



All applicable sections of this form (front and back) must be completed to obtain the requested information. Make a check or money order payable (in U.S. funds) to the Vermont Department of Motor Vehicles.

All requests must include proof of identification (i.e., a copy of your state-issued ID). For a driver record other than your own, include documentation proving you are authorized to obtain the requested information.

**Signature required on back of form.**

Requester Name		DBA/Company Name		Nature of Business	
Mailing Address			City	State	Zip
Mail to (if different than above)			City	State	Zip
Telephone		Email			

**Documents Requested** (select all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Certified Copy of 3-year operating record (VT only) – \$17.00  | <input type="checkbox"/> Certified Copy of vessel, snowmobile, or ATV title search – \$13.00  |
| <input type="checkbox"/> Certified Copy of complete operating record (VT only) – \$24.00  | <input type="checkbox"/> Insurance information of crash – \$10.00   |
| <input type="checkbox"/> Certified Copy of police crash report – \$22.00  | <input type="checkbox"/> List of registered dealers, transporters, periodic inspection stations, rental vehicle companies, fuel dealers, and distributors (including gallons sold or delivered - \$10.00 per page |
| <input type="checkbox"/> Certified Copy of individual crash report – \$15.00  | <input type="checkbox"/> List of 1 - 4 current or expired driver's license – \$10.00  |
| <input type="checkbox"/> Certified Copy of current or original registration application – \$10.00   | <input type="checkbox"/> List of 1 - 4 current or expired registrations – \$10.00   |
| <input type="checkbox"/> Certified Copy of expired driver's license application – \$10.00   | <input type="checkbox"/> Periodic inspection sticker record – \$10.00   |
| <input type="checkbox"/> Certified Copy of reinstatement notice – \$10.00   | <input type="checkbox"/> Statistics and research – \$51.00 per hour   |
| <input type="checkbox"/> Certified Copy of suspension notice – \$10.00  |   |
| <input type="checkbox"/> Certified Copy of vehicle title search, title info, and lien info – \$27.00  |   |
| <input type="checkbox"/> Other – Provide a detailed explanation. All other forms of information requested provided will be at a minimum of \$10.00 per page |   |

**Information requested concerning** (complete as much information as possible):

VIN:		Vehicle Make:	Vehicle Year:	VT License Plate:	Expiration Date:	
Name:		VT License Number:	Date of Birth:	Social Security Number:		
Date(s) you want covered, if applicable (does not apply to driving records).						
Month:	Day:	Year:	Through	Month:	Day:	Year:
The specific information requested:						
Detailed explanation of intended use (attach additional sheet if necessary):						

*Documents identifying the requestor are required for all requests. You must include copies of your state issued identification and documentation that you are authorized to obtain the requested information. If you are unsure of what documents are required, please call 802.828.2000.*

The information requested may be disclosed if authorized by the Driver Privacy Protection Act. Information being requested is (initial appropriate category below):

1. For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person acting on behalf of a government agency in carrying out its functions. (18 U.S.C. §2721(b)(1))
2. For use in connection with matters of motor vehicles or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers. (18 U.S.C. §2721(b)(2))
3. For use in the formal course of business by a legitimate business or its agents, employees, or contractors to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors. (18 U.S.C. §2721(b)(3)(A))  
*The correct information will not be provided if the information provided does not match DMV records. DMV will only disclose that information does not match.*
4. For use in connection with any proceeding in any court or government agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders or pursuant to an order of any court. (18 U.S.C. §2721(b)(4))
5. For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating, or underwriting. (18 U.S.C. §2721(b)(6))
6. For use by an employer, of its agent or insurer, to obtain or verify information relating to a holder of a commercial driver's license, which is required under the Commercial Motor Vehicle Safety Act of 1996 [Title XII of Public Law 99-570]. (18 U.S.C. §2721(b)(9))
7. Unrestricted or specified use with written consent of the person who is the subject of the information. This includes information regarding oneself ("Authorization of Release" below must be completed in full). (18 U.S.C. §2721(b)(13))
8. For any use specifically authorized by law that is related to the operation of a motor vehicle or public safety. (18 U.S.C. §2721(b)(14))

#### AUTHORIZATION OF RELEASE OF INFORMATION

I hereby, with my signature, authorize (name of person or business you are authorizing):

- To perform a one-time search of the Vermont Department of Motor Vehicles files pertaining to me and any resulting reports. Or  
 A one-time authorization to transact business pertaining to me within the Vermont Department of Motor Vehicles.

