DRIVER QUALIFICATION CHECKLIST

CARRIER: _____ REVIEW DATE(S): _____

Verify if any hired prior to 1/1/71.

Driver's Name	Date of Employment	Application	Road Test Certificate	State Driving Record	Previous Employer(s)	List / Statement of Violations	Carrier's Annual Review Due	Medical Examiners Certificate (Show Expiration Date)	Date of PE Drug Test Result	CDL Expiration	383.31	126F Training Expiration	Comments

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