

2026 DOT Program Updates

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Front Range Compliance Services

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It's 2026, Expect Changes, FRCS can help!



We can help!



If you need some assistance in your DOT Program, my team and I have solutions.

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Truck Around & Find Out

Podcast

Tune in for the latest information regarding DOT Transportation topics and of course my favorite TAFO's of the week!!

Got something you want us to share or talk about?

GREAT!! Give us a Call, Text or Email



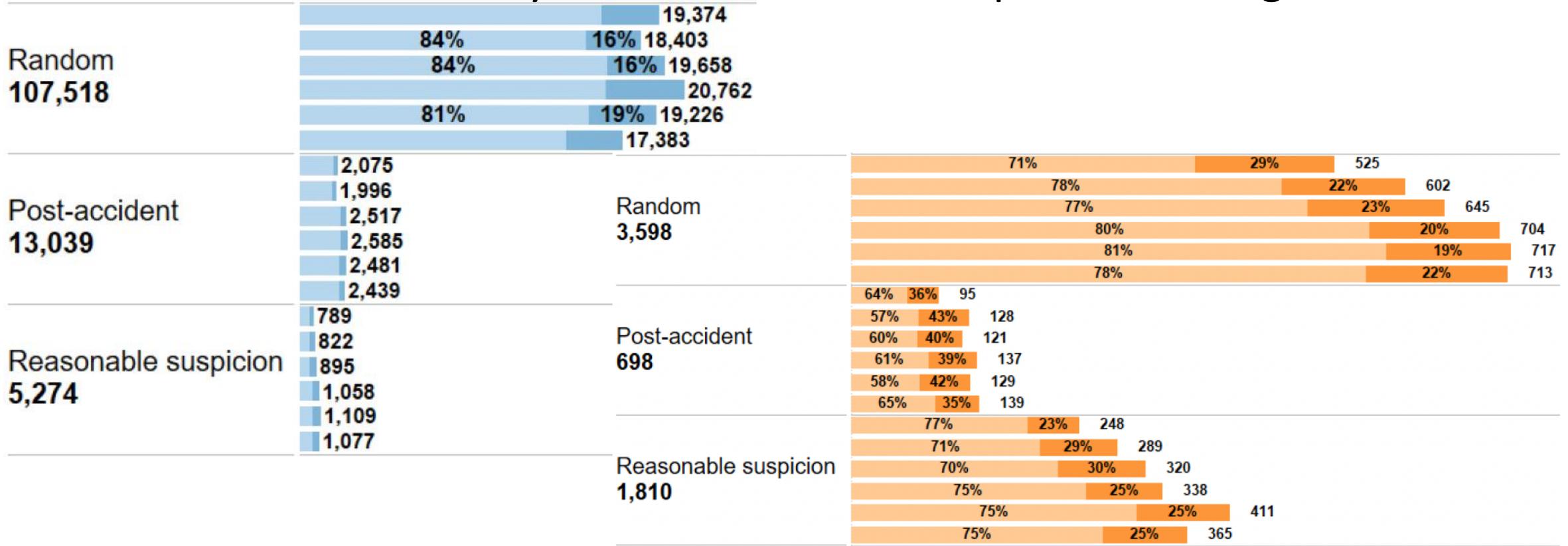
Update – Clearinghouse 2020-2025

Number of Positive Tests with Substances Identified							
Substance	2020	2021	2022	2023	2024	2025	Total
Marijuana Metabolite (Δ 9-THCA)	29,170	32,241	39,359	37,770	34,916	32,938	206,394
Cocaine Metabolite (BZE)	7,922	9,104	10,542	10,381	10,078	9,048	57,075
Methamphetamine (MET/MAMP)	5,199	5,213	5,377	4,519	4,586	4,123	29,017
Amphetamine (AMP)	4,904	4,951	5,160	4,249	3,872	3,534	26,670
Oxymorphone (OXYM)	1,333	1,292	1,357	1,097	973	982	7,034
Oxycodone (OXYC)	1,067	1,068	1,092	923	801	823	5,774
Hydrocodone (HYC)	956	928	907	807	714	759	5,071
Hydromorphone (HYM)	1,029	1,040	992	829	700	710	5,300
Morphine (MOP)	429	376	414	369	388	379	2,355
Codeine (COD)	371	348	411	356	318	324	2,128
6-Acetylmorphine (6-AM)	300	192	175	117	100	78	962
Phencyclidine (PCP)	62	63	65	77	85	89	441
Ecstasy (MDMA)	135	122	132	92	77	75	633
Methylenedioxyamphetamine (MDA)	28	35	43	50	54	40	250
All substances	52,913	56,977	66,033	61,639	57,667	50,176	345,405

