

REQUEST FOR FMCSA SAFETY PERFORMANCE HISTORY FROM PREVIOUS EMPLOYER

PLEASE RETURN TO:

COMPANY: _____

ADDRESS: _____

CITY, ST. ZIP: _____ PHONE: _____

ATTENTION: _____ FAX: _____
(Name of individual requesting information)

APPLICANT NAME: _____ SSN: _____

Pursuant to Federal Regulation 49 CFR part 391.23, please furnish the requested information.

I hereby authorize _____
(Previous employer's name)
to release information regarding my driving and employment records for the past 3 years to the above named company.

SIGNED: _____ DATE: _____
(Signature of employee)

WITNESS: _____ DATE: _____

Previous employer must supply the following information regarding the above named individual during the **past three years** while employed to perform FMCSA covered safety sensitive functions:

Did the above named individual drive a commercial motor vehicle (CMV) for you? YES ___ NO ___

If YES, what type CMV? _____ (straight truck, tractor-semi trailer, bus, etc)

Reason above named individual left your company: (discharged, resigned, laid off, military duty, etc.): _____

While a CMV driver for you, was the individual involved in any accidents as defined in 390.5? YES ___ NO ___

If YES, please supply the following information for any accident on your accident register (390.15(b)) that involved the above named individual for the 3 years prior to the date next to the their signature.

DATE	LOCATION	Number of injuries	Number of fatalities	Was there a hazardous materials spill?
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Please provide other accident information as provided for in 391.23(d)(2)(ii), that is, accident reports required by state or other government entities or insurers or pursuant to the employer's internal policies for retaining more detailed minor accident information.

SIGNED: _____ DATE: _____
(Signature of individual supplying information)