



**Driver Qualification File**

**Driver Qualification (DQ) File Checklist**

At a minimum, the following items must be maintained on each driver. 49 C.F.R. 391.51. You may put a copy of this checklist in each driver file to remind you to obtain each item.

Name of Driver \_\_\_\_\_ SSN: \_\_\_\_\_

CDL State: \_\_\_\_\_ Number: \_\_\_\_\_ Class: \_\_\_\_\_ Indorsements: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_ Resident Card: \_\_\_\_\_

Referred By: \_\_\_\_\_ No. of Years with CDL: \_\_\_\_\_

Added Description

Required by

- |                          |  |                              |
|--------------------------|--|------------------------------|
| <input type="checkbox"/> | Driver's Application for Employment                        | 49 C.F.R. 391.21             |
| <input type="checkbox"/> | Initial Inquiry to State Agencies - 3 Year Driving History | 49 C.F.R. 391.23(a)(1) & (b) |
| <input type="checkbox"/> | Driver's Road Test Certificate Or Equivalent               | 49 C.F.R. 391.31             |
| <input type="checkbox"/> | Annual Inquiries to State Agencies*                        | 49 C.F.R. 391.25(a)          |
| <input type="checkbox"/> | Annual Review of Driving Record*                           | 49 C.F.R. 391.25(c)(2)       |
| <input type="checkbox"/> | Medical Examiner's Certificate*                            | 49 C.F.R. 391.43             |
| <input type="checkbox"/> | Medical Waiver - If Applicable*                            | 49 C.F.R. 391.49             |
| <input type="checkbox"/> | Annual Driver's Certification of Violations*               | 49 C.F.R. 391.27             |
| <input type="checkbox"/> | Other _____  | _____                        |
| <input type="checkbox"/> | Other _____  | _____                        |

\* These items may be removed three years after the date of execution of the document. 49 C.F.R. 391.51(d)

Added Description

Required by

- |                          |   |                        |
|--------------------------|---|------------------------|
| <input type="checkbox"/> | Driver Investigation History File (Must be kept in a secure location) | 49 C.F.R. 391.53       |
| <input type="checkbox"/> | Driver's Written Authorization to Investigate                         | 49 C.F.R. 391.53(b)(1) |
| <input type="checkbox"/> | Responses to Inquires / or failure to obtain response                 | 49 C.F.R. 391.53(b)(2) |
| <input type="checkbox"/> | Safety Performance History  | 49 C.F.R. 391.53(c)    |
| <input type="checkbox"/> | Negative Pre-Employment Drug Test                                     | 49 C.F.R. 382.301      |
| <input type="checkbox"/> | Entry Level Driver Training - If Applicable                           | 49 C.F.R. 380.513      |
| <input type="checkbox"/> | Hazardous Materials Training  | 49 C.F.R. 172.704      |
| <input type="checkbox"/> | Other _____   | _____                  |
| <input type="checkbox"/> | Other _____   | _____                  |



# DRIVER APPLICATION FOR EMPLOYMENT

4900 W Expressway 83 Suite 260 R McAllen, Tx 78501

Phone: 956-405-8187

## APPLICANT INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States?  YES  NO

## PREVIOUS THREE YEARS RESIDENCY

*Attach additional sheet if more space is needed*

	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

## LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

## DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				



**ACCIDENT RECORD FOR THE PAST 3 YEARS**

*Attach additional sheet if more space is needed. Check this box if none*

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

*Attach additional sheet if more space is needed. Check this box if none*

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

**EDUCATION**

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				Y	N	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

**OTHER QUALIFICATIONS**

Please list any other qualifications that you have and which you believe should be considered.

# APPLICANT MUST COMPLETE

(ANSWER ALL QUESTIONS - PLEASE PRINT)

## EMPLOYMENT HISTORY (Last 10 Years)

Complete all areas below. Applicants shall also provide an additional 10 years of information for those employers for whom the applicant has operated a commercial motor vehicle (CMV) as per DOT.

CURRENT EMPLOYER			Dates (Month/Year)	
COMPANY NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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			Dates (Month/Year)	
COMPANY NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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			Dates (Month/Year)	
COMPANY NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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COMPANY NAME			FROM	TO
ADDRESS			POSITION HELD	
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CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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ADDRESS			POSITION HELD	
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CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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ADDRESS			POSITION HELD	
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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				

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(ANSWER ALL QUESTIONS - PLEASE PRINT)

## EMPLOYMENT HISTORY (Last 10 Years)

Complete all areas below. Applicants shall also provide an additional 10 years of information for those employers for whom the applicant has operated a commercial motor vehicle (CMV) as per DOT.