Are you Reasonable Suspicion Testing?

Look at the missed opportunities to test! Think about the litigation risk that is looming right here in front of us.

- When is the last time you did Reasonable suspicion Training?



Update – Clearinghouse and CDL Status

In late 2024 the state licensing authorities began downgrading any prohibited driver (Positive Tested for either Alcohol or Controlled Substances) CDL Class A/B/C privileges to a standard driver's license (Non-CDL).

- **This means any driver with unresolved drug and/or alcohol Clearinghouse violations will lose or be denied the use of their CDLs or CLPs.**
- If you are not current on your Clearinghouse queries or MVRs, you could get surprised with a violation of a Suspended/Cancelled Commercial Drivers License.
- FMCSA is cracking down on carriers who are not using the FMCSA Clearinghouse!

Update – Clearinghouse Query

All CDL Drivers must be FMCSA Clearinghouse Queried:

- Pre-employment (Full Query): No CDL driver can even be considered for employment as a driver unless the Pre-employment Query is completed and executed.
 - Annually (Limited Query): At least once annually all employed CDL drivers must have at a minimum a Limited Query Completed
 - Limited Queries are permissible if you have completed the paper Limited Query Consent signed and dated by the driver.
- ✓ If you need a copy of the consent form, contact us at **info@frontrangecompliance.com**

Update – English Proficiency

All Drivers must be able to speak English proficiently:

- Roadside inspections will have a two-part process to determine if the driver can speak sufficient English. This process will be completed in English.
 - **Part 1** – The Oral Interview – The officer will ask a series of questions and if the officer is satisfied, he/she will proceed to Part 2. However, if the driver fails this step they will be placed Out-of-Service.
 - **Part 2** – Traffic sign recognition – The driver will be presented with document with many different traffic/highway signs. The officer will randomly point at four signs, and the driver must properly identify the signs in English.

The driver must get 3 out of 4 correct. If the driver fails, they will be placed Out-of-Service.

Update – CLD Cancellations

Drivers who have been issued a CDL illegally while on a temporary work Visas are now facing CDL CANCELLATIONS.

- Colorado – Audit found that 22% of all CDLs issued were done illegally.
 - On 12/22/2025 FMCSA threaten the State of Colorado to withhold \$24 Million due to Colorado's lack of corrective action.
 - On 12/23/2025 Colorado responded by cancelling 262 CDLs.
 - Immediate cancellation of the CDL with a USPS notification mailed to the driver.
 - State CDL official warned last week, There are more to come! Better be prepared because the US Department of Transportation is fired up!
- Other States affected – California, Minnesota, New York, Pennsylvania, South Dakota and Texas

Update – Medical Certification

June 2025 – CDL drivers when renewing the medical certification will be subject to the Medical Examiners Reporting Requirements.

- Drivers who fail the medical exam will be reported to the FMCSA.
 - This will force the driver to obtain medical treatment and not “Doctor Shop” to circumvent the failed medical exam.
 - Drivers will still have the medical exam and medical card issued to them and they must provide a copy to their employer.
- Medical Examiners (ME) will report the medical results to the State Drivers License Authority
 - Failed medical exams will result in a CDL Cancellation

Update – Medical Certification

(Continued)

- Medical Examiners (ME) will report the medical results to the State Drivers License Authority
 - Failed medical will result is a CDL Cancellation
 - Drivers who pass the medical exam will maintain the current CDL status.
- Motor Carriers/Drivers no longer need to send the medical documents to the State Drivers License Authority.