Signature of individual authorizing release:

Date of authorization:

In requesting and using this information I acknowledge that this disclosure and any re-disclosure is subject to the Driver Privacy Protection Act (18 U.S.C. §2721 et seq.). I hereby affirm, under penalty of perjury under the laws of the State of Vermont, that the information on this form is true and correct. This is signed and the request is made subject to penalties of 18 U.S.C. §2723 and 23 V.S.A. §202.

Signature of requestor:

Date of request:

Printed name of requestor:

Driver's license number of requestor:

Upon receipt of this request by the Vermont Department of Motor Vehicles, it will be reviewed by appropriate personnel to determine whether this request conforms to DPPA protocol and requirements. Failure to meet these qualifications or to provide adequate information to make a determination will result in the denial of your request.

#### FOR DEPARTMENT USE ONLY – DO NOT WRITE BEYOND THIS POINT

This request is hereby denied as the record(s) is/are exempt from inspection and copying for the following reason:

- They are records which, by law, are designated confidential or by a similar term.  
 They are records which, by law, may only be disclosed to specifically designated persons.

You have the right to appeal this denial to the Commissioner of Motor Vehicles (must be submitted in writing).

Vermont Department of Motor Vehicles \_\_\_\_\_

# Employment History and CDL Drug & Alcohol Testing Request Form

Your Entity Name			
Mailing Address			
Telephone & Fax #s			
Contact Person			
Email Address			
Driver Applicant Name		Social Security #	

I hereby authorize and request [Enter Name of Prior Employer, Address & Telephone #]

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to release any and all information pertaining to my employment records to the above requesting prospective employer as required by 49 CFR Section 391.23 and Section 40.25(b). You are released from any and all liability which may result from releasing such information. The Federal Motor Carrier Safety Regulations require that this information be released as part of the Driver Qualification Process. Per 49 CFR Section 40.25(h), you are required to immediately release this information to the above requesting employer.

## Guidance to Prior Employers

Per 391.23(f) the driver's written consent is provided to the previous employer to ensure the proper release of information required by FMCSA regulations. (g) Employers must:

(g)(1) Respond to each request for the DOT defined information in paragraphs (d) and (e) of this section within 30 days after the request is received (Drug and Alcohol Testing Information must be immediately released). If there is no safety performance history information to report for that driver, previous motor carrier employers are nonetheless required to send a response confirming the non-existence of any such data, including the driver identification information and dates of employment.

(g)(2) Take all precautions reasonably necessary to ensure the accuracy of the records.

(g)(3) Provide specific contact information in case a driver chooses to contact the previous employer regarding correction or rebuttal of the data.

(g)(4) Keep a record of each request and the response for one year, including the date, the party to whom it was released, and a summary identifying what was provided.

Driver Printed Name: \_\_\_\_\_

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

# Employment History and CDL Drug & Alcohol Testing Request Form

## Employment History

If the individual listed was not a CDL driver or in a safety sensitive position that required him/her to be in a DOT Drug & Alcohol Testing program, check here:

The above applicant states that he/she was employed by you between the following dates:

From: \_\_\_\_\_ To \_\_\_\_\_

Please indicate the following:

