SOUTHWEST FREIGHT, INC.

9005 Spikewood Dr. • Houston, TX 77078 • 713-633-8889

COMMERCIAL DRIVER APPLICATION PACKET

Application for Employment & Driver Qualification — Instructions and Required Documents

BEFORE YOU BEGIN — READ THESE INSTRUCTIONS

Complete every section of this application in full using black ink (or complete it electronically if provided in fillable form). Print clearly. Write "NONE" or "N/A" where a section does not apply — do not leave any field blank. Incomplete applications will delay processing.

You must account for the last 10 years of your employment history, including any periods of unemployment, with no gaps. For each employer you must provide the company name, street address, telephone number, your supervisor's name, and your reason for leaving. This information will be verified.

This 10-year history satisfies 49 CFR 391.21(b)(10) for the most recent 3 years and 391.21(b)(11) for the 7 years preceding them. For every position in which you operated a commercial motor vehicle, be sure the dates of employment and your reason for leaving are complete.

IMPORTANT NOTICES TO ALL APPLICANTS

Investigation of Safety Performance History. The employment history you provide on this application will be used, and your previous employers will be contacted, for the purpose of investigating your safety performance history as required by 49 CFR 391.23(d) and (e). You have due process rights under 49 CFR 391.23(i) regarding the information received; these rights are explained in the Safety Performance History Rights Notice included in this packet.

FMCSA Drug & Alcohol Clearinghouse. All CDL drivers must be registered in the FMCSA Drug & Alcohol Clearinghouse (clearinghouse.fmcsa.dot.gov). Before you can be placed in a safety-sensitive function, Southwest Freight, Inc. must conduct a pre-employment full query of your Clearinghouse record. You must provide electronic consent for that query inside the Clearinghouse — register before submitting this application to avoid delay. A separate written consent for limited (annual) queries is included in this packet.

REQUIRED DOCUMENTS — SUBMIT WITH THIS APPLICATION

- ☐ Legible copies of: Driver License (CDL), current Medical Examiner's Certificate, Social Security Card, and TWIC (if held)
- ☐ Completed SFI Commercial Driver Application (this packet — all sections, all pages initialed where indicated)
- ☐ Background Check Disclosure & Authorization (DISA) — included in this packet
- ☐ PSP Disclosure & Authorization — included in this packet
- ☐ FMCSA Clearinghouse Limited Query Consent — included in this packet
- ☐ Texas DPS Form MCS-21 (Rev 10/17) — included as the last page of this packet; requires your ORIGINAL ink signature (DPS does not accept electronic signatures)
- ☐ Controlled Substance & Alcohol Questionnaire (49 CFR 40.25(j)) — included in this packet

CONTACT INFORMATION

Applicant Email: _____ **Best Phone:** _____

Position applying for (check one):

☐ **Company Driver** ☐ **Owner Operator** ☐ **Driver for Owner Operator**

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DRIVER QUALIFICATION FILE CHECKLIST

FOR OFFICE USE ONLY — Retain in Driver Qualification File per 49 CFR 391.51

APPLICATION & CREDENTIALS

✓	ITEM	DATE / INITIALS
☐	**SFI Commercial Driver Application** — complete, signed, 10-yr history with gaps accounted for (49 CFR 391.21)	
☐	**Credential copies** — CDL, Medical Examiner's Certificate, Social Security card, TWIC (if applicable)	
☐	**Medical Examiner National Registry verification note** — 49 CFR 391.23(m) / 391.51(b)(5)	
☐	**CDL self-certification category confirmed with licensing authority**	

BACKGROUND & SAFETY PERFORMANCE HISTORY

✓	ITEM	DATE / INITIALS
☐	**Motor vehicle record (MVR) from each licensing authority, past 3 years** — 49 CFR 391.23(a)(1) — within 30 days of hire	
☐	**Safety Performance History requests to all DOT-regulated employers, past 3 years** — 49 CFR 391.23(d)-(e); document good-faith attempts	
☐	**Non-FMCSA DOT mode drug & alcohol inquiries (FRA / FTA / FAA / PHMSA employers)** — 49 CFR 391.23(e)(4)(ii) — Clearinghouse does not cover these	
☐	**Background Check Disclosure & Authorization (DISA) signed** — FCRA — standalone disclosure + separate authorization	
☐	**CFPB "Summary of Your Rights Under the FCRA" provided to applicant** — current CFPB version	
☐	**PSP Disclosure & Authorization signed** — FMCSA-mandated standalone form	