CURRENT EMPLOYER			Dates (Month/Year)	
COMPANY NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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PREVIOUS EMPLOYER			Dates (Month/Year)	
COMPANY NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
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COMPANY NAME			FROM	TO
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CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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				

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			



## EMERGENCY CONTACTS

#1

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

City & State of residence: \_\_\_\_\_

Phone number: \_\_\_\_\_

#2

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

City & State of residence: \_\_\_\_\_

Phone number: \_\_\_\_\_

#3

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

City & State of residence: \_\_\_\_\_

Phone number: \_\_\_\_\_

To be signed and read by applicant:

This certifies that this application was completed by myself, and that all information is true and correct to the best of my knowledge.

Previous employment and personal history back ground check:

I authorize Sibel Carriers LLC to make investigations and inquiries of my personal, employment, financial, medical history (generally inquiries into medical history are made only if and after a condition offer of employment has been extended), other related matters as may be necessary in arriving at an employment decision for the position that I have applied for. I hereby release employers, school, health care providers, and all other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given on my application or interview may result in my termination. I understand also, that I am required to abide by all rules and regulations set forth as company policy and procedures.

At-will Policy

Employment with Sibel Carriers LLC is at-will which means the employment relationship may be terminated with or without cause and with or without notice at any time by you or the company. In addition, the company may alter an employee's position, duties, title or compensation at any time, with or without notice and with or without cause. No document or statement and nothing implied from any course of conduct shall limit the Company's at-will employment policy or enter into any agreement contrary to this policy. Any such modification must be in writing and signed by the employee and the owner.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



4900 W Expressway 83 Suite 260 R McAllen, Tx 78501

## **FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act Public Law 91-508, as amended by the Consumer Credit Reporting Reform Act of 1966 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Driver's license #





ANNUAL REVIEW OF DRIVING RECORD  
UNDER 49 C.F.R. 391.25

\_\_\_\_\_  
Driver's Name

\_\_\_\_\_  
Social Security Number

On the dates indicated below, I/we have reviewed the driving record of the above named driver in accordance with 49 C.F.R. 391.25 of the Federal Motor Carrier Safety Regulations. I/we considered any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations in this subchapter or Hazardous Materials Regulations (49 CFR chapter I, subchapter C). I also considered the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles. I/we gave great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol and drugs, that indicates that the driver has exhibited a disregard for the safety of the public. Having done the above I find that:

**First Annual Review**

- The driver meets the minimum requirements for safe driving, or
- The driver is disqualified to drive a commercial motor vehicle pursuant to 49 CFR 391.25

\_\_\_\_\_  
Reviewer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewer's Printed Name and title

SIBEL CARRIERS  
Motor Carrier's Name

**Second Annual Review**

- The driver meets the minimum requirements for safe driving, or
- The driver is disqualified to drive a commercial motor vehicle pursuant to 49 CFR 391.25

\_\_\_\_\_  
Reviewer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewer's Printed Name and title

SIBEL CARRIERS  
Motor Carrier's Name

**Third Annual Review**

- The driver meets the minimum requirements for safe driving, or
- The driver is disqualified to drive a commercial motor vehicle pursuant to 49 CFR 391.25

\_\_\_\_\_  
Reviewer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewer's Printed Name and title

SIBEL CARRIERS  
Motor Carrier's Name



**DRIVER'S ROAD TEST EXAMINATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ (MAIDEN NAME IF APPLICABLE): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (H) : \_\_\_\_\_ (CELL) \_\_\_\_\_ SPE TESTING SITE STATE: \_\_\_\_\_

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance:

\_\_\_\_\_ Pre-trip inspection (As required by Sec. 392.7)

\_\_\_\_\_ Coupling and un-coupling of combination units, (if the equipment the driver may drive includes combination units)

\_\_\_\_\_ Placing the equipment in operation

\_\_\_\_\_ Use of the vehicle's controls and emergency equipment

\_\_\_\_\_ Operating the vehicle in traffic and while passing other vehicles.

\_\_\_\_\_ Turning the vehicle

\_\_\_\_\_ Braking, and slowing the vehicle by means other than braking

\_\_\_\_\_ Backing, and parking the vehicle.

