



Trailer Bridge, Inc.

INSTRUCTIONS FOR APPLICATION COMPLETION

(All applications must be completed in full, by the applicant before any processing can be done)

Include a minimum of ten (10) years employment history (driving and non-driving)

Complete all fields for each employer:

Full Name

Correct mailing address

Contact name

Telephone number (including area code)

Position held

Dates of employment (please be as accurate as possible)

Reason for leaving

Indicate if you are/were subject to FMCSR (Federal Motor Carrier Safety Regulations) while employed at each employer

Indicate if your job is/was designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40.

Include verification of any periods of unemployment and self-employment (W2's and 1099's are acceptable)

**** Please include a legible copy of your CDL and Social Security Card ****

Included in the application packet are five forms:

Form one (1) is authorization for Trailer Bridge to verify employment history (Employment Verification Release)

Sign and Date in the top boxed area **only**

Form two (2) is authorization to obtain consumer reports from DAC Services (Disclosure and Release)

Print name, date, social security number, and signature in designated location on bottom of form

Form three (3) is your acceptance to submit to an NIDA- approved drug screen prior to employment

Print name, sign and date form

Form four (4) is a DAC form stating your authorization for former employers to release your drug and alcohol testing information for the proceeding three (3) years. Print name, date, social security number, and sign.

Form five (5) is the PSP (Pre-Screening Program) form. Date, sign and print your name on the form where designated.

Form six (6) is the form for authorization to obtain Georgia Criminal History Records.

Print name, address, sex, race, date of birth, social security number, sign and date the form.

Check any other employment provisions (if applicable) and check the applicable authorization at the bottom of the page.

Attach all forms and verifications to application and **return all forms to Trailer Bridge.**

You may email the completed application and forms to: TBSafety@trailerbridge.com

HELPFUL HINTS:

If an employment question does not pertain to you, please indicate "N/A"

Be thorough and detailed (this makes it easier to process and a faster response time)

Make certain to answer all questions on the application, including total driving history in personal vehicle and company trucks (whether preventable or non-preventable)

No individual will be given an offer of contract unless Trailer Bridge, Inc. obtains sufficient and satisfactory references.

Remember: HONESTY IS THE BEST POLICY



Trailer Bridge, Inc.

Notification of Due Process Rights

Trailer Bridge, Inc. is notifying you as an applicant of your due process rights as specified in 49 CFR section 391.23 (i) below, specifically that you have the following rights regarding the investigative information that will be provided to Trailer Bridge as the prospective employer pursuant to paragraphs (d) and (e) of 49 CFR section 391.23:

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

(i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(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 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.

(j)(1) Drivers 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.

(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.

(j)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

(j)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

(j)(4)(i) Forward a copy of the rebuttal to the prospective motor carrier employer;

(j)(4)(ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

(j)(5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

(j)(6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at §386.12.

(k)(1) The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.

(k)(2) The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

(l)(1) No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against-

(l)(1)(i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,

(l)(1)(ii) A person who has provided such information; or

(l)(1)(iii) The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

(l)(2) The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

Trailer Bridge, Inc.

10405 New Berlin Road East ♦ Jacksonville, FL 32226 ♦ 800-260-3070

Equal Opportunity/Affirmative Action Employer

INDEPENDENT CONTRACTOR - APPLICATION FOR QUALIFICATION

Date of Application: _____ Date Available to Work: _____

INSTRUCTIONS: Please read carefully and print information neatly in ink in each space. If a question does not apply to you, please note that it is N/A (not applicable). Incomplete applications will delay the qualification process. Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants, unless to do so would impose an undue hardship. Please feel free to let us know if you require an accommodation to complete the application process.

