.
 - A controlled substances test result of positive, adulterated or substituted.
 - A refusal to submit to a random, post-accident, reasonable-suspicion or follow-up controlled substances or alcohol test.
 - Alcohol use after an accident, in violation of §382.303.
 - Controlled substances use while on duty, except as allowed under §382.213.
- If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here Yes No N/A
- If this person successfully completed a SAP’s rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested? Yes No N/A

SECTION 5: To Be Completed By Prospective Employer

This form was (check one): Faxed Mailed Emailed to previous employer Date: _____
Date of Second Request: _____

Complete when information is obtained:

Information received from: _____

Recorded by: _____ Method: Fax Mail Email

Date: _____

Maintain this Information in the Driver Qualification File for Three Years After the Person’s Employment Ceases