



Operator Pre-Qualification / MVR Request Form

This form must be completed for all Operators seeking initial qualification for any entity or subsidiary of Choice Towing, LLC. This form must be completed in its entirety and scanned to safety to begin the screening process.

Please provide copy of the following documents at time of Pre-Qualification:

CDL, SS CARD, MEDICAL CARD & TWIC CARD IF APPLICABLE

Name: _____ Date: ____/____/____
Last First MI Month Day Year

Address: _____ City _____ State: _____ Zip: _____

CDL License Number: _____ State of Issue: _____ Expires: _____

SSN: _____ Date of Birth: ____/____/____ Phone Number: _____
Month Day Year

Medical Card Expiration: _____ TWIC Card (Yes) _____ (No) _____

HAS THE OPERATOR:

YES NO

- 1. Ever been convicted of a felony?
- 2. Been convicted of reckless driving?
- 3. Been convicted of DUI/DWI within last 5 years?
- 4. Ever failed or refused to take a required DOT drug or alcohol test?
- 5. Been involved in any accidents within the last 4 years? (List separately)
- 6. Been convicted of any moving violations within the last 4 years? (List separately)
- 7. Received and maintained a Hazardous Materials Endorsment?

EQUIPMENT OPERATED:

____Heavy Wrecker ____Rollback____Tractor Trailer____ Dry Van____Flatbed ____ Container_____



Operator Pre-Qualification / MVR Request Form-Continuation

PREVIOUS WORK HISTORY

Do you give permission to check your employment under part 391 and your past history on substance testing under 382.413 under FMC CFR Title 49

Yes _____ No _____

Signature _____ Date: _____

(If answer is NO, Operator may not be qualified)

The following sections MUST be completed for ALL POSITIONS held within the last 3 YEARS.

Use additional sheets if necessary

Any lapses in employment must be included (unemployment, disability, etc.) Begin with most current employer.

1. Employer: _____ Phone: _____ Fax: _____

From: _____ / _____
Month Year Contact: _____ City/St: _____

2. Employer: _____ Phone: _____ Fax: _____

From: _____ / _____
Month Year Contact: _____ City/St: _____

3. Employer: _____ Phone: _____ Fax: _____

From: _____ / _____
Month Year Contact: _____ City/St: _____