

**WHITERIVER TRANSPORTATION, LLC  
DRIVER PRE-QUALIFICATION / MVR REQUEST FORM**

TERMINAL \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Requested By \_\_\_\_\_

**This form must be completed for all drivers seeking initial qualification for any entity or subsidiary of U.S. 1  
This form must be completed in its entirety and scanned to safety to begin the screening process.  
Please provide copy of the following documents at time of Pre-Qualification:  
CDL, SS CARD, MEDICAL CARD & TWIC CARD IF APPLICABLE**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
LAST FIRST MI MONTH DAY YEAR

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**CDL LICENSE #:** \_\_\_\_\_ **STATE OF ISSUE:** \_\_\_\_\_ **EXPIRES:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **PHONE#:** \_\_\_\_\_

**CELL PHONE NUMBER AND CARRIER (AT&T, VERIZON)** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**MEDICAL CARD EXPIRATION:** \_\_\_\_\_ **TWIC CARD: (YES)** \_\_\_\_\_ **(NO)** \_\_\_\_\_  
MONTH DAY YEAR

<b>HAS THE DRIVER:</b>	<b>YES</b>	<b>NO</b>
1. Ever been convicted of a felony?	_____	_____
2. Been convicted of reckless driving?	_____	_____
3. Been convicted of DUI/DWI within the last 5 years?	_____	_____
4. Ever failed or refused to take a required DOT drug or alcohol test?	_____	_____
5. Been involved in any accidents within the last 3 years? (List separately)	_____	_____
6. Been convicted of any moving violations within the last 3 years? (List separately)	_____	_____
7. Received and maintained a Hazardous Materials Endorsement?	_____	_____

**EQUIPMENT OPERATED BY DRIVER:**  
\_\_\_\_ TRACTOR TRAILER    \_\_\_\_ DRY VAN    \_\_\_\_ FLAT BED    \_\_\_\_ CONTAINER

**PREVIOUS WORK HISTORY**

Do you give permission to check your employment under part 391 and your past history on substance testing under 382.413 under FMC CFR Title 49: YES \_\_\_\_\_ NO \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If answer is NO, driver may not be qualified)

**The following sections MUST be completed for ALL POSITIONS held within the last 3 YEARS.  
Use additional sheets if necessary  
Any lapses in employment must be included (unemployment, disability, etc.) Begin with most current employer.**

1. **EMPLOYER** \_\_\_\_\_ **PHONE#** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**From** \_\_\_\_ / \_\_\_\_ **to:** \_\_\_\_ / \_\_\_\_ **Contact:** \_\_\_\_\_ **City & State** \_\_\_\_\_  
MONTH YEAR MONTH YEAR

2. **EMPLOYER** \_\_\_\_\_ **PHONE#** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**From** \_\_\_\_ / \_\_\_\_ **to:** \_\_\_\_ / \_\_\_\_ **Contact:** \_\_\_\_\_ **City & State** \_\_\_\_\_  
MONTH YEAR MONTH YEAR

3. **EMPLOYER** \_\_\_\_\_ **PHONE#** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**From** \_\_\_\_ / \_\_\_\_ **to:** \_\_\_\_ / \_\_\_\_ **Contact:** \_\_\_\_\_ **City & State** \_\_\_\_\_  
MONTH YEAR MONTH YEAR

4. **EMPLOYER** \_\_\_\_\_ **PHONE#** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**From** \_\_\_\_ / \_\_\_\_ **to:** \_\_\_\_ / \_\_\_\_ **Contact:** \_\_\_\_\_ **City & State** \_\_\_\_\_  
MONTH YEAR MONTH YEAR

**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 \_\_\_\_\_ (“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 \_\_\_\_\_ (“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

Rev: 12/31/2015

DRIVER PRE-QUALIFICATION

**WHITERIVER TRANSPORTATION, LLC**  
**SUMMARY OF MINIMUM DRIVER REQUIREMENTS**

- 1. Minimum of 24 months over-the-road experience in the past 120 months, of which 12 months must be within the past 36 months. May substitute local for over-the road experience.**
- 2. No felony convictions within the past 10 years**
- 3. No convictions for possession, sale or use of any illegal drugs**
- 4. Minimum of 25 years of age**
- 5. Must present a clean, well groomed appearance**
- 6. Favorable references from past employers**
- 7. No application falsifications, application must include 10-year employment history with no gaps in employment**
- 8. No more than 3 points for Minor\* moving violations/accidents in the past 36 months or 1 point in the last 12 months**