1. Commercial Motor Vehicle Type Above Applicant Operated?

- |  |   |
|--|---|
| <input type="checkbox"/> Straight Truck                                | <input type="checkbox"/> Tractor/Semi trailer |
| <input type="checkbox"/> Van   | <input type="checkbox"/> Bus                  |
| <input type="checkbox"/> Flatbed                                       | <input type="checkbox"/> Cargo/Tanker         |
| <input type="checkbox"/> Dump Truck/Logging Truck                      |   |
| <input type="checkbox"/> Other (please indicate vehicle type(s) below) |   |

2. Was the applicant involved in any motor vehicle accidents while in your employ?

- Yes       No

If yes, please outline:

DATE	LOCATION	DESCRIPTION	# INJURIES

3. Reason for leaving your employ:     Discharged     Laid off     Resigned

Military or Civil Service     Other (please describe):

# Employment History and CDL Drug & Alcohol Testing Request Form

## Controlled Substance and Alcohol Testing Information—sections 382.413 and 40.259(b)

1. Was the above-named individual in a random DOT compliant drug & alcohol testing program during his/her employment with your company?  Yes  No
2. Has the above named individual had an alcohol test with a breath alcohol concentration of 0.04 or greater while in your employ?  Yes  No
3. Has the above named individual had a controlled substance test with a positive result while in your employ?  Yes  No
4. Has the above individual refused a controlled substance test or alcohol test while in your employ?  Yes  No
5. Other violations of DOT Agency Drug and Alcohol testing regulations?  Yes  No Addition Info Attached  Yes  No
6. Do you have documentation of the employee's successful completion of the 49 CFR Subpart O return to duty requirements?  Yes  No  Not Applicable

With Reference to **question number 5**, please identify the Substance Abuse Professional you referred the driver to if he/she tested positive or refused testing.

Name:	
Mailing Address	
Phone #	

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Prior Employer Official Title: \_\_\_\_\_

**NOTE:** You are required to release this information immediately per 49 CFR 382.405(f) & 40.25(h). Fines and penalties for not releasing this information is found in 49 CFR 382.507 under 49 USC 521(b).

We reserve the right to notify the US DOT Federal Motor Carrier Safety Administration in the event the above information is not received.

Reply Mailed On: \_\_\_\_\_

Verified by Phone:  Yes  No

Person Contacted: \_\_\_\_\_

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

## **Applicant Acknowledgement of Drug & Alcohol Testing Requirement**

Job Title Applied for: \_\_\_\_\_

Municipality: \_\_\_\_\_

I understand that as a condition of employment, I must successfully complete a drug test as required by 49 CFR Part 655, Part 382 and Part 40, when requested by the employer. I also understand that the employer may administer an optional pre-employment alcohol test if they so desire.

I understand that a negative drug test is required before I will be permitted to perform safety-sensitive duties. If a pre-employment alcohol test is administered, I understand that it must also be negative. I also understand that if I fail the required drug test or optional alcohol test that I will be eliminated from consideration for the above position and any contingent offer of employment for that position will be withdrawn.

Printed Applicant Name: \_\_\_\_\_

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

Printed Name (Witness): \_\_\_\_\_

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

Date: \_\_\_\_\_

This is an example driver employment application. Carriers do not need to use this exact form, but must have a completed and signed employment application for all drivers that contains the information listed in [49 CFR 391.21](#).

## DRIVER EMPLOYMENT APPLICATION

[COMPANY NAME, ADDRESS, PHONE NUMBER, AND EMAIL]  
An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

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					
<i>Attach additional sheet if more space is needed</i>					
	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)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  YES  NO

If yes, explain

Has any license, permit, or privilege ever been suspended or revoked?  YES  NO

If yes, explain

**EMPLOYMENT HISTORY**

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

**SECOND (MOST RECENT) EMPLOYER**

NAME		PHONE	
ADDRESS			
POSITION HELD	FROM MO/YR	TO MO/YR	
REASON FOR LEAVING			SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

**THIRD (MOST RECENT) EMPLOYER**

NAME		PHONE	
ADDRESS			
POSITION HELD	FROM MO/YR	TO MO/YR	
REASON FOR LEAVING			SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

**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.

**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)			