What is the obligation to the motor carrier?

- You must ensure you are sending the driver to a qualified ME and collect the medical certification to maintain in the DQ File.

Update – Medical Certification

Who needs a Medical Certification?

1. A CDL Driver who operates in Interstate or Intrastate Operations.
2. In Colorado a Non-CDL holder who drivers a regulated vehicle (10,001 GVWR or GCWR) in Interstate Commerce.
 - Individual State's have different Non-CDL driver rules. You must know each jurisdiction's requirements.

Know before you go!

Update – Colorado Chain Law

All commercial motor vehicle drivers must carry chains from **September 1 to May 31**. This applies to all vehicles with a GVWR/GCWR of 16,001 lbs or more. CMVs must carry chains or ATDs on all the following roads regardless of current weather:

- I-70 west of milepost 259 (Morrison) to the Utah border.
- Colorado Highway 9 milepost 63 to milepost 97 (Frisco to Fairplay).
- Route 40 milepost 256 (Empire) to the Utah border.
- U.S. Route 50 milepost 225 (Salida) to the Utah border.
- U.S. Route 160 milepost 304 (Walsenburg) to the New Mexico border.
- U.S. Route 285 milepost 250 (Morrison) to the New Mexico border.
- All of U.S Route 550.

Update – Chain Law

Who is required to chain 4 drive axle tires:

- **Straight Trucks:** 4 tire chains, 4 AutoSocks, 4 tire cables 0.415 diameters or greater, auto chains, or sanders.
- **Single Drive Axle Combinations:** 4 tire chains, 4 AutoSocks, auto chains, or sanders. No cables are allowed.
- **Tandem Drive Axle Combinations:** 4 tire chains, 4 AutoSocks, 4 tire cables 0.415 diameter or greater, auto chains, or sanders. If chains are on the 2 outside tires of one drive axle, any tire cable may be used to cover 2 tires on the other drive axle. AutoSocks may be used to cover 2 tires on the other drive axle. AutoSocks and tire cables cannot be used together.

Update – Chain Law

Who is required to chain 2 drive axle tires:

- **Buses:** 2 tire chains, 2 tire cables 0.415 diameters or greater, 2 AutoSocks, auto chains, or sanders.
- **Hot shot trucking (Pickup w/Trailer):** Traditional motor vehicles that are pulling trailers and meet the above-listed weight criteria must also carry chains. 2 tire chains for singles (to affix to rear tires). **Exception: Duallies need 4 tire chains.**

Update – Chain Law

The Commercial Motor Vehicle Chain Law is a requirement for all large vehicles to affix chains or alternate traction devices (ATDs) to all drive tires (up to four).

Even though it has "commercial" in the name, the requirement is based on the Gross Vehicle Weight Rating (GVWR) or Gross Combined Weight Rating (GCWR) for the vehicle regardless of its use (private or commercial).

- Penalty for non-compliance with winter driving restrictions: Up to a \$579 fine or, if you are stuck and blocking any traveled portion of the roadway the fine is \$1,157.

Update – FMCSA Portal - Online Account

Once again, the FMCSA has updated their online programs. This seems to have become annual thing for the last five years... This year it is MOTIS

- Login.gov must be set up to access
- FMCSA Portal Account must be set up for every USDOT number in order to access the MCS-150 (USDOT Application) or any other FMCSA Program.
 - Declare your service providers
 - DataQs
 - Safety Measurement System (SMS)
 - PHMSA Hazmat Permits

What is a CMV – Recap for you!

Interstate Commerce:

Commercial Motor Vehicle (CMV) means any self-propelled or towed motor vehicle used on a highway in interstate commerce to transport passengers or property when the vehicle—

- 1) Has a gross vehicle weight rating or gross combination weight rating, or gross vehicle weight or gross combination weight, of 4,536 kg (10,001 pounds) or more, whichever is greater; or
- 2) Is designed or used to transport more than 8 passengers (including the driver) for compensation; or
- 3) Is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or
- 4) Is of any size and used in transport a hazmat requiring Placards.

