



112 NE Ewing Street, Suite A
Grimes, IA 50111
515-986-3399 fax: 515-986-9368

DRIVER APPLICATION INSTRUCTIONS

To process the application you must provide:

1. Pages 1 thru 12 must be completed and returned to UTS.
Pages 13 thru 15 are optional. Page 3 must be completed for each employer you have had for the past ten years.
2. Copy of your CDL, front and back.
3. Current driving record (MVR).
4. Copy of your DOT physical, long form and medical card.

If you are leasing a truck under UTS's authority we will need:

1. A copy of your current registration or previous registration if getting a new plate.
2. Copy of your stamped, paid, 2290 (Heavy use tax).
3. Copy of the title showing your name.
4. Federal inspection done within the last 30 days and invoice or receipt showing proof. If you do not have these, a new one will need to be completed prior to your first trip.

This information may be faxed to 515-986-9368 or emailed to dispatch@utstransportation.com.

Application for Employment

UTS Transportation, Inc.
112 NE Ewing St, Ste A
Grimes, IA 50111

NAME _____
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS _____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

(STREET)	(CITY)	(STATE & ZIP CODE)		# YEARS
(STREET)	(CITY)	(STATE & ZIP CODE)		# YEARS
(STREET)	(CITY)	(STATE & ZIP CODE)		# YEARS

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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 NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM	TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

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

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
 If yes, explain _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
 If yes, explain _____

Applicants that desire to drive intrastate / interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (TOTAL OF TEN YEARS EMPLOYMENT RECORD).

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 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 the 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 alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

DATE _____ APPLICANT'S SIGNATURE _____

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.

DATE _____ APPLICANT'S SIGNATURE _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Applicant – please copy this page if necessary and fill out Part 1 for each employer you have had the previous three years.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
<p>I, (Print Name) _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> First M.I. Last Social Security Number </div> </p>	
<p>Hereby authorize: _____ <div style="display: flex; justify-content: flex-end; width: 80%; margin-right: 10%;"> Date of Birth </div> </p>	
<p>Previous Employer: _____ Email: _____</p>	
<p>Street: _____ Telephone: _____</p>	
<p>City, State, Zip: _____ Fax No.: _____</p>	
<p>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 _____ <div style="text-align: center; margin-left: 100px;">(employment application date)</div> </p>	
<p>To: UTS Transportation, Inc. 112 NE Ewing St, Ste A Grimes, IA 50111 515-986-3399 fax: 515-986-9368</p>	
<p>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.</p>	
<p>Prospective employer's fax number: _____</p>	
<p>Prospective employer's email address: _____</p>	
<p>_____ Applicant's Signature Date</p>	
<p>This information is being requested in compliance with §40.25(g) and 391.23.</p>	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER																				
<p>ACCIDENT HISTORY</p>																					
<p>The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/></p>																					
<p>Employed as _____ from (m/y) _____ to (m/y) _____</p>																					
<p>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) _____</p>																					
<p>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.</p>																					
<p>ACCIDENTS: 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.</p>																					
	<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>	Date	Location	# Injuries	# Fatalities	Hazmat Spill	1. _____	_____	_____	_____	_____	2. _____	_____	_____	_____	_____	3. _____	_____	_____	_____	_____
Date	Location	# Injuries	# Fatalities	Hazmat Spill																	
1. _____	_____	_____	_____	_____																	
2. _____	_____	_____	_____	_____																	
3. _____	_____	_____	_____	_____																	
<p>Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____</p>																					
<p>Any other remarks: _____</p>																					
<p>Signature: _____ Title: _____ Date: _____</p>																					

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<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"> 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"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 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"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 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"/> 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"/> 	
<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>	
Name: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Part 3 Completed by (Signature): _____ Date: _____	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<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>	
By: _____ Date: _____	

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

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

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

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

**UTS Transportation, Inc.
Driver Statement
Substance Testing Information**

Applicants Name _____

Applicants SSN _____

Please furnish the following information pertinent to 49CFR 40.25.

1. Have you had an alcohol test with breath concentration of 0.04 or greater in the Past 3 years? Yes _____ No _____
2. Have you had a controlled substance test with a verified positive result in the Past 3 years? Yes _____ No _____
3. Have you refused a controlled substance test and/or alcohol test in the past 3 years? Yes _____ No _____

I certify the above information to be true and correct.

Applicant's Signature _____

Date _____

UTS Transportation, Inc. Self/Unemployment Statement

I was self / unemployed from _____ to _____.

