DRIVER QUALIFICATION DATA

Name:		
Address:		
CITY:	ST:	ZIP:
Driver License #:		ST:
SOCIAL SECURITY #: _		
DATE OF BIRTH:		
CELL PHONE #:		
	e of equipme	years CDL experience ent listed below:
X_		
APPLICANT'S SIGNAT	ΓURE	

REQUEST FOR CHECK OF DRIVING RECORD

NOTE TO MOTOR CARRIER: SEE BACK SIDE FOR STATES THAT ACCEPT THIS FORM.

I hereby authorize you to release the following information to	R&R Express, Inc.	
for purposes of investigation as required by Sections 391.23 and 39 are released from any and all liability which may result from furnishing		
(Applicant's Signature)		(Date)
In accordance with the provisions of Sections 604 and 607 of the Fathe Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Cha 1. The consumer (applicant) has authorized in writing the procure 2. The consumer (applicant) has been informed in a separate write employment purposes; 3. The information requested below will be used for a "permissible will be used for no other purpose; 4. The information being obtained will not be used in violation of 5. Before taking an adverse action based in whole or in part on the requested report and the summary of consumer rights as proving the consumer rights as proving the consumer rights as proving the consumer rights.	apter 1 of Public Law 104-208), I hereby certify ement of this report; itten disclosure that a consumer report may be le purpose" (i.e. information for employment p any federal or state equal opportunity law or re the report the consumer (applicant) will receive	the following: e obtained for urposes) and egulation; and a copy of the
I also hereby certify that this report request and the above applicant state motor vehicle records under the provisions of the Driver's Priv Sections 300002(a)).		
(Signature of Requester)		(Date)
TO:		
DEAR SIR/MADAM:		
The following named person has made application with our compa	any for the position of	
	tion 391.23, Federal Department of Transportation	Regulations,
please furnish the undersigned with the applicant's driving record f	for the past three years.	
The following named person is employed with our company in the	position of	
. In accordance with Sect	tion 391.25, Federal Department of Transportation	Regulations,
please furnish the undersigned with the employee's driving record	for the past year.	
NAME OF APPLICANT/DRIVER:		
ADDRESS:		
(Number & Street)	(City)	(State) (Zipcode)
FORMER ADDRESS:	(Ch)	(Chata) (Zinanda)
(Number & Street)	(City)	(State) (Zipcode)
DATE OF BIRTH: SSN	LICENSE NO.	
R&R Express, Inc.	UESTED BY	
(Name of Company)	(Typed Name)	
#3 Crafton Square (Address)	Safety Assistant (Title)	
Pittsburgh PA 15205	(mo)	
1100000		

(State)

(Zipcode)

(City)

(Signature)

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 R & R Express 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 R&R Express 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 joint stand-alone document or individually as two separate stand-alone documents, (i.e., one Disclosure form, and one Authorization form). The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015