\_\_\_\_\_ Other, Explain

\_\_\_\_\_  
\_\_\_\_\_

Type of equipment used in giving test: \_\_\_\_\_

Date: \_\_\_\_\_ (DD/MM/YYYY) EXAMINER'S NAME \_\_\_\_\_

EXAMINER'S NAME \_\_\_\_\_

If the road test is successfully completed, the person who administered the test will complete a certificate of driver's road test.

Remarks: \_\_\_\_\_



**CERTIFICATE OF DRIVER'S ROAD  
TEST**

**Instructions:** If the road test is successfully completed, the person who gave it shall complete a Certificate of the driver's road test. The original or copy of the Certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.33(e) (f) (g))

**CERTIFICATION OF ROAD  
TEST**

DRIVERS LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

(MAIDEN NAME IF APPLICABLE): \_\_\_\_\_

Social Security Number \_\_\_\_\_

Operator's or Chauffeur's License Number: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

Type of Power Unit: \_\_\_\_\_

Type of Trailer(s): \_\_\_\_\_

If Passenger carrier, type of Bus: \_\_\_\_\_

This is to certify that the above-named driver completed a road test under my supervision on \_\_\_\_\_ (DD/MM/YYYY) consisting of approximately: \_\_\_\_\_ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to safely operate the type of commercial motor vehicle listed above.

Examiner's Name (Print): \_\_\_\_\_

Examiner's Name (Signature): \_\_\_\_\_

Title: \_\_\_\_\_

State Test Site: \_\_\_\_\_

Organization and Address of Examiner: **Sibel Carriers 4900 W Expressway 83 Suite 260 R McAllen, Tx 78501**

\_\_\_\_\_



**ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier must at least once every 12 months, require each driver to prepare a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or of which he/she has forfeited bond or collateral during the preceding 12 months (49 CFR 391.27). Drivers who have provided information required by 49 CFR 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver will provide the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify (49 CFR 391.27).

**COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS**

DRIVER NAME: LAST, FIRST, MI SOCIAL SECURITY NUMBER DATE

YOUR HOME TERMINAL (CITY AND STATE) DRIVER'S LICENSE NUMBER STATE EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under 49 CFR 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Check this box if you have had no violations in the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

DATE DRIVER'S SIGNATURE

MOTOR CARRIER NAME MOTOR CARRIER ADDRESS

REVIEWER PRINTED NAME REVIEWER SIGNATURE TITLE DATE



**MEDICAL EXAMINER'S NATIONAL REGISTRY VERIFICATION**

**MOTOR CARRIER INSTRUCTIONS:** The requirement to include verification of the medical examiner's National Registry listing in the driver's qualification files was published in the *Federal Register* April 20, 2012. **Beginning May 21, 2014**, motor carriers must certify that the medical examiner who signed the driver's medical card is listed on the National Registry. This requirement is prescribed in §391.23 and §391.51.

**§391.23 Investigation and inquiries. (m)(1)** The motor carrier must obtain an original or copy of the medical examiner's certificate issued in accordance with §391.43, and any medical variance on which the certification is based, and, beginning on or after May 21, 2014, verify the driver was certified by an medical examiner listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate, and place the records in the driver qualification file, before allowing the driver to operate a CMV. (§391.23(m)(l))

**§391.51 General requirements for driver qualification files. (b)(9)** A note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §391.23(m). (§391.51(b)(9))

**MOTOR CARRIER VERIFICATION:** The following medical examiner has been verified as being listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate for the named driver.

Driver's Name: \_\_\_\_\_ Identification Number: \_\_\_\_\_

Expiration Date of Medical Certificate: \_\_\_\_\_

Medical Examiner: \_\_\_\_\_

National Registry Number: \_\_\_\_\_

NRCME Registry Number: \_\_\_\_\_

Motor Carrier: Sibel Carriers

Location: 4900 W Expressway 83 Suite 260 R McAllen, Tx 78501

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

(Motor Carrier Representative Signature)





## Motor Vehicle Driver's

### CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

<b>PART 1:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>
I, (Print Name) _____ First M.I. Last Social Security Number Hereby authorize: _____ Date of Birth _____ Previous Employer: _____ Email: _____ Street: _____ Telephone: _____ City, State, Zip: _____ Fax No.: _____ To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (employment application date) To: Prospective Employer: <u>Sibel Carriers</u> Attention: <u>Safety Department</u> Telephone: <u>956-401-8187</u> Street: <u>4900 W Expressway 83 Suite 260 R</u> City, State, Zip: <u>McAllen, Tx 78501</u> In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter. Prospective employer's phone number: <u>956-401-8187</u> Prospective employer's email address: <u>safety@sibelcarriers.com</u> _____ Applicant's Signature Date	
This information is being requested in compliance with §40.25(g) and 391.23.	

