

# Applicant Checklist

## 1. Driver Information

Name (First, Middle Initial, Last): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Mailing Address, if different from above:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Sex (check one):  Male  Female

Date of birth (MM/DD/YYYY): \_\_\_\_\_

Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## 2. Current Employment

Employer's name (If applicable): \_\_\_\_\_

Employer's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Employer's telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Do you currently drive for this employer? (Check one):  YES  NO

### 3. Statement of Qualification

Prior to signing this statement, please review the Regulatory Criteria on Physical Qualifications for Commercial Drivers attached to the Endocrinologist Medical Evaluation Checklist.

Note: “otherwise qualified” or “hold a valid medical exemption” means that you meet the physical qualification standards to drive a Commercial Motor Vehicle (CMV) (except for diabetes) or that you have an exemption or a skill performance evaluation certificate.

By signing below, I hereby certify that the following statement is true: “I acknowledge that I must be otherwise qualified under 49 CFR 391.41(b)(1-13) or hold a valid medical exemption before I can legally operate a CMV in interstate commerce.”

Signature: \_\_\_\_\_

I intend to drive a CMV in:  Intrastate commerce only

Interstate commerce only

**Interstate Commerce is trade, traffic, or transportation involving the crossing of a State boundary. Either the vehicle, its passengers, or cargo must cross a State boundary, or there must be the intent to cross a State boundary to be considered an interstate carrier.**

**Intrastate Commerce is trade, traffic, or transportation within a single State.**

Do you have any waivers, exemptions, or Skill Performance Evaluation certificates? (check one)

YES  NO

If yes, list each, including date of issue, date of expiration, and identification number.

| Name | Issue Date | Expiration Date | ID# |
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### 4. Driver License and Motor Vehicle Record

Please attach a readable copy of **both sides** of your current **VALID** driver’s license. You must include your driving record, furnished by an official state agency on its letterhead, bearing the state seal or official stamp. ***No other documentation will be accepted*** This request is to verify that you have a valid license and will not be used for any other purpose.