Presented by Liberty Insurance Agency

**Driver Name:**

**Driver’s License Number: Type of License:**

**State of Issue:**

**Hire Date: Last Day Worked:**

**Driver Qualification File - Regularly Employed**

* Driver’s application for employment
* Copy of motor vehicle records from three years prior to employment
* Certificate of CMV driver road test (or equivalent)
* Copy of motor vehicle record for each year of employment
* Annual motor vehicle record review notes
* Driver-generated list of all traffic violations for each year of service
* Medical examiner’s certificate
* Copy of medical variance documentation (if applicable)
* Skill performance evaluation certificate obtained from field administrator, division administrator or state director (if applicable)
* LCV training certificate (if applicable)

**Driver Qualification File - Intermittent/Occasional Driver**

* Medical examiner’s certificate
* Certificate of CMV driver road test (or equivalent)
* Copy of CMV driver’s license
* Signed hours of service record statements(s)

**Prepared by:**

**Employee Signature:**

**Manager/Supervisor Signature:**