**\*Minor moving violations (1 point each): improper stop, lane violation, speeding (1-15 mph over speed limit), traffic control device, unsafe operation of motor vehicle, failure to yield, one preventable accident, improper U-turn or improper backing or turning, red light, stop sign. Two points (2) for each of the following: following too closely, careless driving.**

- 9. No Type I\*\* violation within the past 36 months**

**\*\*Type I violations include: failure to report an accident, failure to aid/stop/identify, wrong way on highway, at fault accident with fatality, allowing non-licensed operator to operate vehicle, speeding (16-20 over limit)**

- 10. No Type II\*\*\* violation within the past 60 months**

**\*\*\*Type II violations include: DUI, driving w/suspended-revoked license, false report to dept., hit and run, leaving the scene, homicide or manslaughter with a motor vehicle, passing a school bus, racing, eluding a police officer, railroad crossing conviction, reckless driving, speeding (+21 mph over limit)**

- 11. No more than 1 preventable accident and no preventable DOT accidents within the past 36 months**
- 12. Must provide current DOT physical and report for DOT drug screen**
- 13. Must supply a copy of CDL, social security card or birth certificate**

**PSP report must not contain: jumping an OOS order, load securement or hazmat placarding violations, failure to secure container violation, 3 or more HOS OOS violations within the past 12 months or non-English speaking violations within the past 12 months. Have 90 or above CSA Points.**

**WHITERIVER TRANSPORTATION, LLC**

101 East Town Place, Suite 120  
St. Augustine, FL 32092

Telephone 219-476-1304  
Fax 904-940-0601

**STEP BY STEP TO SIGN ON A DRIVER**

**1. PRE-QUALIFICATION:**

- Complete (or have applicant complete) a pre-qualification form and scan to the Safety Department. (The application can be completed at this time, but is not needed to run the MVR.)
- Safety will then process the required reports.
- When the MVR is received (usually the same day), it must be reviewed **BY THE SAFETY DEPT.** to make sure it meets company and D.O.T. standards.
- An applicant will not be approved if he/she does not meet the qualifications outlined on page 4 (Minimum Qualifications) of the application.

**2. MVR and DAC APPROVAL:**

- When MVR and DAC are approved and the applicant meets the minimum qualifications, and the application is completed he/she can be sent for a drug screen and (a physical if needed).
- We can accept a physical that does not expire within 6 months, which must include the physician and clinic name, phone number, city, and state.
- All information on the physical must be completed and it must show an expiration date.
- Applicant must provide the long form physical and medical certificate card.

**3. EQUIPMENT QUALIFICATION:**

- The Owner of the truck must complete the truck paperwork included with the Equipment Qualification Section.
- He/she must complete all forms including the requests for physical damage (optional) and/or Bobtail (mandatory) insurance.
- If bobtail insurance is not purchased through us, he/she must provide a Certificate of Insurance from his insurance company showing WHITERIVER TRANSPORTATION, LLC as the certificate holder.
- Bobtail insurance coverage minimum is 1,000,000.00.
  - Bobtail insurance coverage through the company costs \$8.00 per week. Physical Damage insurance is not required, but offered at the cost of 4% of equipment value divided by 52 weeks.

**4. REGISTRATION and ANNUAL INSPECTION:**

- Must have a current registration and annual inspection by an approved facility for the tractor (and trailer if he/she has one).
- Any truck owner wanting to purchase plates through WHITERIVER TRANSPORTATION, LLC, must provide all forms listed on the Equipment Sign on Checklist provided in the Equipment section of the Qualification application which includes:
  - Title (front and back) OR Application for title (Owner name must match lease agreement
  - Lease agreement from lessors and lessee with a proper sign off (if owner name is different from title)
  - Copy of Current 2290 with IRS Stamp
  - Bill of Sale
  - Bobtail Form
  - Fleet Modification Form (Purchase price, date of purchase, empty weight)
  - W-9
  - Need a lease agreement (1<sup>st</sup> and last page with signature)

**5. RELEASE and AUTHORIZATION**

- Once a negative drug screen result is received and all paperwork is completed and received in Safety, the truck owner and a company representative can sign a Lease Agreement and the driver can be released/authorized.
- Once the file is complete Safety will issue driver and truck codes, and release and authorize the driver for dispatch.
- Once the Terminal Manager receives the Release/Authorization, and codes from Safety, the driver may be dispatched. One original Lease Agreement should be kept in the truck and one original is kept in Safety.