<b>PART 2:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>																				
<b>ACCIDENT HISTORY</b>																					
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/> Employed as _____ from (m/y) _____ to (m/y) _____ 1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____ 2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return. <b>ACCIDENTS:</b> Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.																					
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Date</th> <th style="width:25%;">Location</th> <th style="width:15%;"># Injuries</th> <th style="width:15%;"># Fatalities</th> <th style="width:30%;">Hazmat Spill</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____ _____ _____ Any other remarks: _____ _____ _____ Signature: _____ Title: _____ Date: _____		Date	Location	# Injuries	# Fatalities	Hazmat Spill	1. _____	_____	_____	_____	_____	2. _____	_____	_____	_____	_____	3. _____	_____	_____	_____	_____
Date	Location	# Injuries	# Fatalities	Hazmat Spill																	
1. _____	_____	_____	_____	_____																	
2. _____	_____	_____	_____	_____																	
3. _____	_____	_____	_____	_____																	



**PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3**

<b>PART 3:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
<b>DRUG AND ALCOHOL HISTORY</b>	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p>	
<ol style="list-style-type: none"> <li>1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/></li> </ol>	
<p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>	

<b>PART 4a:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

<b>PART 4b:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

**INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

- |  |
|--|
| <p><b>PAGE 1 PART 1:</b> Prospective Employee</p> <ul style="list-style-type: none"> <li>• Complete the information required in this section</li> <li>• Sign and date</li> <li>• Submit to the Prospective Employer</li> </ul> <p><b>PAGE 2 PART 4a:</b> Prospective Employer</p> <ul style="list-style-type: none"> <li>• Complete the information</li> <li>• Send to Previous Employer</li> </ul> <p><b>PAGE 1 PART 2:</b> Previous Employer</p> <ul style="list-style-type: none"> <li>• Complete the information required in this section</li> <li>• Sign and date</li> <li>• Turn form over to complete SIDE 2 SECTION 3</li> </ul> |
|--|

- |   |
|---|
| <p><b>PAGE 2 PART 3:</b> Previous Employer</p> <ul style="list-style-type: none"> <li>• Complete the information required in this section</li> <li>• Sign and date</li> <li>• Return to Prospective Employer</li> </ul> <p><b>PAGE 2 PART 4b:</b> Prospective Employer</p> <ul style="list-style-type: none"> <li>• Record receipt of the information</li> <li>• Retain the form</li> </ul> |
|---|

**RECORDS REQUEST FOR  
DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY**

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

**§391.23(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 thirty (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.

**PART 1: COMPLETED BY THE DRIVER/APPLICANT**

**TO:**  
 Prospective Employer: Sibel Carriers LLC  
 Street/P.O. Box: 4900 W Expressway 83 Suite 260 R  
 City, State, Zip: McAllen, Tx 78501 Telephone # 956-401-8187

**FROM:**  
 Driver/Applicant: \_\_\_\_\_ Social Security/I.D. # \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Telephone # \_\_\_\_\_

I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.

This information should be:  sent to me at the above address.  
 I will arrange to pick up.

Driver/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y

**PART 2: COMPLETED BY THE PROSPECTIVE EMPLOYER**

The information must be provided 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.

**Information supplied to:**

Name: Sibel Carriers  
 Street: 4900 W Expressway 83 Suite 260 R  
 City, State, Zip: McAllen, Tx 78501

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**By:** \_\_\_\_\_ Release Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Signature/person providing information Telephone # M D Y



34900 W Expressway 83 Suite 260 R McAllen, Tx 78501

Phone: 956-401-8187

## MVR AUTHORIZATION FORM

In conjunction with my employment at SIBEL CARRIERS, I \_\_\_\_\_  
consent to the release of my MVR to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq.. "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act.

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number (last 4 digits)

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Issuing State

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL MONTHLY ACCOUNT HOLDERS**

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

In connection with your application for employment with Sibel Carriers (“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 Sibel Carriers (“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*

## Employee General Consent for Employer to Conduct Limited Queries of the FMCSA Drug and Alcohol Clearinghouse

In accordance with federal CDL regulations at 49 CFR 382.703(a), by signing below, I, \_\_\_\_\_ (Driver Name) provide general consent to \_\_\_\_\_ **Sibel Carriers LLC** \_\_\_\_\_ (Employer Name) to conduct any number of limited queries of my record with the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse (Clearinghouse) as is required in order for this employer to determine whether any information about drug or alcohol violations about me exists in the Clearinghouse. This general consent is only provided for limited queries, but is given for the duration of my employment as a CDL driver with this employer.