What is a CMV – Recap for you!

Intrastate Commerce (Colorado rule only):

Commercial Motor Vehicle means any self-propelled or towed motor vehicle used on a highway in commerce to transport passengers or property when the vehicle—

- 1) Has a gross vehicle weight rating or gross combination weight rating, or gross vehicle weight or gross combination weight, of 4,536 kg (16,001 pounds) or more, whichever is greater; or
- 2) Is designed or used to transport more than 15 passengers, including the driver; or
- 3) Is of any size and used in transport a hazmat requiring Placards.

Driver Files (DQ) – Four File Process

- 1. Driver Qualification File (All DRIVERS)**
- 2. Confidential, Drug and Alcohol Testing File (CDL Drivers)**
- 3. Confidential, Safety Performance History File (All Drivers)**
- 4. Human Resources File, Personnel File (All Drivers)**



Driver Application

§391.21

DRIVER'S APPLICATION FOR EMPLOYMENT



418 8th Street SE, Unit A4
Loveland, CO 80534

www.DOTUniversity.com

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I (Print Name) _____, authorize you to make such 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."

APPLICANT'S SIGNATURE

DATE

Driver Application

Requirements:
DOB & SSN Required
3 Year Residential
History

DRIVER APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

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

Date of Birth _____ Social Security NO. _____

Telephone Number _____ E-Mail Address _____

List your residential address for the previous 3 years.

CURRENT ADDRESS _____ How Long? _____
(STREET) (CITY) (STATE & ZIP CODE) (yr/mo)

Previous Addresses _____ How Long? _____
(STREET) (CITY) (STATE & ZIP CODE) (yr/mo)

_____ How Long? _____
(STREET) (CITY) (STATE & ZIP CODE) (yr/mo)

_____ How Long? _____
(STREET) (CITY) (STATE & ZIP CODE) (yr/mo)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Can you provide proof of age? _____ Do you have the legal right to work in the US _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____

Driver Application

- License & Permit Info
- License Cancellations, Revocations, or Suspensions

LICENSE INFORMATION

List all drivers licenses or permits held. Include licenses or permits in United States, Canada, and Mexico. Provide copies of all licenses and permits.

STATE ISSUED	SPECIFY LICENSE/PERMIT	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

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

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

If the answer to either A. or B. is yes, explain details _____

Number of years you've held a Commercial Drivers License (CDL)? Enter N/A if None _____

List states operated in for the past five years: _____

Which safe driving awards do you hold and from whom? _____

DRIVING EXPERIENCE

Provide all past driving experience in the table below.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ECT.)	DATES / APPROX TIME FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES
PICKUP & TRAILERS			
STRAIGHT TRUCK			
TRACTOR & SEMI-TRAILER			
TRACTOR & TWO TRAILERS			

EXPERIENCE AND QUALIFICATION - OTHER

Driver Application

- Experience
§391.11(b)(3)

If the answer to either A. or B. is yes, explain details _____

Number of years you've held a Commercial Drivers License (CDL)? Enter N/A if None _____

List states operated in for the past five years: _____

Which safe driving awards do you hold and from whom? _____

DRIVING EXPERIENCE

Provide all past driving experience in the table below.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ECT.)	DATES / APPROX TIME FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES
PICKUP & TRAILERS			
STRAIGHT TRUCK			
TRACTOR & SEMI-TRAILER			
TRACTOR & TWO TRAILERS			

EXPERIENCE AND QUALIFICATION - OTHER

Show any trucking, transportation, or other experience that may help in your work for this company.

List any courses and training which may help you as a driver for this company.

List special equipment or technical materials you can work with (other than those already shown)

Driver Application

3 Years –
of Accidents
of Convictions

Can the driver follow instructions?