Name (last, first, middle): _____

Nickname/handle: _____ Social Security Number: _____

Driver's License #: _____ State of Issue: _____ Type: _____ Endorsements: _____

List State and Dates (month/year) of all previous driver's licenses held:

State: _____ from: _____ to: _____

State: _____ from: _____ to: _____

Date of Birth: _____ Other names you have worked under: _____

Home Phone#: _____ Email Address: _____

Cell Phone#: _____ Message Phone#: _____ Message Name: _____

In case of emergency, please notify: _____
(Name) (Relationship) (Phone#)

Present Address: _____ How long?
(Street) (City, State, Zip)

If less than 5 years at current address, list previous address:

Previous Address: _____ How long?
(Street) (City, State, Zip)

Have you ever been disqualified subject to section 383 or 391 of the Federal Motor Carrier Safety Regulations for *other than* a physical disability? Yes No If yes, explain:

Have you ever applied and/or worked for Trailer Bridge, Inc.? Yes No When? _____

Who referred you to Trailer Bridge, Inc.? _____

EMPLOYMENT HISTORY: List **ALL EMPLOYERS** for the last **TEN (10) YEARS**, including full-time and part-time employment. Account for all time, including military service, self-employment and periods of unemployment. Use a separate sheet of paper if necessary. Make sure to include each employer's full address including the city and state, the telephone number including the area code, and the beginning and ending dates (month/year) of your employment. Answer all questions.

If currently employed, may we contact your current employer? Yes No

Current Employer: _____ Supervisor: _____
Address: _____ Phone#: _____
Position Held: _____ From: _____ To: _____ Rate of Pay: _____
Why do you want to change employers? _____

Are you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?
 Yes No

Is your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Previous Employer: _____ Supervisor: _____
Address: _____ Phone#: _____
Position Held: _____ From: _____ To: _____ Rate of Pay: _____
Reason for leaving? _____

Were you subject to the FMCSR while employed by this employer? 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 49 CFR Part 40? Yes No

Previous Employer: _____ Supervisor: _____
Address: _____ Phone#: _____
Position Held: _____ From: _____ To: _____ Rate of Pay: _____
Reason for leaving? _____

Were you subject to the FMCSR while employed by this employer? 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 49 CFR Part 40? Yes No

Previous Employer: _____ Supervisor: _____
Address: _____ Phone#: _____
Position Held: _____ From: _____ To: _____ Rate of Pay: _____
Reason for leaving? _____

Were you subject to the FMCSR while employed by this employer? 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 49 CFR Part 40? Yes No

EMPLOYMENT HISTORY: Continued

Previous Employer: _____ Supervisor: _____
Address: _____ Phone#: _____
Position Held: _____ From: _____ To: _____ Rate of Pay: _____
Reason for leaving? _____

Were you subject to the FMCSR while employed by this employer? 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 49 CFR Part 40? Yes No

Previous Employer: _____ Supervisor: _____
Address: _____ Phone#: _____
Position Held: _____ From: _____ To: _____ Rate of Pay: _____
Reason for leaving? _____

Were you subject to the FMCSR while employed by this employer? 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 49 CFR Part 40? Yes No

Previous Employer: _____ Supervisor: _____
Address: _____ Phone#: _____
Position Held: _____ From: _____ To: _____ Rate of Pay: _____
Reason for leaving? _____

Were you subject to the FMCSR while employed by this employer? 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 49 CFR Part 40? Yes No

Previous Employer: _____ Supervisor: _____
Address: _____ Phone#: _____
Position Held: _____ From: _____ To: _____ Rate of Pay: _____
Reason for leaving? _____

Were you subject to the FMCSR while employed by this employer? 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 49 CFR Part 40? Yes No

Previous Employer: _____ Supervisor: _____
Address: _____ Phone#: _____
Position Held: _____ From: _____ To: _____ Rate of Pay: _____
Reason for leaving? _____

Were you subject to the FMCSR while employed by this employer? 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 49 CFR Part 40? Yes No

BACKGROUND AND EXPERIENCE: Complete the following sections ACCURATELY and THOROUGHLY. If you misrepresent or leave out any fact on this application it may result in denial of qualification.

