

MVR REQUEST FORM

Note: Applicant must provide all requested information to initiate MVR request

Applicant's First Name	Middle Name	Last Name	Suffix
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Address Home Business

City – State – Zip (Postal) Code

Phone Number <input type="radio"/> Home <input type="radio"/> Business	Cell Phone Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Date of Birth	Social Security Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

CDL #	State
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Original CDL Issue Date	Endorsements
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Note: List all commercial driver's licenses held in the past three (3) years!

Previous CDL #	State
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Previous CDL #	State
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Requestor Name and Location

When completed and signed, return via fax to Sunteck Transport Carriers' Safety @ (888) 223-0474

**Consumer Report Disclosure & Release
(Employment)**

Disclosure

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from USIS Commercial Services ("USIS"), or other consumer reporting agency. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to USIS, or other reporting agencies, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS, or other reporting agency, has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P. O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

Release

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS OR SUNTECK, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

USIS, or other reporting agency, is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which USIS, or other reporting agency, has or obtains, and my employment history if I am hired, may be supplied by USIS, or other reporting agency, to other companies that subscribe to USIS, or other reporting agency. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

Print Applicant Name

Applicant Signature

Social Security Number

Date

Driver Work History

Sunteck Transport Carriers, Inc.
6413 Congress Avenue, Suite 260
Boca Raton, FL 33487

Date of Application _____

Terminal _____

Mailing Address:
14333-33 Beach Boulevard
Jacksonville, Florida 32250

To Be Read and Signed by Applicant

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at a driver qualification decision. (Generally, inquires regarding medical history will be made only if and after a conditional decision to qualify has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires and releasing information in connection with my Work History.

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

"I understand that information I provide regarding current and/or previous 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(d) and (e). I understand that I have to right to:

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

Signature

Date

Driver Work History, continued

Instructions:

Work History must be completed and signed by the Applicant. Please answer all questions accurately and completely, if not applicable write "N/A". Use brief factual statements.

If more space is needed, use "Additional Information" section provided at the end of this form.

Ask for an explanation if you do not understand a question.

**Note: Complete in Pen ONLY – No Pencil
Illegible or Incomplete Work History will not be Processed**

			Suffix
Applicant's First Name	Middle Name	Last Name	

RESIDENCY FOR PAST THREE (3) YEARS

Address (Most Recent)	Year/Month
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City – State – Zip (Postal) Code

Address	Year/Month
---------	------------

City – State – Zip (Postal) Code

Address	Year/Month
---------	------------

City – State – Zip (Postal)

Phone Number

Cell Phone Number

Social Security Number

Date of Birth (MM/DD/YYYY)

Are you legally eligible for work in U.S.? Yes No If no, explain

Have you ever worked for Sunteck before? Yes No If yes, list month and year

Terminal Location

Have you ever been convicted of a felony? Yes No If yes, explain

In case of emergency, notify:

Name Phone Relationship

Past Alcohol and Controlled Substance History

Have you ever tested positive, or refused to test, on any drug or alcohol test? Yes No If yes, explain

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 rules during the past three years? Yes No If yes, explain

Work History Record

READ CAREFULLY: Begin with your present or most recent job and work backwards in order, complete the information below for your last ten (10) years of employment, including all full and part time employment. *All time* must be accounted for including military service, school, self-employment and periods of unemployment.

- * Any gaps in employment and/or unemployment must be explained.
- ** [The Federal Motor Carrier Safety Regulations \(FMCSRs\)](#) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

(Use Additional Work History Record Addendum form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

Current or Last Employer:

Name

Phone Number

Address

City – State – Zip (Postal) Code

Position Held

Month/Year

From:

to

Month/Year

Were you subject to the [FMCSRs](#) while employed? Yes No

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

Account for Period Between Jobs – Include dates (month and year) and Reason

Second Last Employer:

Name

Phone Number

Address

City – State – Zip (Postal) Code

Position Held

Month/Year

From:

to

Month/Year

Were you subject to the [FMCSRs](#) while employed? Yes No

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

Account for Period Between Jobs – Include dates (month and year) and Reason

Third Last Employer:

Name

Phone Number

Address

City – State – Zip (Postal) Code

Position Held

Month/Year

From:

to

Month/Year

Were you subject to the [FMCSRs](#) while employed? Yes No

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

Account for Period Between Jobs – Include dates (month and year) and Reason

Fourth Last Employer:

Name

Phone Number

Address

City – State – Zip (Postal) Code

Position Held

Month/Year

From:

to

Month/Year

Were you subject to the [FMCSRs](#) while employed? Yes No

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

Account for Period Between Jobs – Include dates (month and year) and Reason

Fifth Last Employer:

Name

Phone Number

Address

City – State – Zip (Postal) Code

Position Held

Month/Year

From:

to

Month/Year

Were you subject to the [FMCSRs](#) while employed? Yes No

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

Account for Period Between Jobs – Include dates (month and year) and Reason

Sixth Last Employer:

Name

Phone Number

Address

City – State – Zip (Postal) Code

Position Held

Month/Year

From:

to

Month/Year

Were you subject to the [FMCSRs](#) while employed? Yes No

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

Account for Period Between Jobs – Include dates (month and year) and Reason

Seventh Last Employer:

Name

Phone Number

Address

City – State – Zip (Postal) Code

Position Held

Month/Year

From:

to

Month/Year

Were you subject to the [FMCSRs](#) while employed? Yes No

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

Account for Period Between Jobs – Include dates (month and year) and Reason

Eighth Last Employer:

