

Certification of Violations / Annual Review of Driving Record

Completed by Driver

Driver Name: _____ Social Security #: _____

CDL # _____ State: _____ Expiration Date: _____

Division: _____

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

If you had no violations, check this box. ☐

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited or collateral on account of any violation (other than those I have been provided under part 383) required to be listed during the past 12 months.

Driver's Signature: _____ Date: _____

Completed by Motor Carrier

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

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

Action taken with driver:

Reviewed by: _____
Signature Date

FedEx SupplyChain Systems, Inc.

5455 Darrow Rd. Hudson, OH 44236

Document Control Number:
F-COV-CKX-03

Effective Date:
01/23/2013

Receipt for FedEx SupplyChain Systems, Inc. Drug and Alcohol Abuse Policy

I acknowledge receipt of FedEx SupplyChain Systems, Inc.
Drug and Alcohol Abuse Policy

Driver Printed Name: _____

Driver Signature: _____ Date: _____

This receipt will be retained in the DOT Driver Qualification file.



HOURS OF SERVICE STATEMENT

Name: _____ Date: _____
(PLEASE PRINT)

CDL # _____ State: _____

HOURS OF SERVICE: Every driver, when first employed or when being employed temporarily must comply with 49 CFR 395 (j) (2) by completing the information below for each of the last 7 days. As well as indicating the date and time at which that person was last relieved from work.

PLEASE COMPLETE THE FOLLOWING:

I was last relieved from work at _____:_____ AM – PM (Please circle one), on

Date: _____

Hours worked for last 7 days:

Day	1	2	3	4	5	6	7	Total
Date								
Hours Worked								

I hereby certify that the above information is correct to the best of my knowledge and belief.

Driver Signature: _____ Date: _____



Visual Verification Form

Applicant Instructions: Please fill out the form below and present your actual CDL to a FedEx Employee/Authorized designated to conduct a visual verification.

Driver Printed Name: _____

Driver Signature: _____

CDL Number: _____

CDL State: _____ CDL Expiration Date: _____

Owner Name: _____

FedEx Employee/Authorized Designated Instructions: Please conduct a visual verification of the actual CDL picture to the applicant presenting it. Please confirm the information listed above matches the information listed on their CDL.

Employee/Designee Printed Name: _____

Employee/Designee Signature: _____

Contact Phone Number: _____

Date: _____

FedEx SupplyChain Systems, Inc.
Driving Safety and Compliance Handbook
Receipt

I Have Reviewed and Acknowledge Receipt of the
FedEx SupplyChain Systems, Inc.
Driving Safety & Compliance Handbook
Revision 06/01/2012

Driver Name - (Printed)

Driver Name - (Signature)

Date

Receipt Will Be Retained in the DOT Qualification File