List **ALL** accidents and incidents, both chargeable and non-chargeable, even if you think they will not appear on your MVR. Attach a separate sheet of paper if necessary.

Date	Nature of Accident/Incident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries	Extent of Damage (Dollar Amount)

List **ALL** traffic convictions, tickets, and forfeitures, even if you think they will not appear on your MVR. Attach a separate sheet of paper if necessary.

Date	Location	Charge	Penalty

Describe the nature and extent of your experience in the operation of motor vehicles. For example, list experience driving buses, trucks, semi-trailers, etc.

Type of Equipment	Total Experience	Type of Experience/Nature of Job

Answer the following questions thoroughly, even if you think they will not appear on a criminal record. Conviction will not necessarily disqualify an applicant. Only those crimes that are substantially related to the position may affect qualification:

Have you ever been convicted for driving while intoxicated (DWI)? Yes No Not Sure

Have you ever been convicted for driving under the influence (DUI)? Yes No Not Sure

Have you ever plead “guilty” or “no contest” to a crime? Yes No Not Sure

Have you ever been convicted of a crime? Yes No Not Sure

Do you have any criminal charges pending? Yes No Not Sure

If you answered “yes” to any of the above, please write an explanation, including date, location, reason, and disposition: _____

NOTIFICATION AND AGREEMENT (Please Read Before Signing)

I certify that the information I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials submitted to the company or during my interviews, both before and after any offer of a contract, may result in denial of qualification or disqualification, regardless of when or how discovered.

It is the policy of the company to afford equal opportunity to all employees, contractors, and applicants without regard to age, race, religion, color, sex, national origin, marital status, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by Federal, State, or Local law.

I understand and agree that Trailer Bridge, Inc. may investigate my background to ascertain any and all information of concern to my record, whether that information is of record or not, and I release all former employers and persons named in the Employment History section of this document from all liability for any damage because they furnish such information. I further understand that as a result of making this application for qualification, my criminal record will be examined by Trailer Bridge, Inc. I hereby authorize Trailer Bridge, Inc. to make any lawful examination of my criminal record.

I understand that the information in this application will be used and that previous employers will be contacted for purposes of investigation as required by 49 CFR section 391.23. Furthermore, I have received a copy of Trailer Bridge's "Notification of Due Process Rights," which notifies me in writing of my due process rights as specified in 49 CFR section 391.23 (i).

I understand that as part of the qualification process, I must provide a current medical examiner's certificate documenting that I am physically qualified to drive a commercial motor vehicle.

I understand and agree that Trailer Bridge, Inc. reserves the right to use substance and alcohol tests according to DOT regulations.

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

I understand that at any time in the future, whether during or after contract termination, upon request of any party or surety, the company may furnish reports and information relative to my records and services with and for the company. I agree that this information may be furnished without any liability or damages on behalf of the company.

I understand and agree that this application for qualification in no way obligates Trailer Bridge, Inc. to employ me. I also understand that this application does not constitute a contract between Trailer Bridge, Inc. and myself.

I acknowledge that I have read and understand all of this agreement.

Applicant's Name (print): _____

Applicant's Signature: _____ Date: _____

Employment Verification Release

APPLICANTS RELEASE – I hereby authorize my former employers (be they individuals, companies or institutions) to furnish all information they may have on record concerning my background and myself. Also, I hereby authorize my former employers to release and forward all information on my Alcohol and controlled Substance Testing/Training record to Trailer Bridge, Inc. Further, I release said employers from any and all liability which may result from furnishing the requested information.

(Applicant's Signature)

(Date)

Applicant Name: _____ **SSN** _____

The individual named above has applied to **TRAILER BRIDGE, INC.** for a position as a contract driver. Your company has been named as a former employer; therefore, we ask your assistance in completing the information requested as required by the FMCSR, §391.23, §382.405, and §382.413.