DRUG & ALCOHOL PROGRAM

✓	ITEM	DATE / INITIALS
☐	**FMCSA Clearinghouse pre-employment FULL query completed** — 49 CFR 382.701(a) — electronic consent by driver in Clearinghouse; REQUIRED before safety-sensitive functions	
☐	**Clearinghouse limited query consent (general/annual) signed and on file** — 49 CFR 382.701(b)-(c)	
☐	**Controlled Substance & Alcohol Questionnaire (40.25(j)) signed** — return-to-duty documentation obtained if applicable	
☐	**Pre-employment controlled substance test — negative result received** — 49 CFR 382.301; date sent / result date recorded on application	
☐	**Texas DPS MCS-21 submitted (current revision, original signature)** — TRC 644.252 / 37 TAC 4.21	

ROAD TEST & FINAL QUALIFICATION

✓	ITEM	DATE / INITIALS
☐	**SFI Driver Road Test Examination (Form 02F-05) and Certificate of Road Test** — 49 CFR 391.31(e), or equivalent accepted per 391.33	
☐	**Date of hire recorded; driver entered in Samsara and annual review calendar** — annual MVR & review per 49 CFR 391.25; annual limited query per 382.701(b)	
☐	**File reviewed and approved for dispatch** — Director of Safety & Compliance sign-off	

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COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

Complete all fields. Print clearly. Write NONE or N/A where applicable — do not leave blanks.

SECTION 1 — APPLICANT INFORMATION

Date of Application: _____ **Position:** _____

Name (First): _____ **(Middle):** _____ **(Last):** _____

Current Street Address: _____

City: _____ **State:** _____ **Zip:** _____ **How long at this address?** _____

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Date of Birth: _____ **Social Security Number:** _____

Emergency contact (name / relationship / phone):

_____

SECTION 2 — PREVIOUS ADDRESSES (LAST 3 YEARS)

If you have lived at your current address for less than 3 years, list all previous addresses covering the full 3-year period. Attach an additional sheet if needed.

1. Street: _____ **From (mo/yr):** _____ **To:** _____
City: _____ **State:** _____ **Zip:** _____

2. Street: _____ **From (mo/yr):** _____ **To:** _____
City: _____ **State:** _____ **Zip:** _____

3. Street: _____ **From (mo/yr):** _____ **To:** _____
City: _____ **State:** _____ **Zip:** _____

SECTION 3 — DRIVER LICENSES (ALL LICENSES HELD, LAST 3 YEARS)

List every driver license or permit held in the last 3 years, from any licensing authority (U.S. state, Canadian province, or Mexican licensing authority). Include your current CDL first.

LICENSING AUTHORITY	LICENSE / PERMIT NO.	CLASS	ENDORSEMENTS	EXPIRATION DATE

Medical Examiner's Certificate expiration date: _____ **TWIC expiration (if held):** _____

CDL self-certification category (check one):

☐ **Non-Excepted Interstate** ☐ **Excepted Interstate** ☐ **Non-Excepted Intrastate** ☐ **Excepted Intrastate**

Have you ever had any license, permit, or privilege denied, suspended, revoked, or canceled by any licensing authority? ☐ **YES** ☐ **NO**

If yes — authority, date, and explanation: _____

SECTION 4 — DRIVING EXPERIENCE

TYPE OF EQUIPMENT (e.g., tractor-semitrailer, tanker, flatbed, straight truck)	FROM (MO/YR)	TO (MO/YR)	STATES / REGIONS OPERATED

SECTION 5 — ACCIDENT RECORD (LAST 3 YEARS)

List ALL motor vehicle accidents in the last 3 years, regardless of fault, including any DOT-recordable accidents. If none, write NONE in the first row. Attach an additional sheet if needed.