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE. If None, write None (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (head-on, rear-end, rollover, etc.)	NUMBER FATALITIES	NUMBER INJURIES	HAZARDOUS MATERIAL 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"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS. If None, write None (Do not include Parking Violations)

DATE CONVICTED (month/year)	VIOLATION (reckless/careless driving, unsafe lane changes, following too close, etc.)	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, revocation, suspension, points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

Enter the Highest grade completed: (1-8) _____ High School: (9-12) _____ College: (1-4) _____

Last School Attended: _____

Name of School

Street Address, City, State ZIP

DATE CONVICTED (month/year)	VIOLATION (reckless/careless driving, unsafe lane changes, following too close, etc.)	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, revocation, suspension, points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

Enter the Highest grade completed: (1-8) _____ High School: (9-12) _____ College: (1-4) _____

Last School Attended: _____
Name of School Street Address, City, State ZIP

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

 APPLICANT'S SIGNATURE

 Date

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

Driver Application

Signature Statement –
 This is set by the
 FMCSR's

Driver Employment History

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 required).

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

PREVIOUS EMPLOYER: (LIST PREVIOUS EMPLOYERS STARTING WITH MOST RECENT)

COMPANY NAME _____ SUPERVISOR _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM (MO/YR) _____ TO (MO/YR) _____

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

- ✓ 3 Years – All Employers during the last three years
- ✓ Additional 7 Years – All CDL DOT Employers
 - Employment Gaps MUST be explained

PART 1:**TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

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: _____

Attention: _____ Telephone: _____

Street: _____

City, State, Zip: _____

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 email address: _____

Prospective employer's fax number: _____

 Applicant's Signature

 Date

This information is being requested in compliance with §40.25(g) and 391.23.

PART 2:**TO BE COMPLETED BY PREVIOUS EMPLOYER****ACCIDENT HISTORY**

The applicant named above was employed by us. Yes No

Employed as _____ from (m/y) _____ to (m/y) _____

Did he/she drive a motor vehicle for you? Yes No If yes, what type?

Straight Truck Tractor Semitrailer Bus Cargo Tank Doubles/Triples Other (Specify) _____

Reason for leaving your employ: Discharged Resignation Lay Off Military Duty If there is no safety

performance history to report, check here sign below and return

Previous Employer Safety Performance History Investigation

Previous Employer Safety Performance History Investigation

Street: _____

City, State, Zip: _____

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 email address: _____

Prospective employer's fax number: _____

Applicant's Signature

Date

This information is being requested in compliance with §40.25(g) and 391.23.

PART 2:

TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes No

Employed as _____ from (m/y) _____ to (m/y) _____

Did he/she drive a motor vehicle for you? Yes No If yes, what type?

Straight Truck Tractor Semitrailer Bus Cargo Tank Doubles/Triples Other (Specify) _____

Reason for leaving your employ: Discharged Resignation Lay Off Military Duty If there is no safety performance history to report, check here , sign below and return.

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 here if there is no accident register data for this driver.

Date	Location	# Injuries	# Fatalities	Hazmat Spill
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: _____

Previous
 Employer
 Safety
 Performance
 History
 Investigation

 (Part 3 is Optional)

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
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Applicant Name: _____ **DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES NO
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES NO
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES NO
4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES NO
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 NO
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 NO

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.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Part 3 Completed by (Signature): _____ Date: _____

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
-----------------	--

This form was (check one) Faxed to previous employer Mailed Emailed Other : _____

By: _____ Date: _____

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
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ANNUAL REVIEW OF DRIVING RECORD

DRIVER NAME	LICENSE NUMBER	STATE

INSTRUCTIONS TO CARRIER: Review the driving record (MVR) of the employee in accordance with 49 Code of Federal Regulations, Section 391.25 and as outlined below. Complete the Certificate of Annual Review as listed. Document any remarks, safety concerns or driver counseling sessions.

In accordance to 49 CFR 391.25, a motor carrier shall, at least once every 12 months, review the driving record of each driver (Both CDL and Non-CDL) it employs to determine whether that's driver meets minimum requirements for safe driving or is disqualified to drive a motor vehicle pursuant to 49 CFR 383.51 and 391.15.

In reviewing a driver record, the motor carrier must consider any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Material Regulations. The motor carrier must also consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles and must give great weight to violations. These violations include but are not limited to speeding, reckless driving, lane violations, use of a mobile phone while driving, and operating while under the influence of alcohol or drugs, that indicate the driver has exhibited a disregard for the safety of the public.