Print Name _____

Signature _____

Date _____

Regulations

UTS does not condone disobeying any laws and regulations including all traffic laws and rules of the FMCSA (speeding, following too close, hours of service, etc.). UTS also does not condone any form of "road rage". Reports of poor decisions by other drivers and / or law enforcement officials will be documented and may result in termination.

By signing below, you understand the statement above.

Print Name _____

Signature _____

Date _____

**UTS Transportation, Inc.
Substance Abuse Information**

I _____ have received handouts, and /or viewed a training video in reference to substance abuse as required by Federal Motor Carrier Safety Regulations, 49CFR382.601(d).

Signed this _____ day of _____, 20____.

Print Name _____

Signed Name _____

Witness _____

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

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with UTS ("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 UTS ("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

UTS Transportation, Inc.

112 NE Ewing Street, Ste A
Grimes, IA 50111
515-986-3399 fax: 515-986-9368

January 26, 2012

Effective immediately, drivers operating under the dispatch of UTS Transportation, Inc., are required to comply with the federal hand-held device regulations.

Regulations state:

"A driver can initiate, answer, or terminate a call by touching a single button on a mobile telephone or on a headset. This action does not require the driver to take his or her eyes off of the forward roadway for an extended period — comparable to using vehicle controls or instrument panel functions, such as the radio or climate control system."

In general, using the actual hand held device (cell phone, ipod, etc.) is prohibited while driving. Driving means "operating a commercial motor vehicle on a highway, including while temporarily stationary because of traffic, a traffic control device, or other momentary delays. Driving does not include operating a commercial motor vehicle when the driver has moved the vehicle to the side of, or off, a highway and has halted in a location where the vehicle can safely remain stationary. Therefore, as long the driver has moved the vehicle to the side of, or off, a highway and has halted the vehicle in a location where it can safely remain stationary, use of the mobile telephone is allowed."

Regulatory Penalties:

Driver and motor carrier fines (\$2,750 and \$11,000, respectively) in the rule are the recommended maximum that the Agency can assess on any violator. States, however, may choose to set the amount of a fine at or below those levels. Additionally, as noted above, civil penalties imposed under FMCSA regulations may be adjusted based on the circumstances of the violation.

Under the statute, a driver who commits two serious traffic violations in a 3-year period while operating a CMV must be disqualified from operating a CMV that requires a CDL for at least 60 days (49 U.S.C. 31310(e)(1)). A driver who commits three or more serious traffic violations in a 3-year period while operating a CMV must be disqualified from operating a CMV that requires a CDL for at least 120 days (49 U.S.C. 31310(e)(2)). Because use of hand-held mobile telephones results in distracted driving and increases the risk of CMV crashes, fatalities, and injuries, FMCSA is now requiring that violations by a CDL driver of a State or local law or ordinance on motor vehicle traffic control that restricts the use of such mobile telephones while driving CMVs should result in a disqualification under this provision.

By signing below, I acknowledge that UTS does not require me to operate in violation of these regulations.

Signature

Date

Print Name

http://www.fmcsa.dot.gov/rules-regulations/administration/rulemakings/final/Mobile_phone_NFRM.aspx

CONSUMER

AUTHORIZATION FOR DIRECT DEPOSIT VIA ACH (ACH CREDITS)

Check all that apply: Begin Deposit Change Information Split among Multiple Accounts
I have provided information for each of my accounts below.

I (we) hereby authorize _____, (COMPANY) to electronically credit my (our) account (and if necessary to electronically debit my (our) account to correct erroneous credits) I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Account #1

Checking account Saving Account (select one) at the depository financial institution (DEPOSITORY) named below.

Depository Name _____
Routing number _____ Account Number _____
Name(s) on the Account _____
Amount of Credit (i.e. flat amount or percentage) _____
Date(s) and/or frequency of credit(s) _____

Account #2

Checking account Saving Account (select one) at the depository financial institution (DEPOSITORY) named below.

Depository Name _____
Routing number _____ Account Number _____
Name(s) on the Account _____
Amount of Credit (i.e. flat amount or percentage) _____
Date(s) and/or frequency of credit(s) _____

Account #3

Checking account Saving Account (select one) at the depository financial institution (DEPOSITORY) named below.