DATE	NATURE OF ACCIDENT (rear-end, head-on, rollover, etc.)	FATALITIES	INJURIES	HAZMAT SPILL? (Y/N)

SECTION 6 — TRAFFIC CONVICTIONS & FORFEITURES (LAST 3 YEARS)

List all convictions and bond/collateral forfeitures for traffic violations in the last 3 years (other than parking), plus any currently pending violations. If none, write NONE in the first row. Attach an additional sheet if needed.

DATE	VIOLATION	STATE	COMMERCIAL VEHICLE? (circle)
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO

I have registered in the FMCSA Drug & Alcohol Clearinghouse at clearinghouse.fmcsa.dot.gov: ☐ **YES** ☐ **NO**

SECTION 7 — EMPLOYMENT HISTORY (LAST 10 YEARS — NO GAPS)

You must account for ALL time in the last 10 years, including unemployment, self-employment, school, and military service. Provide complete street addresses and phone numbers — these will be verified per the FMCSR. Begin with your current or most recent employer. Attach additional sheets if you need more than 10 entries. This section satisfies 49 CFR 391.21(b)(10) for the most recent 3 years and 391.21(b)(11) for the 7 years preceding them.

EMPLOYER 1 (MOST RECENT — START HERE)

Company: _____ **From (mo/yr):** _____ **To:** _____

Street Address: _____ **Phone:** _____

City / State / Zip: _____ **Supervisor:** _____

Position held: _____ **Reason for leaving:** _____

Subject to the FMCSRs while employed here? ☐ YES ☐ NO Safety-sensitive function subject to DOT drug & alcohol testing (49 CFR part 40)? ☐ YES ☐ NO

EMPLOYER 2

Company: _____ **From (mo/yr):** _____ **To:** _____

Street Address: _____ **Phone:** _____

City / State / Zip: _____ **Supervisor:** _____

Position held: _____ **Reason for leaving:** _____

Subject to the FMCSRs while employed here? ☐ YES ☐ NO Safety-sensitive function subject to DOT drug & alcohol testing (49 CFR part 40)? ☐ YES ☐ NO

EMPLOYER 3

Company: _____ **From (mo/yr):** _____ **To:** _____

Street Address: _____ **Phone:** _____

City / State / Zip: _____ **Supervisor:** _____

Position held: _____ **Reason for leaving:** _____

Subject to the FMCSRs while employed here? ☐ YES ☐ NO Safety-sensitive function subject to DOT drug & alcohol testing (49 CFR part 40)? ☐ YES ☐ NO

Notes:

EMPLOYER 4

Company: _____ **From (mo/yr):** _____ **To:** _____

Street Address: _____ **Phone:** _____

City / State / Zip: _____ **Supervisor:** _____

Position held: _____ **Reason for leaving:** _____

Subject to the FMCSRs while employed here? ☐ **YES** ☐ **NO** Safety-sensitive function subject to DOT drug & alcohol testing (49 CFR part 40)? ☐ **YES** ☐ **NO**

EMPLOYER 5

Company: _____ **From (mo/yr):** _____ **To:** _____

Street Address: _____ **Phone:** _____

City / State / Zip: _____ **Supervisor:** _____

Position held: _____ **Reason for leaving:** _____

Subject to the FMCSRs while employed here? ☐ **YES** ☐ **NO** Safety-sensitive function subject to DOT drug & alcohol testing (49 CFR part 40)? ☐ **YES** ☐ **NO**

EMPLOYER 6

Company: _____ **From (mo/yr):** _____ **To:** _____

Street Address: _____ **Phone:** _____

City / State / Zip: _____ **Supervisor:** _____

Position held: _____ **Reason for leaving:** _____

Subject to the FMCSRs while employed here? ☐ **YES** ☐ **NO** Safety-sensitive function subject to DOT drug & alcohol testing (49 CFR part 40)? ☐ **YES** ☐ **NO**