Name

Phone Number

Address

City – State – Zip (Postal) Code

Position Held

Month/Year

From:

to

Month/Year

Were you subject to the [FMCSRs](#) while employed? Yes No

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

Account for Period Between Jobs – Include dates (month and year) and Reason

Ninth Last Employer:

Name

Phone Number

Address

City – State – Zip (Postal) Code

Position Held

Month/Year

From:

to

Month/Year

Were you subject to the [FMCSRs](#) while employed? Yes No

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

Account for Period Between Jobs – Include dates (month and year) and Reason

Tenth Last Employer:

Name

Phone Number

Address

City – State – Zip (Postal) Code

Position Held

Month/Year

From:

to

Month/Year

Were you subject to the [FMCSRs](#) while employed? Yes No

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

Account for Period Between Jobs – Include dates (month and year) and Reason

Eleventh Last Employer:

Name

Phone Number

Address

City – State – Zip (Postal) Code

Position Held

Month/Year

From:

to

Month/Year

Were you subject to the [FMCSRs](#) while employed? Yes No

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

Account for Period Between Jobs – Include dates (month and year) and Reason

Twelfth Last Employer:

Name

Phone Number

Address

City – State – Zip (Postal) Code

Position Held

Month/Year

From:

to

Month/Year

Were you subject to the [FMCSRs](#) while employed? Yes No

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

Account for Period Between Jobs – Include dates (month and year) and Reason

Education

Highest education year completed:

7
 8
 9
 10
 11
 12

College:

1
 2
 3
 4
 5+

Last School Attended:

Name

Address

Did you Graduate?

Yes
 No

Truck Driving School Attended:

Name

Address

Did you Graduate?

Yes
 No

Driving Experience

If no driving experience within past three years, check here

Class	Type of Equipment (Circle all that apply)				Dates			# of Miles (Approximate)
					From	To		
Straight Truck	Van	Reefer	Tank	Flat			or	
Tractor & Semi Trailer	Van	Reefer	Tank	Flat				
Tractor – Two Trailers	Van	Reefer	Tank	Flat				
Tractor – Three Trailers	Van	Reefer	Tank	Flat				
Motorcoach – School Bus (8+ passengers)	N/A							
Motorcoach – School Bus (15+ passengers)	N/A							
Other	Van	Reefer	Tank	Flat				

Accident History – 3 Years

If no accidents within past three years, check here

Date <small>Month/Date</small>	Nature of Accident <small>(Head-on, read-end, upset, etc.)</small>	# of Fatalities	# of Injuries

At Fault? Yes No Hazardous Materials Spill? Yes No

Date <small>Month/Date</small>	Nature of Accident <small>(Head-on, read-end, upset, etc.)</small>	# of Fatalities	# of Injuries

At Fault? Yes No Hazardous Materials Spill? Yes No

Date <small>Month/Date</small>	Nature of Accident <small>(Head-on, read-end, upset, etc.)</small>	# of Fatalities	# of Injuries

At Fault? Yes No Hazardous Materials Spill? Yes No

Traffic Convictions and Forfeitures (last 3 years)

If no traffic convictions and/or forfeitures in the last three years, check here

Date Convicted <small>(Month/Year)</small>	Violation <small>(Other than violations involving parking only)</small>	State of Violation	Penalty <small>(Forfeited bond, collateral and/or points)</small>

License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License Number	Endorsements	Restrictions	Exp. Date

A. Have you even been denied a license, permit or privilege to operate a motor vehicle? Yes No
 If yes, give details

B. Has any license, permit or privilege ever been suspended or revoked? Yes No
 If yes, give details

C. Have you ever been convicted of driving under the influence of alcohol or controlled substance? Yes No
 If yes, give details

List additional motor vehicle operator's license or permit held during past three years below:

State	License Number	Endorsements	Restrictions	Exp. Date

Contractor and/or Contractor Driver Applicant Certification

This certifies that this Driver Work History was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. This Driver Work History shall be considered active for a period of time not to exceed 45 days. I hereby understand and acknowledge that unless otherwise defined by applicable law, the specific terms and references contained in the Driver Work History document do not constitute an application for employment with Sunteck Transport Carriers, Inc., but, represent a work history record only, for the purpose of driver qualification, as set forth in Part §391 QUALIFICATIONS OF DRIVERS as prescribed in the Federal Motor Carrier Safety Regulations.

Sign &
Date
Here →

Applicant's Signature	Date
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Sunteck Transport Carriers, Inc.

6413 Congress Avenue, Suite 260

Boca Raton, FL 33487

Mailing Address: 14333-33 Beach Boulevard, Jacksonville, Florida 32250

Phone No.: 888-223-0356

Fax No.: 888-223-0474

Release of Information

I hereby authorize all parties to furnish Sunteck Transport Carriers, Inc., any information as may be required regarding my driving experience, personnel record, medical records and/or character without recourse.

DOT Drug and Alcohol Release

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by my former employers (company/school) for the purpose of transmitting such records to Lott Transport, Inc. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years:

- Alcohol tests with a result of 0.04 or higher;
- Verified positive drug tests;
- Refusals to be tested (including verified adulterated or substituted results);
- Other violations of DOT drug and alcohol testing regulations;
- Information obtained from previous employers of a drug and alcohol rule violation(s);
- Documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized Sunteck Transport Carriers, Inc., to review involves tests required by DOT. If as my former employer (company/school) you furnish Sunteck Transport Carriers, Inc., with information concerning items (i) through (vi) above, I also authorize you to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

I hereby knowingly and voluntarily release all persons and entities from any and all claims or liabilities for releasing information described in this document to those identified in the preceding paragraphs.

I certify that I have read, understood and agree to all of the provisions of the Release of Information.

Print Applicant Name

Social Security No.

Applicant's Signature

Date