Previous Employer: _____

Address: _____

Contact #: _____ **Fax #:** _____ **Attn:** _____

Dates of Driver's employment with your company: from _____ to _____ **Position Held:** _____

Eligible for rehire?

Yes Review No (if not, Why?) _____

Reason for leaving:

Resigned Discharged Laid-Off
 Other/Why? _____

Driver Class: Company Lease Own/Operator Other **Type:** Solo Team Student Other

Truck: Tractor Trailer Straight Truck Other **Trailer Length** _____ **Maintain Logs?** Yes No

Subject to FMCSRs? Yes No **Subject to DOT D & A?** Yes No **# states driven:** _____

Trailers Hauled: Flatbed Van Reefer Container Other **Driver Exp:** OTR Reg. Local Mountain/Snow

Areas Driven: North/Northeast South/Southeast Midwest West **Commodities Hauled:** _____

Number of accidents while employed: _____ Preventable _____ Non-Preventable _____ DOT Recordable

Please list accident information. (Use additional sheet, if necessary)

Date	City & State	Description	Prev or NP	# of Injury	# of Fatality	Hazmat
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N

1. Has this person ever tested positive for a controlled substance in the last three years? Yes No
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last three years? Yes No
3. Has this person ever refused a required test for drugs or alcohol in the last three years? Yes No
4. Has this person violated other DOT drug/alcohol regulations? Yes No
5. Has your company received information from a previous employer that this person violated DOT drug and/or alcohol regulations? Yes No

If the answer to any of the above questions is yes, please provide on a separate sheet the name, address, and phone number of the Substance Abuse Professional (SAP) for further reference.

Company Name: _____ **Phone:** _____ **DOT #** _____

Address: _____

Printed Name of Person Supplying Information Title

Signature of Person Supplying Information Date



Trailer Bridge, Inc.

DISCLOSURE AND RELEASE (DAC)

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies which maintain such records. These reports may also contain information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification to request the nature and substance of all information in its files on me at the time of my request including the sources of information and the recipients of any reports on me which DAC has previously furnished within the two-year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies, which subscribe to DAC Services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this Authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Print Name

SS#

Applicant's Signature

Date



**TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization**

Send to Fax# (800) 257-8069

HireRight Customer:	
Company Name:	<u>TRAILER BRIDGE INC</u>
Company Contact Name:	_____
Fax #:	(<u>904</u>) <u>751</u> - <u>7448</u>
HireRight Account Code:	<u>WVCBL</u>

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR
EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**, and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

MANDATORY USE FOR ALL ACCOUNT HOLDERS

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with Trailer Bridge, 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. I authorize Trailer Bridge, 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 consenting to 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.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.



GCIC CONSENT FORM

I hereby authorize BALDWIN POLICE DEPARTMENT to receive any Georgia criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- _____ Employment with mentally disabled (Purpose code M)
- _____ Employment with elder care (Purpose code N)
- _____ Employment with children (Purpose code W)
- _____ Housing/Regular Employment
- _____ Other

One of the following must be checked:

_____ This authorization is valid for --90 days--/--180 days-- (circle one) from the date of signature.

OR

_____ I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Name: _____

Please complete the information below:

DO YOU OWN YOUR OWN TRUCK? YES OR NO

Year _____ Make _____

Model _____ Vin # (complete) _____

Tag # / State (if getting your own) _____

Wheel Base (in inches) _____ Tire Size _____

Sliding 5th Wheel: Yes or No Color _____

Purchase Date ____/____/____

Estimated Purchase Amount (if purchasing tag thru Trailer Bridge) \$ _____

What is the length of your truck? _____

What is the weight of your truck? _____

Will you be providing your own NTL Coverage (Bobtail)? Yes or No

Do you have a Jax Port Badge? Yes or No

Do you have a TWIC Badge? Yes or No

Do you have a HAZMAT endorsement? Yes or No (this is a requirement)

If you are providing your own tag, please list the states you are permitted to run.