EMPLOYER 7

Company: _____ **From (mo/yr):** _____ **To:** _____

Street Address: _____ **Phone:** _____

City / State / Zip: _____ **Supervisor:** _____

Position held: _____ **Reason for leaving:** _____

Subject to the FMCSRs while employed here? ☐ **YES** ☐ **NO** Safety-sensitive function subject to DOT drug & alcohol testing (49 CFR part 40)? ☐ **YES** ☐ **NO**

Notes:

EMPLOYER 8

Company: _____ **From (mo/yr):** _____ **To:** _____

Street Address: _____ **Phone:** _____

City / State / Zip: _____ **Supervisor:** _____

Position held: _____ **Reason for leaving:** _____

Subject to the FMCSRs while employed here? ☐ YES ☐ NO Safety-sensitive function subject to DOT drug & alcohol testing (49 CFR part 40)? ☐ YES ☐ NO

EMPLOYER 9

Company: _____ **From (mo/yr):** _____ **To:** _____

Street Address: _____ **Phone:** _____

City / State / Zip: _____ **Supervisor:** _____

Position held: _____ **Reason for leaving:** _____

Subject to the FMCSRs while employed here? ☐ YES ☐ NO Safety-sensitive function subject to DOT drug & alcohol testing (49 CFR part 40)? ☐ YES ☐ NO

EMPLOYER 10

Company: _____ **From (mo/yr):** _____ **To:** _____

Street Address: _____ **Phone:** _____

City / State / Zip: _____ **Supervisor:** _____

Position held: _____ **Reason for leaving:** _____

Subject to the FMCSRs while employed here? ☐ YES ☐ NO Safety-sensitive function subject to DOT drug & alcohol testing (49 CFR part 40)? ☐ YES ☐ NO

SECTION 8 — GAPS IN EMPLOYMENT

Explain any period of 1 month or more in the last 10 years not covered above (unemployment, school, military, medical, etc.).

From (mo/yr): _____ **To:** _____ **Explanation:** _____

From (mo/yr): _____ **To:** _____ **Explanation:** _____

From (mo/yr): _____ **To:** _____ **Explanation:** _____

Notes:

SECTION 9 — NOTICE: INVESTIGATION & YOUR RIGHTS (49 CFR 391.23)

The employment information you have provided in this application will be used, and your previous DOT-regulated employers will be contacted, to investigate your safety performance history as required by 49 CFR 391.23(d) and (e). Applicants who held CDL positions must also disclose their controlled substance and alcohol testing status per 49 CFR 40.25(j); see the questionnaire included in this packet.

As a prospective driver, you have the following rights under 49 CFR 391.23(i) with respect to the safety performance history information Southwest Freight, Inc. receives: (1) the right to review the information provided by your previous employers; (2) the right to have errors in that information corrected by the previous employer, and for the previous employer to re-send the corrected information to SFI; and (3) the right to have a rebuttal statement attached to alleged erroneous information if you and the previous employer cannot agree on its accuracy.

To review this information, you must submit a written request to SFI, which may be made at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. SFI will provide the information within 5 business days of receiving your written request. If SFI has not yet received the requested information from your previous employer(s), the 5-business-day period begins when SFI receives it. If you have not arranged to pick up or receive the records within 30 days of SFI making them available, SFI may consider you to have waived your request to review them.

SECTION 10 — APPLICANT CERTIFICATION

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature: _____ **Date Signed:** _____

FOR SFI OFFICE USE ONLY — SIGNIFICANT DATES

Application reviewed by: _____ **Date:** _____

Date of hire: _____ **Clearinghouse full query date:** _____

Date sent for pre-employment CST: _____ **Negative result received:** _____

Road test date / examiner: _____ **Date of termination:** _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Southwest Freight, Inc. (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates.

These reports may contain information regarding your criminal history, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks.

The consumer reporting agency that will prepare the report(s) is DISA Global Solutions, Inc. You have the right, upon written request made within a reasonable time after receipt of this notice, to request whether a consumer report has been run about you and to request a complete and accurate disclosure of the nature and scope of any investigative consumer report ordered about you. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your employment history conducted by DISA Global Solutions, Inc.