CERTIFICATION OF ANNUAL REVIEW

I have hereby reviewed the driving record of the above named driver in accordance to 49 CFR 391.25 and find:

- Meets minimum requirements for safe driving.
- Is disqualified to drive pursuant to Section 391.15.
- Does not adequately meet satisfactory safe driving performance.

If driver does not adequately meet satisfactory safe driving performance, explain: _____

List action taken with driver: _____

Important Notes: Date of most recent MVR: _____ (CDL Driver Only) Potential Disqualification factors identified in 49 CFR 383.51 Tables 1-4: _____

Annual Review
of the Driving
Record

You must pull
MVRs!

- Initial MVR
- Annual MVR

Road Test

CDL Copy
Exception...

Non-CDL
Drivers must
be tested!

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

Performance Pass / Fail	Examination _____ Date / Time
<input type="checkbox"/> / <input type="checkbox"/>	Pre-trip inspection (Section 392.7) Oil, Belts, Coolant, Air tanks, Brakes. Demonstration of emergency equipment.
<input type="checkbox"/> / <input type="checkbox"/>	Coupling and uncoupling of articulated units, including combinations. (King Pin, Landing Gear, Secured trailer against movement)
<input type="checkbox"/> / <input type="checkbox"/>	Backing (Asks for ground guide, gets out to check rear, steering.)
<input type="checkbox"/> / <input type="checkbox"/>	Placing the equipment in operation (Seat Belts, Mirrors, Adjustment of Seat and Driver Controls)
<input type="checkbox"/> / <input type="checkbox"/>	Accelerating to traffic speed. Operating in traffic, proper speed, and passing.
<input type="checkbox"/> / <input type="checkbox"/>	Gears - Proper Operation - Shifting - Non-Grinding
<input type="checkbox"/> / <input type="checkbox"/>	Steering Directional Control - Proper use of signals
<input type="checkbox"/> / <input type="checkbox"/>	Turning - Left turns, Right turns. (Too wide, short proper lane, blocks against cars)
<input type="checkbox"/> / <input type="checkbox"/>	Intersections and Railroad Crossings
<input type="checkbox"/> / <input type="checkbox"/>	Other:

Power Unit Used:	Trailer Used:
If Passenger vehicle type of bus:	Miles Driven:
Examiner Name:	Title:

Medical Certification

Non-CDL Drivers in
INTERstate commerce
must have a DOT
Medical Certification!

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** _____ **First Name:** _____ in accordance with *(please check only one)*:

- the Federal Motor Carrier Safety Regulations ([49 CFR 391.41-391.49](#)) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)* **OR**
- the Federal Motor Carrier Safety Regulations ([49 CFR 391.41-391.49](#)) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)*:
- Wearing corrective lenses Accompanied by a _____ waiver/exemption Driving within an exempt intracity zone ([49 CFR 391.62](#)) *(Federal)*
- Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Grandfathered from State requirements *(State)*

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

Medical Examiner's Name *(please print or type)*

MD Physician Assistant Advanced Practice Nurse

DO Chiropractor Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number

Issuing State

National Registry Number

Driver's Signature

Driver's License Number

Issuing State/Province

Driver's Address

Street Address: _____ City: _____ State/Province: _____ Zip Code: _____

CLP/CDL Applicant/Holder

Yes No

Best Practice for CDL Drivers is to maintain both the Medical Long Form and Medica Card in the Drivers Qualification File.

DQ – Retention of Records – 49 CFR 391.51

DOT Retention of Records:

- As long as driver is employed and for 3 years thereafter.
 - Employment application & all initial hiring documents.
 - Previous employer contact information.
 - Road test.
 - MVR. 3 Years*
 - Certificate of violations and annual review. 3 Years
 - Medical exam certificate. 3 Years
 - Medical waiver...if applicable. 3 Years



Questions?

Don't have any questions right now?
Feel free to contact me or my team
later with your questions!

Front Range Compliance Services LLC

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