Depository Name _____
Routing number _____ Account Number _____
Name(s) on the Account _____
Amount of Credit (i.e. flat amount or percentage) _____
Date(s) and/or frequency of credit(s) _____

I (we) understand that this authorization is to remain in full force and effect until I (we) notify COMPANY [insert manner of revocation, i.e., in writing, by phone, location address, etc.] that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least [X days/weeks] prior notice in order to cancel this authorization.²

Name(s) _____

Date _____ Signature _____

*1 The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transaction. However, Originators should consider obtaining express authorization of debits or credits to correct errors.
2 Written credit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner state in the authorization. The reference to notification should be filled with a statement of the time and manner that notification must be given in order to provide company a reasonable opportunity to act on it (e.g., "in writing by mail to 100 Main Street, Anytown, NY that is received at least three (3) days prior to the proposed effective date of the termination of authorization").*

**U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM
INQUIRY TO STATE AGENCY FOR
DRIVER'S RECORD
391.23**

Please complete the driver's license information for each license you have held the past three years. UTS will fill out the remainder of the information

(Driver's Name)

(Driver's Operators Lic. No.)

(Driver's Social Sec. No.)

Dear _____:

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

Signature of individual making inquiry

(printed) Name of person making inquiry

Title of person making inquiry

Motor Carrier Name

Street City State Zip

**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:	UTS Transportation, Inc. 112 NE Ewing St, Ste A Grimes, IA 50111 515-986-3399 fax: 515-986-9368
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: <input type="checkbox"/> sent to me at the above address. <input type="checkbox"/> 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: _____	
Street: _____	
City, State, Zip: _____	
Comments: _____	
By: _____	
Signature/person providing information _____	Telephone # _____ Release Date: _____ / _____ / _____ M D Y

COPY 1 PROSPECTIVE EMPLOYER

SAFETY PERFORMANCE HISTORY INFORMATION DRIVER/APPLICANT REBUTTAL

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

§391.23(j)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

§391.23(j)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

- (i) Forward a copy of the rebuttal to the prospective motor carrier employer;
- (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirements.

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

TO:	Previous Employer: _____
	Street/P.O. Box: _____
	City, State, Zip: _____
	Telephone: _____ Fax: _____
FROM:	Driver/Applicant: _____
	Social Security # _____
	Street: _____
	City, State, Zip: _____ Telephone No.: _____
I have submitted this rebuttal to my previous employer requesting that it be attached to my Safety Performance History and provided to subsequent prospective employers.	
Reason for the rebuttal (attach documents as necessary): _____	

I request that this rebuttal be sent to the attached list of motor carriers.	
Driver/Applicant Signature: _____	Date: ____ / ____ / ____ <div style="text-align: right; margin-left: 200px;"><small>M D Y</small></div>

PART 2:	COMPLETED BY THE PREVIOUS EMPLOYER
----------------	---

Received by:	
Signature: _____	Date: ____ / ____ / ____ <div style="text-align: right; margin-left: 200px;"><small>M D Y</small></div>

**CORRECTION REQUEST
OF
ERRONEOUS SAFETY PERFORMANCE HISTORY INFORMATION**

This request is made by the driver/applicant in compliance with the Department of Transportation regulations, §391.23, investigations and inquiries, paragraphs (j)(1) and (2) as printed below.

§391.23(j)(1) Driver wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

§391.23(j)(2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

PART 1:	COMPLETED BY THE DRIVER/APPLICANT
TO:	UTS Transportation, Inc. 112 NE Ewing St, Ste A Grimes, IA 50111 515-986-3399 fax: 515-986-9368
FROM:	Driver/Applicant: _____ Social Security/I.D. # _____ Street: _____ City, State, Zip: _____ Telephone # _____
I request correction of erroneous information in my Safety Performance History. Please forward to the following prospective employer: UTS Transportation, Inc. 112 NE Ewing St, Ste A Grimes, IA 50111 515-986-3399 fax: 515-986-9368	
Explanation of desired correction (attach documents as necessary) _____ _____	
Driver/Applicant Signature: _____ Date: ____/____/____ M D Y	
Driver: Retain COPY 4 DRIVER RECORD for your files. Submit copies 1, 2, and 3 to your previous employer.	
PART 2:	COMPLETED BY THE PREVIOUS EMPLOYER
Disposition of the requested information:	
<input type="checkbox"/> Information was corrected and forwarded to the prospective motor carrier employer.	
<input type="checkbox"/> The driver was notified on ____/____/____ that the previous employer does not agree to correct the data. Return copy 3 to the driver.	
Information sent to: Company Name: _____ Attention: _____ Street: _____ City, State, Zip: _____	
Comments: _____ _____	
By: _____ Release Date: ____/____/____ Signature/person providing information Telephone # M D Y	
PART 3:	COMPLETED BY THE PROSPECTIVE MOTOR CARRIER EMPLOYER
The corrected information was received on ____/____/____	
Prospective Employer: _____ Location: _____	
Received by: _____ Signature Title	

COPY 1 PROSPECTIVE EMPLOYER