Consumer reports and/or investigative consumer reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment where permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, and certify that I have read and understand both of those documents.

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Southwest Freight, Inc., 9005 Spikewood Dr., Houston, TX 77078, at any time after receipt of this authorization and, if I am hired, throughout my employment where permitted by law. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by DISA Global Solutions, Inc. [address to be confirmed — insert current DISA corporate address and phone], and/or Southwest Freight, Inc. I agree that a facsimile ("fax"), electronic, or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York City applicants only: By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

Print Name: _____ **SSN:** _____

Signature: _____ **Date:** _____

Driver License No.: _____ **State:** _____ **DOB:** _____

FMCSA DRUG & ALCOHOL CLEARINGHOUSE

GENERAL CONSENT FOR LIMITED QUERIES — 49 CFR 382.701(b)-(c)

I hereby provide consent to Southwest Freight, Inc. to conduct limited queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (the "Clearinghouse") to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent covers the duration of my employment with Southwest Freight, Inc. and permits limited queries to be conducted as needed to satisfy the annual query requirement of 49 CFR 382.701(b), and at any other time permitted by regulation, without further authorization from me, unless and until I withdraw this consent in writing.

I understand that if a limited query indicates that information about me exists in the Clearinghouse, FMCSA will not disclose that information to Southwest Freight, Inc. without first obtaining my specific electronic consent, provided through my Clearinghouse account, for a full query. I further understand that if I refuse to provide consent for the full query within 24 hours of the request, Southwest Freight, Inc. must remove me from safety-sensitive functions, including driving a commercial motor vehicle, as required by 49 CFR 382.703(c).

I understand that a pre-employment full query, with my electronic consent provided in the Clearinghouse, must be completed with a result showing I am not prohibited from performing safety-sensitive functions before I may operate a commercial motor vehicle for Southwest Freight, Inc. (49 CFR 382.701(a)).

Driver Name (print): _____ **CDL No. / State:** _____

Driver Signature: _____ **Date:** _____

COMMERCIAL VEHICLE DRIVER APPLICANT

CONTROLLED SUBSTANCE AND ALCOHOL QUESTIONNAIRE — PURSUANT TO 49 CFR 40.25(j)

Application Date: _____ **Date of Birth:** _____

Name (First / Middle / Last): _____

Address (street, city, state, zip): _____

Home Phone: _____ **Cell Phone:** _____

Social Security Number: _____

1. Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?	☐ YES ☐ NO
2. IF YES — Have you successfully completed the DOT return-to-duty process (49 CFR part 40, subpart O)?	☐ YES ☐ NO
3. IF YES — Documentation of successful completion MUST BE PROVIDED to Southwest Freight, Inc. before any safety-sensitive transportation function is performed.	☐ Documentation attached

Applicant's Signature: _____ **Date Signed:** _____

TO BE COMPLETED BY EMPLOYER

Reviewed by: _____ **Date:** _____

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 Southwest Freight, 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 Southwest Freight, 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 stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS

Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.
   (Electronic signatures will not be accepted)

2. Deliver, mail, Email or FAX the completed form to:

   Texas Department of Public Safety
   Motor Carrier Bureau, MSC #0521
   6200 Guadalupe, Building P
   Austin, Texas 78752-4019 / Facsimile: 512-424-5310
   Email: MCB.VPR@dps.texas.gov

☐ Check here if CDL Holder is requesting results on self

_____ , _____ ,
Print Name of CDL Holder — Phone Number

_____ , _____ ,
Print full Address, City, State and Zip Code of CDL Holder — Social Security #

Driver License Number of CDL Holder _____ State _____ Date of Birth _____

authorize release of any and all of CDL holder's reported positive alcohol or controlled substance test results reported under Texas state law to

Southwest Freight, Inc. , 713-633-8889 ,
Print Motor Carrier's Name — Phone Number

9005 Spikewood Dr., Houston, Texas 77078 ,
Print full Address, City, State and Zip Code of Motor Carrier

Signature of Driver	Date
X	

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address: http://www.dps.texas.gov.htm.