I understand that if any limited query conducted by this employer indicates that drug or alcohol violation information about me does exist in the Clearinghouse, the employer must receive additional, but electronic, consent from me before it can conduct a full query of my record in the Clearinghouse and receive that detailed information. This additional electronic consent for a full query requires that this employer use the Clearinghouse to send me a request for additional consent to the email address on file with my Clearinghouse record. I further understand that my decision on that request will be recorded on my record in the Clearinghouse.

I also understand that if I refuse to provide consent for this employer to conduct any required query of the Clearinghouse, I will be prohibited from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by 49 CFR 382.703(c) of the federal CDL regulations.

I further understand that this employer may conduct a full query of my record at any time, provided they have obtained my required electronic consent for such a query.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Today's Date

*This original, signed form to be kept in the employee's driver qualification file, remain confidential, and is exempt from disclosure under Pa.'s Right-to-Know Law.*



## 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.

**Texas Department of Public Safety  
Motor Carrier Bureau, MSC #0521  
6200 Guadalupe, Building P  
Austin, Texas 78752-4019**

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

**Facsimile: 512-424-5310**

I, \_\_\_\_\_, \_\_\_\_\_  
Print Name of CDL Holder

of \_\_\_\_\_, \_\_\_\_\_  
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to Sibel Carriers \_\_\_\_\_, \_\_\_\_\_  
Print Name

of 4900 W Expressway 83 Suite 260 R McAllen, Tx 78501 \_\_\_\_\_, \_\_\_\_\_  
Print Address

Driver License Number \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of Driver

**X**

Date

**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.txdps.state.tx.us/forms/index.htm>.**

MCS-21 (Rev 9/10)



**Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA)**

**Drug and Alcohol Clearinghouse**

I \_\_\_\_\_, hereby provide consent to **Sibel Carriers LLC** to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I understand this consent shall remain on file and shall serve as ongoing consent for **Sibel Carriers LLC** to conduct multiple limited queries of the Clearinghouse at any time during my employment or contract period without asking me for additional consent.

I understand that if I refuse to provide consent for **Sibel Carriers LLC** to conduct a limited query of the Clearinghouse, **Sibel Carriers LLC** is required to prohibit me from performing safety-sensitive functions, including operating a commercial motor vehicle.

I understand that if the limited query conducted by **Sibel Carriers LLC** indicates that drug or alcohol information exists about me in the Clearinghouse, the FMCSA will not disclose that information to **Sibel Carriers LLC** unless I give additional specific consent within the Clearinghouse. However, I understand that **Sibel Carriers LLC** will be required to conduct a full query of the Clearinghouse within 24 hours after a limited query indicates that drug or alcohol information exists and that if I do not grant consent within the Clearinghouse for that full query I will be removed from performing safety-sensitive functions, including operating a commercial motor vehicle as required by FMCSA's drug and alcohol program regulations.

Employee Name (Print): \_\_\_\_\_

Commercial Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_





Prior employer Check 49 CFR 391.23 Good Faith Effort
--

1. Call the prior employer and record who was contacted. Fax or email the required release. Go to step 2.
2. Call the prior employer and record who was contacted. Ask if they received the fax or email. If they say <u>YES</u> the fax or email was received, ask for the information that is required.
If the prior employer refuses to release the information record it below and file with the drivers original release of information.

Prior Employer:	
Address:	PHO:
City, St, Zip:	FAX:

DRIVER NAME:	Social Security Number

Date of contact:	By Phone/Fax/Email?	Name of contact at prior employer.
1. NOTES		

Date of contact:	By Phone/Fax/Email?	Name of contact at prior employer.
2. NOTES		

Conducted By:
---------------



## Acknowledgement

This manual was created to provide guidance in understanding our policies and procedures. It should not be construed as a contract of employment, nor an offer of contract to independent contractor / owner operators. Please understand that you are an at will employee. It is your responsibility to read and review the contents of this manual. **SIBEL CARRIERS LLC** drivers receive a driver's manual covering the topics listed here. Compliance with these topics is a performance expectance while operating under **SIBEL CARRIERS LLC** operating authority.

I, \_\_\_\_\_ Acknowledge receipt of this driver manual.

Driver's Printed Name Here

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Date